onsite at White Oak Bldg. 1, 10903 New Hampshire Ave., Silver Spring, MD 20903. Presenters unable to appear onsite may submit a slide presentation to be shown during the Web-based public meeting. If possible, individuals and organizations with common interests should consolidate or coordinate their presentations and request time for a joint presentation. FDA will determine the amount of time allotted to each presenter and the approximate time that each oral presentation is scheduled to begin. FDA will contact each presenter prior to the Web-based public meeting with the amount of time available and the approximate time at which his or her presentation is scheduled to begin. Once FDA notifies presenters of their scheduled times, each presenter must submit to FDA an electronic copy of the presentation to be given. In order to be included in the Web-based public meeting, presentations must be received no later than June 25 at 5 P.M. (EDT). Please refer to FDA’s Web site (http://www.fda.gov/Tobacco) for more information and updates on the Web-based public meeting. Transcripts of the Web-based public meeting will be available for review at the Division of Dockets Management (see ADDRESSES) and on the Internet at http://www.regulations.gov approximately 30 days after the Web-based public meeting.

IV. References

The following references have been placed on display in the Division of Dockets Management (see ADDRESSES) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday. (FDA has verified the Web site addresses, but we are not responsible for any subsequent changes to the Web sites after this document publishes in the Federal Register.)


5. Ammerman, S.D. and M. Nolden, “Neighborhood-Based Tobacco Advertising Targeting Adolescents,” Western Journal of Medicine; 162, pp. 514–516, 1995 (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1022829/pdf/westjmed00058-0028.pdf) (finding that adolescent exposure to tobacco billboard advertisements in San Francisco in 1992 and 1993 was greater in Latino neighborhoods due to a greater adolescent population, and finding that qualitative analyses of the tobacco advertisements “suggested that adolescents are the primary targets.”)


9. Id., p. 15.


David Dorsey,
Acting Deputy Commissioner for Policy, Planning and Budget.

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Arthritis and Musculoskeletal and Skin Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel, Program Project Grant Review.

Date: July 2, 2010.

Time: 1 p.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Democracy Blvd, Suite 800, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Eric H. Brown, Scientific Review Officer, Scientific Review Branch, NIAMS/NIH, 6701 Democracy Blvd, Suite 824, Bethesda, MD 20892, [301] 594–4955, brownerr@mail.nih.gov.

Name of Committee: National Institute of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel, Clinical Trials Application Review.

Date: July 16, 2010.

Time: 8 a.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: Crowne Plaza—Dulles Airport, 2200 Centerville Road, Herndon, VA 20170.

Contact Person: Michael L. Bloom, MBA, PhD, Scientific Review Officer, Scientific Review Branch, NIAMS/NIH, 6701 Democracy Blvd, Suite 820, Bethesda, MD 20892, 301–594–4953, bloomm2@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.846, Arthritis, Musculoskeletal and Skin Diseases Research, National Institutes of Health, HHS)

Dated: June 14, 2010.

Jennifer Spaeth,
Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–14771 Filed 6–17–10; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Proposed Office of State, Tribal, Local and Territorial Support (OSTLTS)

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, the Centers for Disease Control and Prevention (CDC), OSTLTS announces the following Tribal Consultation Advisory Committee (TCAC) Meeting and Tribal Consultation Session:

Name: Tribal Consultation Advisory Committee (TCAC) Meeting and 5th Biannual Tribal Consultation Session

Times and Dates: TCAC Meeting on July 26–28, 2010, from 8 a.m.–6 p.m. and the 5th
Biannual CDC Tribal Consultation Session on July 29, 2010, from 8–6 p.m.

**Place:** The July 26 TCAC Meeting will be on the Ft. Belknap Indian Reservation, Harlem, MT; the July 27th TCAC Meeting will be on the Rocky Boy’s Reservation, Box Elder, MT; and the July 29th TCAC Meeting will be held at the Montana State University—Northern, Havre, MT. All meetings are being hosted by the Ft. Belknap Indian Reservation and Rocky Boy’s Reservation. Meetings are open to the public with a special invitation to Montana and Wyoming American Indian Tribal leaders, Montana and Wyoming State Health Department Officials, and all American Indian/Alaska Native (AI/AN) Tribal leaders from across the nation and other AI/AN stakeholders.

