

1. *Neighborhood Bancorp Employee Stock Ownership Plan Trust Agreement*, National City, California; Robert M. McGill; Sally M. Furay and Conny M. Jamison, all of San Diego, California, as co-trustees; to retain voting shares of Neighborhood Bancorp, National City, California, and thereby indirectly retain voting shares of Neighborhood National Bank, San Diego, California.

Board of Governors of the Federal Reserve System, June 1, 2012.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2012-13677 Filed 6-5-12; 8:45 am]

BILLING CODE 6210-01-P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also 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.

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 July 2, 2012.

A. Federal Reserve Bank of St. Louis (Glenda Wilson, Community Affairs Officer) P.O. Box 442, St. Louis, Missouri 63166-2034:

1. *Old National Bancorp*, Evansville, Indiana; to merge with Indiana Community Bancorp, and thereby indirectly acquire Indiana Bank and

Trust Company, both in Columbus, Indiana.

Board of Governors of the Federal Reserve System, June 1, 2012.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2012-13676 Filed 6-5-12; 8:45 am]

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FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in or to Acquire Companies Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 21, 2012.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Heartland Financial USA, Inc.*, Dubuque, Iowa; to engage *de novo* in leasing personal or real property, providing financial and investment advisory activities, and activities related to extending credit, all pursuant to sections 225.28(b)(2)(i), (b)(3), and (b)(6)(iii), respectfully.

Board of Governors of the Federal Reserve System, June 1, 2012.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2012-13678 Filed 6-5-12; 8:45 am]

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FEDERAL TRADE COMMISSION

SES Performance Review Board

AGENCY: Federal Trade Commission.

ACTION: Notice.

SUMMARY: Notice is hereby given of the appointment of members to the FTC Performance Review Board.

FOR FURTHER INFORMATION CONTACT:

Karen Leydon, Chief Human Capital Officer, 600 Pennsylvania Avenue NW., Washington, DC 20580, (202) 326-3633.

SUPPLEMENTARY INFORMATION:

Publication of the Performance Review Board (PRB) membership is required by 5 U.S.C. 4314 (c)(4). The PRB reviews and evaluates the initial appraisal of a senior executive's performance by the supervisor, and makes recommendations regarding performance ratings, performance awards, and pay-for-performance pay adjustments to the Chairman.

The following individuals have been designated to serve on the Commission's Performance Review Board: Eileen Harrington, Executive Director, Chair; Willard K. Tom, General Counsel; Pauline M. Ippolito, Deputy Director, Bureau of Economics; Richard A. Feinstein, Director, Bureau of Competition; Mary K. Engle, Associate Director, Bureau of Consumer Protection.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 2012-13619 Filed 6-5-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-12MQ]

Proposed Data Collection 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 404-639-7570; send comments to Kimberly S. Lane, 1600 Clifton Road, MS D-74, Atlanta, GA

30333; or send an email 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

Evaluation of the Young Sisters Initiative: A Guide to A Better You! Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Despite lower breast cancer incidence rates, African American women in the United States are known to experience disproportionately higher breast cancer mortality rates relative to other racial groups. This may be due to disparities in cancer screening and treatment and/or the higher frequency of aggressive breast cancer types found within this population. It is also known that younger women tend to experience more difficult adaptation and quality of life following breast cancer diagnosis. Factors may include impact of the diagnosis on emotional function, the need to balance work-home responsibilities including child-rearing, and concerns about changes in fertility due to cancer treatment. Many decisions that affect fertility are irreversible once treatment begins, but counseling about these issues may be overlooked during the time-sensitive decision-making process prior to initiating treatment.

In 2010, the Centers for Disease Control and Prevention (CDC) launched the Breast Cancer in Young Women

(BCYW) project to raise awareness about these issues among young breast cancer survivors (YBCS) and to provide psychosocial and reproductive health support to women who are diagnosed before age 45. The BCYW project is a three-year project to identify, strengthen, and promote real-world, evidence-based interventions that support young breast cancer survivors (YBCS). A key component of the BCYW program is the design, testing, implementation and evaluation of the Young Sisters Initiative: A Guide to A Better You (YSI) program.

The YSI program is a Web-based intervention designed to provide African American YBCS with culturally tailored psychosocial and reproductive health information to support their needs as cancer survivors. ICF International, CDC, and Sisters Network, Inc. (SNI), a national cancer advocacy organization, are developing the YSI program. A Web site to house the YSI is currently under development. Upon completion, the YSI Web site will provide users with informational materials, videos by African American YBCS, survivor stories, and links to other breast cancer support resources. To recruit women to participate in the YSI program, SNI and its partners will link women to the YSI Web site from the SNI Web site at www.sistersnetworkinc.org.

CDC, in conjunction with ICF International, plans to conduct a process evaluation of YSI program implementation. Information will be collected to assess whether the culturally tailored, knowledge- and awareness-building YSI program can be implemented with fidelity; reach its target audience of African American YBCS; and deliver effective psychosocial and reproductive health information and support. The process evaluation will also collect information to improve understanding of facilitators and barriers to YSI program recruitment and implementation, and to assess how the program might be adapted for use with other audiences.

