Formative Research and Tool Development

OMB No. 0920-XXXX

Attachment 2A

Federal Register Notice January 3, 2008

[HIV/AIDS Surveillance, Research, and Intervention Methods and Materials Development]

Contact Information:

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February 3, 2021

EDERAL RESERVE SYSTEM

hange in Bank Control Notices; cquisition of Shares of Bank or Bank olding Companies

The notificants listed below have pplied under the Change in Bank ontrol Act (12 U.S.C. 1817(j)) and 225.41 of the Board's Regulation Y (12 FR 225.41) to acquire a bank or bank olding company. The factors that are onsidered in acting on the notices are t forth in paragraph 7 of the Act (12 .S.C. 1817(j)(7)).

The notices are available for mediate inspection at the Federal eserve Bank indicated. The notices so will be available for inspection at e office of the Board of Governors. terested persons may express their ews in writing to the Reserve Bank dicated for that notice or to the offices the Board of Governors. Comments ust be received not later than January 3, 2008.

A. Federal Reserve Bank of San rancisco (Tracy Basinger, Director, egional and Community Bank Group) 01 Market Street, San Francisco, alifornia 94105–1579:

1. Polamar QFP, LP, Long Beach, alifornia; to acquire 100 percent of the oting shares of Palomar Enterprises, LC and thereby indirectly acquire oting shares of Farmers & Merchants ank of Long Beach, both of Long each, California.

Board of Governors of the Federal Reserve ystem, December 28, 2007.

nnifer J. Johnson,

ecretary of the Board.

R Doc. E7–25562 Filed 1–2–08; 8:45 am]

LLING CODE 6210–01–S

EDERAL RESERVE SYSTEM

ormations of, Acquisitions by, and ergers of Bank Holding Companies

The companies listed in this notice ave applied to the Board for approval, ursuant to the Bank Holding Company ct of 1956 (12 U.S.C. 1841 *et seq.*) HC Act), Regulation Y (12 CFR Part 25), and all other applicable statutes nd regulations to become a bank olding company and/or to acquire the ssets or the ownership of, control of, or e power to vote shares of a bank or ank holding company and all of the anks and nonbanking companies wned by the bank holding company, ncluding the companies listed below.

The applications listed below, as well s other related filings required by the oard, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 28, 2008.

A. Federal Reserve Bank of Minneapolis (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291:

1. Frandsen Financial Corporation, Arden Hills, Minnesota; to acquire 100 percent of the voting shares of The First National Bank of Montgomery, Montgomerey, Minnesota.

Board of Governors of the Federal Reserve System, December 28, 2007.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E7–25561 Filed 1–2–08; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–08–08AG]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

HIV/AIDS Surveillance, Research, and Intervention Methods and Materials Development—New—National Center for HIV, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of HIV/AIDS Prevention (DHAP) within the National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP) of the Centers for Disease Control and Prevention (CDC) is planning to request the Office of Management and Budget for a generic clearance mechanism to support behavioral projects. The projects encompass several qualitative analytic methods, intervention, and materials development activities to be carried out by CDC, its contractors, or its partners.

The major activities fall into six categories based on their purpose and intended use:

(1) *Qualitative interviewing for HIV/AIDS surveillance, research, and intervention methods and material development.* Results of individual interviews or group interviews are used to develop population-appropriate methods, interventions, and data collection materials for current and future projects.

(2) *Cognitive interviewing for development and testing of specific data collection instruments used for HIV/AIDS surveillance or research.* Draft instruments to be used by DHAP are developed and tested through rounds of cognitive interviews with volunteer respondents. Results of cognitive interviews are used to make instrument design decisions that minimize response error and reduce burden to the public.

(3) *Research on methodology for HIV/AIDS surveillance or research projects.* The purpose of the research is to

enhance understanding of the psychology of participation and response, to develop better standards for project methodology and instrument design, or to improve data collection and other study procedures. Such research could take the form of experiments embedded within fielded surveillance or research projects or exploratory studies employing individual interviews or focus groups.

(4) *Research on utilizing computer-assisted instruments (including web-based technology) for HIV surveillance or research projects.* This research uses qualitative and quantitative data collection methods with volunteer respondents in order to assess the design and use of computer-assisted instruments.

(5) *Pilot interviews.* A limited number of pilot interviews are conducted using proposed instruments and data collection methodologies. Sources of response error are identified through examination of pilot data, observation by methodologists, and techniques such as the coding of the interviewer-respondent interaction. Respondents for pilot interviews and interventions will be selected using the methods developed for the study that is being piloted.

(6) *Pilot testing of behavioral interventions.* Component testing will assess acceptability and feasibility of separate intervention activities. A limited number of pilot tests are conducted for behavioral interventions prior to being tested in a ''full intervention trial.''

