Governors not later than August 20, 2010.

A. Federal Reserve Bank of Atlanta (Clifford Stanford, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. North American Financial Holdings, Inc., Charlotte, North Carolina; to acquire up to 100 percent of the voting shares of TIB Financial Corp., and thereby indirectly acqquire voting shares of TIB Bank, both of Naples, Florida.

In connection with this application, Applicant also has applied to acquire 100 percent of the voting shares of Naples Capital Advisors, Inc., Naples, Florida, and thereby engage in investment and financial advisory activities, pursuant to section 225.28(b)(6)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, July 22, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010–18341 Filed 7–26–10; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–10–0728]

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 and 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

National Electronic Disease Surveillance System (NEDSS)—(OMB Number 0920–0728 exp. 2/28/2011)—Extension—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for the dissemination of nationally notifiable disease information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Services Act (42 U.S.C. 241). In April 1984, CDC Epidemiology Program Office (EPO) in cooperation with the Council of State and Territorial Epidemiologists (CSTE) and epidemiologists in six states began a pilot project, the Epidemiologic Surveillance Project (ESP). The ESP was designed to demonstrate the efficiency and effectiveness of the computer transmission of surveillance data between CDC and the state health departments. Each state health department used its existing computerized disease surveillance system to transmit specific data concerning each case of a notifiable disease. CDC technicians developed computer software to automate the transfer of data from the state to CDC.

In June 1985, CSTE passed a resolution supporting ESP as a workable system for electronic transmission of notifiable disease case reports from the states/territories to CDC. As the program was extended beyond the original group of states, EPO began to provide software, training and technical support to state health department staff overseeing the transition from hard-copy to *fully* automated transmission of surveillance data.

By 1989, all 50 states were using this computerized disease surveillance system, which was then renamed the National Electronic Telecommunications System for Surveillance (NETSS) to reflect its national scope. Core surveillance data are transmitted to CDC by the states and territories through NETSS. NETSS has a standard record format for data transmitted and does not require the use of a specific software program. The ability of NETSS to accept records generated by different software programs makes it useful for the efficient integration of surveillance systems nationwide.

Since 1999, the CDC, Epidemiology Program Office (EPO) has worked with CSTE, state and local public health system staff, and other CDC disease prevention and control program staff to identify information and information technology standards to support integrated disease surveillance. That effort is now focused on development of the National Electronic Disease Surveillance System (NEDSS), coordinated by CDC's Deputy Director for Integrated Health Information Systems.

NEDSS will electronically integrate and link together a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information to CDC and the state and local health departments. Consistent with recommendations from our state and local surveillance partners as described in the 1995 report, *Integrating Public Health Information and Surveillance Systems,* NEDSS includes data standards, an internet based communications infrastructure built on industry standards. It also includes policy-level agreements on data access, sharing, burden reduction, and protection of confidentiality. To support NEDSS, CDC is supporting the development of an information system, the NEDSS Base System (NBS), which will use NEDSS technical and information standards, (*http://www.cdc.gov/od/hissb/doc/NEDSSBaseSysDescriptioin.pdf*). CDC will receive reports from the 57 respondents (50 state, 2 cities, and 5 territorial health departments) using the NEDSS (NETSS replacement) umbrella of systems, that includes the National Electronic Telecommunications System for Surveillance (NETSS).

There are no costs to the respondents other than their time to participate in the survey.

The table below outlines the annualized burden which consists of two components. The first component is "weekly reporting" (52 weeks annually). The second component is an end of year report titled "annual reporting". The two components collectively represent the estimated annualized hours for the submitting jurisdictions.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Weekly Reporting				
States	50	52	3	7,800
Territories	5	52	1.5	390
Cities	2	52	3	312
Annual Reporting				
States	50	1	16	800
Territories	5	1	12	60
Cities	2	1	16	32
Total				9,394

Dated: July 20, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–18397 Filed 7–26–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–0920–09AU]

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 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Preventing HIV Risk Behaviors among Hispanic Adolescents—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project involves the development and evaluation of a streamlined version of Familias Unidas, a family-based intervention designed to prevent drug use and unsafe sex among Hispanic adolescents. Compared to non-Hispanic whites, Hispanic adolescents are highly vulnerable to acquiring HIV. Hispanic adolescents between the ages of 13 and 19 are five times more likely to be infected with HIV than are same-aged non-Hispanic whites (CDC–P, 2006). Hispanic adolescents report higher rates of unprotected sex at last intercourse than both non-Hispanic whites and African Americans. Compared to non-Hispanic whites and to African Americans, Hispanic 8th and 10th graders report the highest lifetime, annual, and 30-day prevalence rates of alcohol, cigarette, and licit or illicit drug use. Drug use and unsafe sexual behavior are risks for acquiring HIV.

Despite the urgent public health need to stop the progress of the HIV epidemic and to reduce health disparities in HIV infection, especially with regard to Hispanics, the largest and fastest growing minority group in the nation, Familias Unidas is the only published intervention found to be efficacious in preventing both drug use and unsafe sexual behavior. Familias Unidas has demonstrated efficacy in an intensive, 9 to 12 month version in two previous studies in preventing drug use and unsafe sexual behavior relative to two attention control conditions. Labor-intensive interventions are difficult to disseminate to the larger community. Consequently, there is an urgent need to develop and test a streamlined version that can be more easily disseminated to the population. Therefore, the specific aim of the proposed study is to evaluate a streamlined version of Familias Unidas. Findings from this study will strengthen CDC's HIV/AIDS behavioral intervention portfolio by creation of an effective behavioral intervention designed specifically for Hispanic adolescents which it currently lacks.

Approximately 400 dyads of Hispanic adolescents and their primary caregivers (a total of 800 people), recruited through two high schools in Miami-Dade County, will be screened for study eligibility in a short interview lasting approximately three minutes. Based on the investigators' prior research, approximately 240 dyads of Hispanic adolescents and their primary caregivers (a total of 480 people) will be deemed eligible for the study. Each of the eligible dyads will be placed into one of two groups: (1) The streamlined 5-session intervention and (2) a control group which receives standard HIV/AIDS prevention information from the high schools. Adolescents and caregivers from both groups will respond to computerized questionnaires (ACASI) containing questions about family functioning, HIV/AIDS risk behaviors and substance abuse, etc. Adolescents will spend approximately 60 minutes completing the questionnaires, while their primary caregivers will complete the questionnaires in approximately 45 minutes. They will complete these questionnaires twice annually during the two-year period. There is no cost to the respondents other than their time. The average annual burden is estimated to be 940 hours.

Estimate of Annualized Burden Hours