FDA to refine messages while still in the developmental stage. Respondents will be asked to give their reaction to the messages in either individual or group settings. Third, as evaluative research, it will allow FDA to ascertain the effectiveness of the messages and the distribution method of these messages in achieving the objectives of the message campaign. Evaluation of campaigns is a vital link in continuous improvement of communications at FDA.

FDA estimates the burden of this collection of information as follows:

**Estimated Annual Reporting Burden**

<table>
<thead>
<tr>
<th>21 U.S.C. 393(d)(2)(D) No. of Respondents</th>
<th>Annual Frequency per Response</th>
<th>Total Annual Responses</th>
<th>Hours per Response</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual indepth interviews</td>
<td>360</td>
<td>1</td>
<td>360</td>
<td>.75</td>
</tr>
<tr>
<td>General public focus group interviews</td>
<td>144</td>
<td>1</td>
<td>144</td>
<td>1.5</td>
</tr>
<tr>
<td>Intercept interviews: Central location</td>
<td>600</td>
<td>1</td>
<td>600</td>
<td>.25</td>
</tr>
<tr>
<td>Intercept Interviews: Telephone²</td>
<td>10,000</td>
<td>1</td>
<td>10,000</td>
<td>.08</td>
</tr>
<tr>
<td>Self-administered surveys</td>
<td>2,400</td>
<td>1</td>
<td>2,400</td>
<td>.25</td>
</tr>
<tr>
<td>Gatekeeper reviews</td>
<td>400</td>
<td>1</td>
<td>400</td>
<td>.50</td>
</tr>
<tr>
<td>Omnibus surveys</td>
<td>2,400</td>
<td>1</td>
<td>2,400</td>
<td>.17</td>
</tr>
<tr>
<td>Total (general public)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total veterinarian/scientific expert focus group interviews</td>
<td>144</td>
<td>1</td>
<td>144</td>
<td>1.5</td>
</tr>
<tr>
<td>Total Burden</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

² These are brief interviews with callers to test message concepts and strategies following their call-in request to an FDA Center 1–800 number.

FDA’s estimate for the annual reporting burden of the proposed collection of information requirements is based on recent prior experience with the various types of data collection methods described previously. FDA projects about 30 studies for which the annual reporting burden is estimated to be 2,860 hours.


Leslie Kux,
Acting Assistant Commissioner for Policy.

[FR Doc. 2010–20482 Filed 8–18–10; 8:45 am]
BILLING CODE 4160–01–S

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection: Comment Request:** STAR METRICS—Science and Technology for America’s Reinvestment: Measuring the Effects of Research on Innovation, Competitiveness and Science

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of Science Policy Analysis (OSPA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection: Title:** STAR METRICS—Science and Technology for America’s Reinvestment: Measuring the Effects of Research on Innovation, Competitiveness and Science.

**Type of Information Collection Request:** Extension.

**Need and Use of Information Collection:** The aim of STAR METRICS is twofold. The initial goal of STAR METRICS is to provide mechanisms that will allow participating universities and Federal agencies with a reliable and consistent means to account for the number of scientists and staff that are on research institution payrolls, supported by Federal funds. In subsequent generations of the program, it is hoped that STAR METRICS will allow for measurement of science impact on economic outcomes (such as job creation), on knowledge generation (such as citations and patents) as well as on social and health outcomes.

**Frequency of Response:** Quarterly.

**Affected Public:** Universities.

**Type of Respondents:** University administrators.

**Estimated Number of Respondents:** 100.

**Estimated Number of Responses per Respondent:** 4.

**Average Burden Hours per Response:** Reduced by 156.

**Estimated Total Annual Burden Hours Requested:** Reduced by 15,600.

The annualized cost to respondents is estimated to be reduced by $780,000. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

**Note:** The following table is acceptable for the Respondent and Burden Estimate information, if appropriate, instead of the text as shown above.
**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**


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 4153–18–P**

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**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).

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


—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...