**Purpose:** CDC released their Tribal Consultation Policy in October of 2005 with the primary purpose of providing guidance across the agency to work effectively with AI/AN tribes, communities, and organizations to enhance access to CDC resources and programs. In November of 2006, an Agency Advisory Committee (CDC/ATSDR Tribal Consultation Advisory Committee—TCAC) was established to provide a complementary venue wherein tribal representatives and CDC staff will exchange information about public health issues in Indian Country, identifying urgent public health needs in American Indian/Alaska Native (AI/AN) communities, and discuss collaborative approaches to these issues and needs. Within the CDC Consultation Policy, it is stated that CDC will conduct government-to-government consultation with elected tribal officials or their designated representatives and also confer with tribal and Alaska Native organizations and AI/AN urban and rural communities before taking actions and/or making decisions that affect them. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and decision making. CDC believes that consultation is integral to a deliberative process that results in effective collaboration and informed decision making with the ultimate goal of reaching consensus on issues. Although formal responsibility for the agency’s overall government-to-government consultation activities rests within the Office of the Director (OD), other OD Offices and National Center leadership shall actively participate in TCAC meetings and HHS-sponsored regional and national tribal consultation sessions as frequently as possible.

**Matters to Be Discussed:** The TCAC will convene their advisory committee meeting with discussions and presentations from various CDC senior leadership on activities and areas identified by TCAC members and other tribal leaders as priority public health issues. The Biannual Tribal Consultation Session will engage CDC Senior leadership from the Office of the Director and various CDC Offices and National Centers including the Financial Management Office (PMO), proposed Office of the Associate Director of Communications (DC), proposed Office for State, Tribal, Local and Territorial Support (OSTLTS), National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry (NCEH–ATSDR), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) as well as others. Opportunities will be provided during the Consultation Session for tribal testimony. Tribal Leaders are encouraged to submit written testimony by COB on July 15, 2010, to CAPT Pelage (Mike) Snerrud, Senior Tribal Liaison for Policy and Evaluation, Office of State, Tribal, Local and Territorial Support (proposed OSTLTS), 1600 Clifton Road, NE., MS K–86 Atlanta, GA 30329, telephone 770–488–1625, e-mail: pws8@cdc.gov. Depending on the time available it may be necessary to limit the time of each presenter.

**FOR FURTHER INFORMATION CONTACT:** CAPT Pelage (Mike) Snerrud by e-mail at: pws8@cdc.gov or telephone 770–488–1625. Please refer to the Web link of http://www.cdc.gov/omhd/TCAC/AAC.html to review information about the TCAC and CDC’s Tribal Consultation Policy and previous meetings. The Director, Management Analysis and Services Office has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 10, 2010.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

**BILLING CODE 4153-18-P**

**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**


**Oklahoma: Amendment No. 2 to Notice of a Major Disaster Declaration**

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** This Notice amends the notice of a major disaster declaration for the State of Oklahoma (FEMA–1917–DR), dated May 24, 2010, and related determinations.

**DATES:** Effective Date: June 11, 2010.

**FOR FURTHER INFORMATION CONTACT:** Peggy Miller, Recovery Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

**SUPPLEMENTARY INFORMATION:** The notice of a major disaster declaration for the State of Oklahoma is hereby amended to include the Public Assistance program for the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 24, 2010.

Alfalfa, Grant, Major, Noble, and Osage Counties for Public Assistance.

cleveland, McIntosh, Okfuske, Pottawatomie, and Seminole Counties for Public Assistance (already designated for Individual Assistance).

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentialy Declared Disaster Areas; 97.049, Presidentialy Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentialy Declared Disaster Assistance to Individuals and Households—Other Needs; 97.056, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.059, Hazard Mitigation Grant.

W. Craig Fugate,
Administrator, Federal Emergency Management Agency.

[FR Doc. 2010–14699 Filed 6–17–10; 8:45 am]

BILLING CODE 9111–23–P