Respondents who will participate in individual and group interviews (qualitative, cognitive, and computer-assisted development activities) are selected purposively from those who respond to recruitment advertisements. In addition to utilizing advertisements for recruitment, respondents who will participate in research on survey methods may be selected purposively or systematically from within an ongoing surveillance or research project.

CDC estimates that an average of 1430 individuals will participate in HIV/AIDS methods, intervention, and instrument development activities in a given year and the average annual respondent burden is estimated to be 2135 hours. The estimates given below cover the time that each respondent will spend communicating with the recruitment staff, in answering survey questions and, in some cases, being debriefed about the decision and recall strategies they used. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of data collection	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
(1) Methods, interventions, and materials development—individual interviews	250	1	1	250
(2) Methods, interventions, and materials development—group interviews	450	1	2	900
(3) Research on survey methodology	150	1	1	150
(4) Research on human-computer interface	350	1	1	350
(5) Pilot interviewing	200	1	1	200
(6) Pilot interventions	30	6	2	360
Total	1,430			2,210

Dated: December 26, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–25564 Filed 1–2–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Toxicology Program (NTP); NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM); Workshop on Acute Chemical Safety Testing: Advancing In Vitro Approaches and Humane Endpoints for Systemic Toxicity Evaluations

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Workshop announcement.

SUMMARY: The Interagency Committee on the Validation of Alternative Methods (ICCVAM) and NICEATM announce the upcoming ''Scientific Workshop on Acute Chemical Safety Testing: Advancing *In Vitro* Approaches and Humane Endpoints for Systemic Toxicity Evaluations.'' The goals of the workshop are to:

(1) Review the state-of-the-science and identify knowledge gaps regarding the key pathways involved in acute systemic toxicity.

(2) Recommend how these knowledge gaps can be addressed by collecting mechanistic biomarker data during currently required *in vivo* safety testing.

(3) Recommend how key *in vivo* pathway information can be used to develop more predictive mechanism-based *in vitro* test systems and earlier, more humane endpoints for *in vivo* test methods.

(4) Recommend how mechanism-based *in vitro* test systems and earlier, more humane endpoints can be used to further reduce, refine, and eventually replace animal use for acute systemic toxicity testing while ensuring the protection of human and animal health.

This workshop is open to the public with attendance limited only by the space available.

DATES: The workshop will be held on February 6–7, 2008.

ADDRESSES: The workshop will be held at the NIH, Natcher Conference Center, 45 Center Drive, Bethesda, MD 20892. A draft agenda and other information are available on the ICCVAM workshop Web site (*http://iccvam.niehs.nih.gov/meetings/AcuteToxWksp08/AcuteToxWksp08.htm*) and can be obtained from NICEATM (see **FOR FURTHER INFORMATION CONTACT** below).

FOR FURTHER INFORMATION CONTACT: Dr. William S. Stokes, NICEATM Director, NIEHS, P.O. Box 12233, MD EC–17, Research Triangle Park, NC 27709, (telephone) 919–541–2384, (fax) 919–541–0947, (e-mail) *niceatm@niehs.nih.gov.*

SUPPLEMENTARY INFORMATION:

Background

NICEATM and ICCVAM convened a peer review panel meeting in 2006. The panel was charged to determine the

Formative Research and Tool Development

[Formerly published as HIV/AIDS Surveillance, Research, and Intervention Methods and Materials Development]

OMB No. 0920-XXXX

Attachment 2B

Federal Register Notice March 11, 2009

Contact Information:

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February 3, 2021

REGULATION Z: RECORDKEEPING AND DISCLOSURES—COST—Continued

Required Task	Managerial Time (hours)	Managerial Cost ($41/hr.)	Skilled Technical Time (hours)	Skilled Technical Cost ($30/hr.)	Clerical Time (hours)	Clerical Cost ($16/hr.)	Total Cost ($)
Total open-end credit							$159,931,641
Closed-end credit Disclosures:							
Credit disclosures	535,000	$21,935,000	4,815,000	$144,450,000	0	$0	$166,385,000
Rescission notices	53,750	$2,203,750	483,750	$14,512,500	0	$0	$16,716,250
Variable rate mortgages	8,500	$348,500	76,500	$2,295,000	0	$0	$2,643,500
High-rate/high-fee mortgages	3,250	$133,250	29,250	$877,500	0	$0	$1,010,750
Reverse mortgages	2,792	$114,472	25,125	$753,750	0	$0	$868,222
Advertising	24,000	$984,000	216,000	$6,480,000	0	$0	$7,464,000
Total closed-end credit							$195,087,722
Total Disclosures							$355,019,363
Total Recordkeeping and Disclosures							$372,419,363

David C. Shonka,

Acting General Counsel.

