questions relating to certain other instruments such as stock loan and total return swaps. Market participants suggested additional attention should be accorded to the volume of disputes with clients and the degree to which clients seek through negotiation to elicit more favorable terms.

Feedback from these discussions also led to the elimination or consolidation of questions regarding the credit terms applicable to other dealers, or to the funding of Treasury securities, as these terms do not vary markedly across the normal credit cycle.

Adoption of a more granular classification of “clients by type” was recommended in order to draw a clearer distinction between hedge funds and other types of institutional investors, such as insurance companies and pension funds. Finally, in several instances alternate language was suggested, including (1) using the term vendor financing to describe a situation where a dealer provides more favorable terms for funding securities in which it has played an underwriting role and (2) eliminating words in one possible response (to a survey question) that might be construed as reflecting adversely on a dealer’s own access to funding.


Jennifer J. Johnson, Secretary of the Board.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project


Background and Brief Description

In the United States, legal authority for the registration of vital events, i.e., births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy, resides individually with the States (as well as cities in the case of New York City and Washington, DC) and Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. These governmental entities are the full legal proprietors of vital records and the information contained therein. As a result of this State authority, the collection of registration-based vital statistics at the national level, referred to as the U.S. National Vital Statistics System (NVSS), depends on a cooperative relationship between the States and the Federal government. This data collection, authorized by 42 U.S.C. 242k, has been carried out by NCHS since it was created in 1960.

NCHS assists in achieving the comparability needed for combining data from all States into national statistics, by conducting a training program for State and local vital statistics staff to assist in developing expertise in all aspects of vital registration and vital statistics. The training offered under this program includes courses for registration staff, statisticians, and coding specialists, all designed to bring about a high degree of uniformity and quality in the data provided by the States. This training program is authorized by 42 U.S.C. 242b, section 304(a). In order to offer the types of training that would be most useful to vital registration staff members, NCHS requests information from State and local vital registration officials about their projected needs for training. NCHS also asks individual candidates for training to submit an application form containing name, address, occupation, work experience, education, and previous training. These data enable NCHS to determine those individuals whose needs can best be met through the available training resources. NCHS is requesting 3 years of OMB clearance for this project. There is no cost to respondents in providing these data other than their time. The total estimated annualized burden hours are 44.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Process Evaluation of the NIH’s Roadmap Interdisciplinary Research Work Group Initiatives

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the (insert name of NIH Institute or IC), the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the Federal Register on January 5, 2010 (p. 382) and allowed 60 days for public comment. One comment was received, which included a request for additional information, and additional information was provided. No additional questions were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: The National Institute of Dental and Craniofacial Research of the National Institutes of Health requests a two-year clearance for Title: “Process Evaluation of the NIH Roadmap Interdisciplinary Research Work Group Initiatives,” Type of information collection: New. Need and use of information collection: This study will be used to determine whether the NIH’s Interdisciplinary Research Work Group initiatives have been, and are being, conducted as planned, whether the expected outputs are being produced, and how the activities and processes associated with the initiatives can be improved. Information collected during the evaluation will be used to assess whether and how these initiatives differed from existing initiatives to determine whether the proposed initiatives are necessary, to make decisions about whether to continue and/or to modify the programs, and to make decisions about structural or procedural changes within NIH that may be necessary to support cross-cutting interdisciplinary programs. Frequency of response: The frequency of response is once for most respondents, and twice for a limited group. Affected public: The affected public includes a limited number of individuals; Type of respondents: principal investigators, other grant investigators, and Initiative trainees. The annual reporting burden is as follows: Estimated number of respondents: 450; Estimated number of responses per respondent: Pls; 2; Other Investigators, 1; Trainees, 1; Average burden hours per response: 30 minutes; and Estimated total annual burden hours requested: 250 hours. The total annualized cost to respondents (calculated as the number of respondents * frequency of response * average time per response * approximate hourly wage rate) is estimated to be $7,450. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202–395–6974. Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Sue Hamann, PhD, Science Evaluation Officer, Office of Science Policy Officer and Analysis, National Institute of Dental and Craniofacial Research (NIDCR), NIH. You may reach Dr. Hamann by telephone on 301–594–4849 (this is not a toll-free number), or you may e-mail your request to Dr. Hamann at Sue.Hamann@nih.hhs.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.


Sue Hamann,
Science Evaluation Officer, OSPA, NIDCR, National Institutes of Health.

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