

A.12-1—ESTIMATES OF NET HOUR BURDEN REDUCTION

Type of respondents	Number of respondents	Frequency of response	Average time per response (in hours)	Annual hour burden
Stage 1: Immediate	100	1	72	+7,200
Stage 1: Expected Reduction in Current burden (assuming 100 universities and at median)	100	4	40	-16,000
Net reduction in burden	100	4	-8,800
Stage 1: Future	100	4	1.0	+400
Stage 2: Expected Reduction in Current burden (assuming 100 universities and at median)	100	4	40	-16,000
Net reduction in burden	100	4	-15,600

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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Stefano Bertuzzi, Health Science Policy Analyst, Office of Science and Technology Policy, OSP, OD; NIH, Building 1, Room 218, 9000 Rockville Pike, Bethesda, MD 20892 or call non-toll-free number 301-495-9286 or e-mail your request, including your address to: stefano.bertuzzi@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: August 12, 2010.

Lynn D. Hudson,
Director, Office of Science Policy Analysis,
National Institutes of Health.

[FR Doc. 2010-20614 Filed 8-18-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-10-0798]

Proposed Data Collections Submitted for Public Comment and Recommendations; Correction

Centers for Disease Control and Prevention

Notice; Correction

The Centers for Disease Control and Prevention published a document in the **Federal Register** titled 60-day 10-0798. The document contained the incorrect OMB number and expiration date.

FOR FURTHER INFORMATION CONTACT: Maryam Daneshvar, 404-639-4604

Correction

In the **Federal Register** of August 12, 2010, Volume 75, Number 155, in FR Doc. 2010-19911 page 48972, under the Proposed Project paragraph correct (OMB No. 0920-0753 exp. 10/31/2010) to read: (OMB No. 0920-0798 exp. 1/31/2011).

Dated: August 12, 2010.

Maryam I. Daneshvar,
Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-20570 Filed 8-18-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

Notice of Intent to increase funding available to make awards under the Centers for Disease Control and Prevention Funding Opportunity Announcement CDC-RFA-PS10-10138, "Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations". Additional funding from the Patient Protection and Affordable Care Act has been allocated for awards to state and county and local public health departments with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007.

SUMMARY: This notice provides public notice of CDC's intent to increase available funding for the Centers for Disease Control and Prevention Funding Opportunity Announcement PS10-10138, "Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations" to make awards to state and county and local public health departments. It is the intent of CDC to increase the amount of funds available to applicants who applied for awards under the previously announced funding opportunity CDC-RFA-PS10-10138, which closed on June 24, 2010.

CDC received additional funding through the Patient Protection and Affordable Care Act (PPACA), Section 4002 Prevention and Public Health Fund. Accordingly CDC adds the following information to the previously published funding opportunity announcement:

—*Catalog of Federal Domestic Assistance Number:* 93.523 The Affordable Care Act: Human Immunodeficiency Virus (HIV) Prevention and Public Health Fund Activities.

—*Authority:* This program is authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended, and Section 4002 of the Patient

Protection and Affordable Care Act (Pub. L. 111-148).
 —Reporting Requirements: Recipients of the PPACA funds through this funding opportunity announcement are required to comply with the reporting requirements, terms and conditions set forth in the published version of the PS10-10138, “Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations” (CDC-RFA-PS10-10138).
 —CFDA Number 93.523 The Affordable Care Act: Human Immunodeficiency Virus (HIV) Prevention and Public Health Fund Activities is the PPACA-specific CFDA number for this initiative. It is included in addition to the CFDA Number 93.940, HIV

Prevention Activities for Health Departments, published in the above-referenced Funding Opportunity Announcement (FOA).
 Award Information:
 Type of Award: Cooperative Agreement.
 Fiscal Year Funds: Fiscal Year 2010, Funding for this announcement will include a combination of HIV Prevention funding and funds from the PPACA, Prevention and Public Health Fund. Available funding amounts, including the additional PPHF funds, are as follows.

Part A—HIV Screening and HIV Counseling, Testing, and Referral

Approximate Current Fiscal Year Funding: Up to \$60,000,000 total (to include up to \$55,633,000 in Enhanced

HIV Testing funds and adding \$4,367,000 in Patient Protection and Affordable Care Act of 2010 funds).
 Approximate Total Project Period Funding: \$166,899,000. (This amount is an estimate, and is subject to availability of funds. This amount includes direct and indirect costs.)
 Approximate Number of Awards: 30.
 Approximate Average Award: \$2,000,000. The average awards will be proportionately based on estimated combined 2007 Black/African American and Hispanic/Latino AIDS diagnoses for eligible jurisdictions. (These amounts are for the first 12-month budget period, and include both direct and indirect costs.)
 Floor and Ceiling of Individual Award Ranges:

