

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[30Day-12-12BO]****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) 639-7570 or send an email to [omb@cdc.gov](mailto: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**

Monitoring and Reporting System for Community Transformation Grant Awardees—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Community Transformation Grant (CTG) program facilitates the implementation, evaluation, and dissemination of evidence-based community preventive health activities that reduce the public health burden of chronic diseases. The program was

authorized by the Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010 (ACA), and emphasizes five strategic areas: Tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, social and emotional wellness, and a healthy and safe physical environment. The CTG program is administered by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

In September 2011, CDC awarded 68 CTG cooperative agreements to state and local governmental agencies, tribes and territories, state or local non-profit organizations, and national networks of community-based organizations. Fifty-four awardees were from state, local and tribal government, and 14 awardees were from the private, non-profit sector. Each awardee is charged with implementing a work plan that will lead to specific, measurable health outcomes in its jurisdiction or service area. The evaluation strategy for the CTG requires awardees to define their objectives in a format that is specific, measurable, achievable, relevant and time-framed (SMART).

CTG awardees are required to provide semi-annual reports to CDC that describe and update their work plans, objectives, partnerships, resources, and activities. CDC will collect the information through a web-based electronic management information system (MIS). CDC conducted initial population of the MIS for the current 68

awardees. For routine, semi-annual reporting, the average burden is estimated at three hours per response. Burden for current CTG awardees is estimated solely on the basis of the required semi-annual reports.

If CDC receives funding to support additional CTG program awards, CDC will submit a Change Request to OMB that updates the list of CTG awardees and the total estimated annualized burden hours. New CTG awardees will be responsible for initial population of their MIS information. The estimated burden for each additional CTG awardee will include a one-time adjustment of 15 hours for initial population of their MIS information, in addition to the burden associated with routine semi-annual reporting.

The MIS will be used to satisfy CTG awardees' routine reporting requirements, monitor awardee progress, identify needs for targeted technical assistance, and respond to inquiries about the CTG initiative from the Department of Health and Human Services (HHS), the White House, Congress and other sources. CDC's collection of this information is authorized by section and sections 311 and 317(k)(2) of the Public Health Service Act, 42 U.S. Code 243 and 247b(k)(2).

OMB approval is requested for three years. There are no costs to respondents other than their time. Based on the current 68 CTG awardees, the total estimated annualized burden hours are 408, including both public and private sector awardees.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Community Transformation Grant Awardees (state, local and tribal government sector) .....	54	2	3
CTG Awardees (private sector) .....	14	2	3

**Kimberly S. Lane,**

*Deputy Director, Office of Scientific Integrity,  
Office of the Associate Director for Science,  
Office of the Director, Centers for Disease  
Control and Prevention.*

[FR Doc. 2012-11090 Filed 5-10-12; 8:45 am]

**BILLING CODE 4163-18-P****DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

**Subcommittee for Dose  
Reconstruction Reviews (SDRR),  
Advisory Board on Radiation and  
Worker Health (ABRWH or the  
Advisory Board), National Institute for  
Occupational Safety and Health  
(NIOSH)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee:

*Time and Date:* 8:30 a.m.–5 p.m., June 6, 2012.

*Place:* Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018, Telephone (859) 334-4611, Fax (859) 334-4619.

*Status:* Open to the public, but without an oral public comment period. To access by conference call dial the following information 1 (866) 659-0537, Participant Pass Code 9933701.

**Background:** The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2013.

**Purpose:** The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

**Matters To Be Discussed:** The agenda for the Subcommittee meeting includes: discussion of dose reconstruction cases under review (sets 7–9 and claims with Category A findings from sets 10–13); dose reconstruction quality management and assurance activities, including overview of contractor quality management and internal dose reconstruction blind reviews; dose reconstruction issues from NIOSH 10-year review, including review of resource impact of possible changes to efficiency process and plans for claimant favorability analysis.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

**Contact Person for More Information:** Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, Mailstop E–20, Atlanta, Georgia 30333, Telephone (513) 533–6800, Toll Free 1 (800) CDC–INFO, Email [ocas@cdc.gov](mailto:ocas@cdc.gov).

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 4, 2012.

**Cathy Ramadei,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2012–11388 Filed 5–10–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Council for the Elimination of Tuberculosis Meeting (ACET)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting for the aforementioned committee:

**Time and Date:** 11:00 a.m.–3:30 p.m., June 5, 2012.

**Place:** This meeting is accessible by Web conference. Toll-free +1 (800) 369–1742, Toll +1 (517) 308–9167; Participant Code: ACET 2012. For Participants: URL: <https://www.mymeetings.com/nc/join/>.

Conference number: PW5343563.

Audience passcode: ACET 2012.

Participants can join the event directly at: <https://www.mymeetings.com/nc/join.php?i=PW5343563&p=ACET%202012&t=c>.

**Status:** Open to the public limited only by Web conference. Participation by Web conference is limited by the number of 150 ports available.

**Purpose:** This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews the extent to which progress has been made toward eliminating tuberculosis.

**Matters To Be Discussed:** Agenda items include the following topics: (1) Developing a 3–5 year Strategic Plan for ACET; (2) Modeling TB Epidemiology; (3) Tuberculosis Outbreaks in Special Populations; (4) The Restructuring of United States Tuberculosis Program (TRUST)—How to Manage Budget Cuts; and (5) other tuberculosis-related issues.

Agenda items are subject to change as priorities dictate.

**Contact Person for More Information:** Margie Scott-Cseh, Centers for Disease Control and Prevention, 1600 Clifton Road,

NE., M/S E–07, Atlanta, Georgia 30333, telephone (404) 639–8317; Email: [zkr7@cdc.gov](mailto:zkr7@cdc.gov).

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 4, 2012.

**Cathy Ramadei,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2012–11405 Filed 5–10–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee:

**Times and Dates:** 8:00 a.m.–5:00 p.m., June 21, 2012 (Closed). 8:00 a.m.–5:00 p.m., June 22, 2012 (Closed).

**Place:** Hilton, 333 O'Farrell Street, San Francisco, CA 94102, Telephone (415) 771–1400, Fax (415) 923–5036.

**Status:** The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

**Purpose:** The Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's standard grants review and funding cycles pertaining to research issues in occupational safety and health, and allied areas.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals. This will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects, which will lead to improvements in the delivery of occupational safety and health services, and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

**Matters To Be Discussed:** The meeting will convene to address matters related to the conduct of Study Section business and for the study section to consider safety and