[FR Doc. E9–5113 Filed 3–10–09: 8:45 am]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–09–08AG]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Formative Research and Tool Development—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously published a clearance mechanism to support behavioral projects for HIV/ AIDS prevention and control (**Federal Register**, volume 73, number 33 page 492 January 3, 2008). This project has been expanded to include formative research, and instrument testing for, sexually transmitted infections (STI), viral hepatitis, and tuberculosis elimination.

Formative research is the basis for developing effective strategies including communication channels, for influencing behavior change. It helps researchers identify and understand the characteristics—interests, behaviors and needs—of target populations that influence their decisions and actions. Formative research is integral in developing programs as well as improving existing and ongoing programs. Formative research also looks at the community in which an intervention is being or planning to be implemented and helps the project staff understand the interests, attributes and needs of different populations and persons in their community. Formative research is research that occurs before a program is designed and implemented, or while a program is being conducted. Formative research is an integral part of developing programs or adapting programs that deal with the complexity of behaviors, social context, cultural identities, and health care that underlie the epidemiology of HIV/AIDS, viral hepatitis, STDs, and TB in the U.S.

CDC conducts formative research to develop public-sensitive communication messages and user-friendly tools prior to developing or recommending interventions, or care. Sometimes these studies are entirely behavioral but most often they are cycles of interviews and focus groups designed to inform the formation of a product.

Products from these studies will be used for sustainable projects for HIV/ AIDS, Sexually Transmitted Infections (STI), viral Hepatitis, and Tuberculosis prevention that are presented as evidence to disease specific National Advisory Committees, in order to support revisions to existing prevention and intervention methods, and new recommendations which cannot be developed without formative research.

Much of CDC's health communication takes place within campaigns that have fairly lengthy planning periods—timeframes that accommodate the standard Federal process for approving data collections. Short term qualitative interviewing and cognitive research techniques have previously proven invaluable in the development of scientifically valid and population-

appropriate methods, interventions, and instruments.

This request includes studies investigating the utility and acceptability of proposed recruitment methods, intervention contents and delivery, questionnaire domains, individual questions, and interactions with project staff or electronic data collection equipment. These activities will also provide information about how respondents answer questions and ways in which question response bias and error can be reduced. Overall, these development activities are intended to provide information that will increase the success of the surveillance or research project through increasing response rates and decreasing response error thereby decreasing future data collection burden to the public. The studies that will be covered under this request will include one or more of the following investigational modalities: (1) Focus group and individual interviews; (2) cognitive interviews for development and testing of specific data collection instruments; (3) component testing of instruments developed from qualitative research or communication methods; (4) testing of behavioral interventions; (5) public acceptance of intervention and prevention methods; (6) utilizing computer-assisted instruments (including Web-based technology).

Respondents who will participate in individual and group interviews (qualitative, cognitive, and computer-assisted development activities) are selected purposely from those who respond to recruitment advertisements. In addition to utilizing advertisements for recruitment, respondents who will participate in research on survey methods may be selected purposively or systematically from within an ongoing surveillance or research project.

CDC estimates that in a given year, 46,529 individuals will participate in 10 different information collection activities each year, each lasting between 6–12 months.

Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total response burden (hrs)
General public and health care providers	Screener	81200	1	10/60	13533
General public and health care providers	Consent Forms	40600	1	5/60	3383
General public and health care providers	Individual interview	6600	1	1	6600
General public and health care providers	Group interview	4000	1	2	8000
General public and health care providers	Individual Survey	30000	1	30/60	15000
Total					46517

Dated: March 3, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–5103 Filed 3–10–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–09–0134]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Comments are invited on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have a practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarify of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Foreign Quarantine Regulations (42 CFR part 71), (OMB Control No. 0920–0134)—Extension—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 301 of the Public Health Service Act (PHSA) (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases into the United States. Legislation and existing regulations governing the foreign quarantine activities (42 CFR part 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents entering the United States from foreign ports in order to protect the public's health.

Under the foreign quarantine regulations, the master of a ship or captain of an airplane entering he United States from a foreign port is required by public health law to report certain illnesses among passengers (42 CFR 71.21 (b)). In addition to the aforementioned list of illnesses which must be reported to CDC, the master of a ship or captain of an airplane must also report (1) hemorrhagic Fever Syndrome (persistent fever accompanied by abnormal bleeding from any site); or (2) acute respiratory syndrome (severe cough or severe respiratory disease of less than 3 weeks in duration); or (3) acute onset of fever and severe headache, accompanied by stiff neck or change in level of consciousness. CDC has the authority to collect personnel health information to