Federal Communications Commission.

Marlene H. Dortch,

Secretary, Office of the Secretary, Office of Managing Director.

[FR Doc. 2013–17626 Filed 7–18–13; 11:15 am]

BILLING CODE 6712–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice to All Interested Parties of the Termination of the Receivership of: 10091, Waterford Village Bank, Clarence, NY

Notice is hereby given that the Federal Deposit Insurance Corporation (''FDIC'') as Receiver for Waterford Village Bank, Clarence, NY (''the Receiver'') intends to terminate its receivership for said institution. The FDIC was appointed receiver of Waterford Village Bank on July 24, 2009. The liquidation of the receivership assets has been completed. To the extent permitted by available funds and in accordance with law, the Receiver will be making a final dividend payment to proven creditors.

Based upon the foregoing, the Receiver has determined that the continued existence of the receivership will serve no useful purpose. Consequently, notice is given that the receivership shall be terminated, to be effective no sooner than thirty days after the date of this Notice. If any person wishes to comment concerning the termination of the receivership, such comment must be made in writing and sent within thirty days of the date of this Notice to: Federal Deposit Insurance Corporation, Division of Resolutions and Receiverships, Attention: Receivership Oversight Department 32.1, 1601 Bryan Street, Dallas, TX 75201. No comments concerning the termination of this receivership will be considered which are not sent within this time frame.

Dated: July 16, 2013.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2013–17420 Filed 7–19–13; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than August 6, 2013.

A. Federal Reserve Bank of Cleveland (Nadine Wallman, Vice President) 1455 East Sixth Street, Cleveland, Ohio 44101–2566:

1. *ESB Financial Corporation Employee Stock Ownership Plan, Ellwood City, Pennsylvania; Mario John Manna, Trustee; Mario John Manna's IRA Account; Claudia Brown Moore; Claudia Brown Moore's IRA Account; and Dolores Silvestri,* all of Coraopolis, Pennsylvania; to retain and acquire additional voting shares of ESB Financial Corporation, and thereby indirectly retain and acquire additional voting shares of ESB Bank, both in Ellwood City, Pennsylvania.

Board of Governors of the Federal Reserve System, July 17, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2013–17510 Filed 7–19–13; 8:45 am]

BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Federal Open Market Committee; Domestic Policy Directive of June 18–19, 2013

In accordance with Section 271.25 of its rules regarding availability of information (12 CFR part 271), there is set forth below the domestic policy directive issued by the Federal Open Market Committee at its meeting held on June 18–19, 2013.[1]

Consistent with its statutory mandate, the Federal Open Market Committee seeks monetary and financial conditions that will foster maximum employment and price stability. In particular, the Committee seeks conditions in reserve markets consistent with federal funds trading in a range from 0 to ¼ percent. The Committee directs the Desk to undertake open market operations as necessary to maintain such conditions. The Desk is directed to continue purchasing longer-term Treasury securities at a pace of about $45 billion per month and to continue purchasing agency mortgage-backed securities at a pace of about $40 billion per month. The Committee also directs the Desk to engage in dollar roll and coupon swap transactions as necessary to facilitate settlement of the Federal Reserve's agency mortgage-backed securities transactions. The Committee directs the Desk to maintain its policy of rolling over maturing Treasury securities into new issues and its policy of reinvesting principal payments on all agency debt and agency mortgage-backed securities in agency mortgage-backed securities. The System Open Market Account Manager and the Secretary will keep the Committee informed of ongoing developments regarding the System's balance sheet that could affect the attainment over time of the Committee's objectives of maximum employment and price stability.

By order of the Federal Open Market Committee, July 12, 2013.

William B. English,

Secretary, Federal Open Market Committee.

[FR Doc. 2013–17460 Filed 7–19–13; 8:45 am]

BILLING CODE 6210–01–P

[1] Copies of the Minutes of the Federal Open Market Committee at its meeting held on June 18–19, 2013, which includes the domestic policy directive issued at the meeting, are available upon request to the Board of Governors of the Federal Reserve System, Washington, DC 20551. The minutes are published in the Federal Reserve Bulletin and in the Board's Annual Report.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 13–0950]

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 LeRoy Richardson, 1600 Clifton Road, MS–D74, 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

The National Health and Nutrition Examination Survey (NHANES) OMB No. 0920–0950, expires 11/30/2015)—revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States.

The National Health and Nutrition Examination Surveys (NHANES) have been conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC. Annually, approximately 15,411 respondents participate in some aspect of the full survey. About 10,000 complete the screener for the survey. About 142 complete the household interview only. About 5,269 complete both the household interview and the MEC examination. Up to 4,000 additional persons might participate in tests of procedures, special studies, or methodological studies (table 1). Participation in NHANES is completely voluntary and confidential. A three-year approval is requested.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of physical examinations, laboratory tests, and interviews NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors. NHANES data are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time. NCHS collects personal identification information. Participant level data items will include basic demographic information, name, address, social security number, Medicare number and participant health information to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services (CMS).