Jurisdiction	Floor of individual award range	REVISED Ceiling of individual award range*
Florida	\$4,307,446	\$6,818,721
New York City	3,998,517	6,329,161
California	2,482,306	3,926,423
Texas	2,094,529	3,311,912
New York State	1,861,862	2,943,206
Georgia	1,788,184	2,826,449
Maryland	1,700,288	2,687,160
North Carolina	1,303,462	2,058,310
Louisiana	1,302,170	2,056,262
Puerto Rico	1,258,222	1,986,618
Houston	1,197,470	1,890,344
District of Columbia	1,140,596	1,800,216
New Jersey	1,059,163	1,671,169
Philadelphia	1,042,359	1,644,540
South Carolina	985,485	1,554,411
Chicago	968,681	1,527,782
Virginia	852,348	1,343,429
Los Angeles	803,229	1,265,591
Pennsylvania	801,937	1,263,543
Michigan	798,059	1,257,398
Tennessee	774,792	1,220,527
Illinois	707,578	1,114,012
Ohio	684,311	1,077,141
Massachusetts	667,507	1,050,512
Alabama	642,948	1,011,593
Mississippi	605,463	952,191
Connecticut	602,878	948,093
Missouri	549,881	864,111
Arizona	542,126	851,820
San Francisco	476,204	747,353

* These ceilings are for the first 12-month budget period and include direct and indirect costs.

Part B—Enhanced Linkage to Medical Care and Partner Services

Approximate Current Fiscal Year Funding: \$4,000,000.

Approximate Total Project Period Funding: \$12,000,000 (This amount is an estimate, and is subject to availability of funds. This amount includes direct and indirect costs.)

Approximate Number of Awards: Up to 20.

Approximate Average Award: \$200,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: \$ 150,000.

Ceiling of Individual Award Range: \$ 225,000 (This ceiling is for the first 12-month budget period and includes direct and indirect costs.)

Both Part A (HIV Screening and HIV Counseling, Testing, and Referral) and Part B (Enhanced Linkage to Medical Care and Partner Services)

Anticipated Award Date: September 30, 2010.

Budget Period Length: 12 months.

Project Period Length: 3 years (Availability of PPACA funds beyond the initial 12 months will be based on availability of future funding.)

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

Application Selection Process

CDC will apply the same selection methodology published in the CDC-RFA-PS10-10138.

Funding Authority

CDC will add the PPACA Authority to that which is currently reflected in the published Funding Opportunity CDC-RFA-PS10-10138. The revised funding authority language will read:

—This program is authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended, and Section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).

DATES: The effective date for this action is August 19, 2010 and remains in effect until the expiration of the project period of the PPACA funded applications.

FOR FURTHER INFORMATION CONTACT:

Elmira Benson, Acting Deputy Director, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488-2802, e-mail: Elmira.Benson@cdc.gov.

SUPPLEMENTARY INFORMATION: On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (PPACA), Public Law 111-148. PPACA is designed to improve and expand the scope of health care coverage for Americans. Cost savings through disease prevention is an important element of this legislation and PPACA has established a Prevention and Public Health Fund (PPHF) for this purpose. Specifically, the legislation states in Section 4002 that the PPHF is to "provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs." PPACA and the Prevention and Public Health Fund make improving public health a priority with investments to improve public health.

The PPHF states that the Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public

Health Service Act, for prevention, wellness and public health activities including prevention research and health screenings, such as the Community Transformation Grant Program, the Education and Outreach Campaign for Preventative Benefits, and Immunization Programs.

PPACA legislation affords an important opportunity to advance public health across the lifespan and to reduce health disparities by supporting an intensive community approach to chronic disease prevention and control.

Therefore, increasing funding available to applicants under this FOA using the PPHF to further HIV prevention programs is consistent with the purpose of the PPHF, as stated above, to provide for an expanded and sustained national investment in prevention and public health programs. Further, the Secretary allocated funds to CDC, pursuant to the PPHF, for the types of activities this FOA is designed to carry out.

Dated: August 13, 2010.

Tanja Popovic, MD, PhD, F(AMM), AM(AAFS),

Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2010-20572 Filed 8-18-10; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental and Craniofacial Research; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Dental and Craniofacial Research Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting 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 Advisory Dental and Craniofacial Research Council.

Date: September 27, 2010.

Open: 8:30 a.m. to 12:30 p.m.

Agenda: Report of the Director, NIDCR.

Place: National Institutes of Health, Building 31C, 31 Center Drive, 6th Floor, 10, Bethesda, MD 20892.

Closed: 1:30 p.m. to Adjournment.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31C, 31 Center Drive, 6th Floor, 10, Bethesda, MD 20892.

Contact Person: Alicia J. Dombroski, PhD, Director, Division of Extramural Activities, National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, MD 20892.

Information is also available on the Institute's/Center's home page: <http://www.nidcr.nih.gov/about>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: August 13, 2010.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010-20610 Filed 8-18-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Subcommittee for Planning the Annual Strategic Plan Updating Process of the Interagency Autism Coordinating Committee (IACC). The Subcommittee meeting will be conducted as a telephone conference call and webinar.

Name of Committee: Interagency Autism Coordinating Committee (IACC).

Type of Meeting: Subcommittee for Planning the Annual Strategic Plan Updating Process.

Date: September 21, 2010.

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

Agenda: To discuss plans for updating the IACC Strategic Plan for ASD Research.

Place: No in-person meeting; conference call and webinar only.

Webinar Access: <https://www2.gotomeeting.com/register/461944091>.

Registration: No pre-registration required.

Conference Call: Dial: 800-369-3340. Access code: 8415008.