Primary information collection will consist of two Web-based surveys of YSI

program users, conducted before and after exposure to YSI program materials. The initial five-minute demographic screener will be conducted when users encounter the YSI Web site. Respondents will be asked to provide demographic and medical information necessary for identifying members of the target YSI program audience, and to indicate their willingness to complete a brief, online post-YSI program use survey one to two weeks after their initial YSI program Web site visit. The post-YSI program use survey will be conducted after YSI Web site users have time to review the site and materials. The estimated burden for the post-YSI program use survey is 20 minutes. Respondents will be asked questions about the usefulness of resources posted on the YSI Web site and satisfaction with the site. No personally identifiable information will be collected. No information will be collected directly from YSI Web site users before, during and after the six-month implementation and evaluation of the YSI program.

Two secondary sources of information will be used to supplement the process evaluation data collection, but will not impose burden on YSI Web site users. First, CDC's evaluation contractor will use information obtained through Google Analytics to assess how visitors (particularly the target audience) navigate and use the YSI Web site. In addition, the evaluation contractor will conduct a limited number of telephone interviews with SNI staff and SNI-identified recruitment partners before and after the YSI implementation to assess fidelity to the YSI program core components and identify any facilitators and/or barriers experienced during program implementation.

CDC will use the results of the process evaluation to inform future efforts to support and educate YBCS in vulnerable/minority populations. OMB approval is requested for one year. Participation in the information collection is voluntary, and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
YSI Web site users	YSI Program Demographic Screener	500	1	5/60	42
	YSI Program Post-Use Survey	300	1	20/60	100
Total	142

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. 2012-13670 Filed 6-5-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-12LR]

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 404-639-7570 or send comments to Kimberly Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email 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

Community Transformation Grants: Evaluation of Nutrition, Physical Activity, and Obesity-related Television Media Campaigns—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chronic diseases such as cancer, heart disease, and diabetes are among the most common and costly health

problems, accounting for 70% of all deaths in the U.S. These diseases also cause major limitations in daily living for almost one out of ten Americans or about 25 million people. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use have been shown to prevent the devastating effects of these diseases.

Recent legislative developments highlight the importance of chronic disease prevention in efforts to improve the public's health. These developments include the American Recovery and Reinvestment Act (ARRA) of 2009, which provided \$650 million to carry out evidence-based prevention and wellness strategies. The Department of Health and Human Services (HHS) has developed an initiative in response to ARRA—the Affordable Care Act (ACA)—that is helping to reorient the U.S. health care system from primarily treating disease to promoting population health and well-being. Between 2009–2011, ARRA and ACA funding was authorized to two CDC programs—Communities Putting Prevention to Work (CPPW), and Community Transformation Grants (CTG)—in support of community-based policy and environmental strategies to reduce the prevalence and burden of chronic diseases.

Through the CPPW program, CDC provided funding to 51 awardees nationwide to implement evidence-based prevention and wellness strategies to increase physical activity, improve nutrition, and reduce tobacco use and exposure to secondhand smoke. A key focus of the CPPW Program is to promote community-wide policies, systems, and environmental changes across five evidence-based MAPPS strategies: Media, Access, Point of decision information, Price and, Social support services. In fiscal year (FY) 2011, CDC also funded 61 CTG cooperative agreements with state, local, and tribal government agencies and nonprofit organizations to support, disseminate, and amplify successful program models and activities as prescribed under statutory authority (Section 4201(c)(5) of the ACA). CTG awardees are required to focus on three of five strategic directions: (1) Tobacco-free living, (2) active lifestyles and healthy eating, (3) and high-impact evidence-based clinical and other preventive services.

Several CTG awardees have or are planning to implement community-driven, mass-media campaigns addressing nutrition, physical activity, and obesity (NPAO). Many of these campaigns are currently under

development and may include messaging about the importance of regular physical activity, fruit and vegetable consumption, and avoidance of sugar-sweetened beverages in adults and children, in addition to raising awareness about obesity prevalence and associated health outcomes. Primary objectives of the campaigns are to increase public awareness of these messages, shift attitudes and beliefs toward healthy behavior change, and increase public support for proven policies and programs to prevent obesity. The campaigns' primary audiences will be adults aged 18 and older; specific messaging content will vary among awardees.

As part of a multi-component evaluation plan for the CTG Program, CDC is seeking OMB approval to collect the information needed to evaluate the effectiveness of NPAO-targeted local television media campaigns. The items of information to be collected focus on the following areas: Audience awareness and recall of local campaigns; reactions to and perceptions of campaign messages; NPAO-related knowledge, attitudes, and beliefs; support for NPAO-related policy/environmental change; intentions to change NPAO-related behaviors; NPAO-related behaviors; and socio-demographic characteristics. This information will be used to evaluate the impact of these efforts on key NPAO-related outcomes and to examine the extent to which campaign effectiveness varies by characteristics and stylistic features of different campaign advertisements. The information will inform the CTG Program and other NPAO-targeted media campaigns and help to improve the clarity, salience, appeal, and persuasiveness of messages and campaigns supporting CDC's mission.

Information will be collected through a Web-based questionnaire to be completed on personal computers in the home setting. Adult respondents will be recruited from the Knowledge Networks (KN) panel, a large online panel of the U.S. population. CDC estimates that approximately 13,300 respondents must be screened in order to yield the target number of 8,000 completed questionnaires. The estimated burden per response is six minutes for screening and 30 minutes for the main questionnaire. CDC's authority to collect information for public health purposes is provided by the Public Health Service Act (41 U.S.C. 241) Section 301.

Approval for this information collection is requested for one year. Participation is voluntary and there are