A variety of agencies sponsor data-collection components on NHANES. To keep burden down, NCHS cycles in and out various components. The 2013–2014 NHANES physical examination includes the following components: Oral glucose tolerance test (ages 12 and older), grip strength (ages 6 and older), anthropometry (all ages), 24-hour dietary recall (all ages), physician's examination (all ages, blood pressure is collected here), taste and smell (60 and older), oral health examination (ages 1 and older, fluorosis photos ages 6–19), dual X-ray absorptiometry (total body composition ages 6–59 and osteoporosis, vertebral fractures and aortic calcification ages 40 and older). While at the examination center additional interview questions are asked (6 and older), a physical activity monitor is placed for 7 days of wear (ages 3 and older) and instructions are provided for mailing it back, a second 24-hour dietary recall (all ages) is scheduled to be conducted by phone 3–10 days later, and supplies and directions for a home urine collection (ages 20–69 for future research) is explained (this urine is mailed back).

The bio-specimens collected for laboratory tests include urine, blood, vaginal and penile swabs, oral rinses and household water collection. Serum, plasma and urine specimens are stored for future testing if the participant consents.

For the 2013–14 NHANES some major additions to the laboratory component include the following: Additional laboratory tests related to tobacco exposure, laboratory content related to fluoride exposure, and collection of HPV swabs for males.

The following major examination or laboratory items, that had been included in the 2011–2012 NHANES, were cycled out for NHANES 2013–2014: tuberculin skin testing, the respiratory health, and hearing examination components, and collection of a genetic specimen for future testing.

Most sections of the NHANES interviews provide self-reported information to be used either in concert with specific examination or laboratory content, as independent prevalence estimates, or as covariates in statistical analysis (e.g., socio-demographic characteristics). Some examples include alcohol, drug, and tobacco use, sexual behavior, prescription and aspirin use, and indicators of oral, bone, reproductive, and mental health. Several interview components support the nutrition monitoring objective of NHANES, including questions about food security and nutrition program participation, dietary supplement use, and weight history/self-image/related behavior. In 2014, 24-hour urine will be collected from interested NHANES participants who have completed the NHANES examination. This information is designed to better understand sodium intake and provide a population baseline for use in monitoring trends in sodium intake in the future. This special study will be limited to a one-half sample of participants ages 20–69. One half of those successfully completing this initial collection will be asked to complete second 24-hour urine. In addition to sodium, potassium, chloride and creatinine levels will be measured. Other analyses of the urine are being considered: Fluoride, micro-albumin, phosphorus and iodine.

NHANES data users include the U.S. Congress; numerous Federal agencies such as other branches of the Centers for Disease Control and Prevention, the National Institutes of Health, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; and private businesses. There is no cost to respondents other than their time.

TABLE 1—ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Individuals in households	NHANES Questionnaire	15,411	1	2.4	36,986
Individuals in households	Special Studies	4,000	1	3	12,000
Total					48,986

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–17481 Filed 7–19–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0870]

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, 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

Monitoring and Reporting System for Chronic Disease Prevention and Control Programs (OMB No. 0920–0870, exp. 11/30/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chronic diseases are the leading causes of death and disability in the United States, accounting for seven of every ten deaths and affecting the quality of life for 90 million Americans. Chronic diseases represent 83% of all U.S. health care spending.

Tobacco use is the single most preventable cause of death and disease in the United States. Tobacco use causes heart disease and strokes, lung cancer and many other types of cancer, chronic obstructive pulmonary disease, lung disorders, pregnancy problems, sudden infant death syndrome, gum disease and vision problems. Approximately 443,000 Americans die from tobacco-related illnesses annually, causing more deaths than HIV/AIDS, alcohol use, cocaine use, heroin use, homicides, suicides, motor vehicle crashes, and fires combined. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. There are also severe socio-economic consequences of tobacco use as the U.S. spends approximately $193 billion annually in direct medical expenses and lost productivity.

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) provides funding to health departments in States, territories, and the District of Columbia to implement and evaluate chronic disease prevention and control programs. Traditionally, support has been provided through cooperative agreements that are specific to a chronic disease or condition. In 2009, CDC announced a new cooperative agreement program for collaborative chronic disease prevention and health promotion programs (RFA DP09–901; authorized under sections 301, 307, 310, and 311 of the Public Health Service Act [42 U.S.C. sections 241 and 247(b)(k)]). The new program streamlined funding, communication and collaboration in four areas that had previously been funded and evaluated independently: tobacco control, diabetes prevention and control, state-based surveillance through the Behavioral Risk Factor Surveillance System (BRFSS), and the Healthy Communities initiative.

Due to organizational and funding changes within CDC, funding under the DP09–901 announcement has been discontinued for all activities except tobacco control. The tobacco control component is ongoing with 53 awardees: the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. These cooperative agreements will end on March 28, 2014, and final reports on awardee activities are due to CDC approximately 90 days after the end of the funding period.

In order to maintain continuity in progress reporting through the end of the cooperative agreement, CDC requests OMB approval to continue the collection of information from tobacco control program awardees for one year. Awardees will continue to submit semi-annual progress reports through a Web-based management information system (MIS). There are no changes to the number of tobacco control program respondents, the content of the information collection, the frequency of information collection, or the estimated burden per response. However, the total estimated burden hours will decrease due to discontinuation of reporting requirements for the diabetes prevention activities, state BRFSS activities, and Healthy Communities activities that were part of the original information collection request.

CDC will continue to collect information about each awardee's tobacco control objectives, planning, activities, resources, partnerships, strategies, and progress toward meeting objectives. Awardees will use the information reported through the electronic MIS to manage and coordinate their activities and to