

FEDERAL RESERVE SYSTEM**Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies**

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 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 office 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 July 22, 2010.

A. Federal Reserve Bank of San Francisco (Kenneth Binning, Vice President, Applications and Enforcement) 101 Market Street, San Francisco, California 94105-1579:

1. *John Kim Chuy Ng*, San Juan, Philippines; to acquire voting shares of Oceanic Holding (BVI) Limited, Tortola, British Virgin Islands, and thereby indirectly acquire voting shares of Oceanic Bank Holdings, Inc., and Oceanic Bank, both of San Francisco, California.

Board of Governors of the Federal Reserve System, July 2, 2010.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2010-16616 Filed 7-7-10; 8:45 am]

BILLING CODE 6210-01-S

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 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 August 2, 2010.

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

1. *Harbor Bancorp, Inc.*, Edenton, North Carolina; to become a bank holding company by acquiring 100 percent of the voting shares of West Town Savings Bank, Cicero, Illinois.

Board of Governors of the Federal Reserve System, July 2, 2010.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2010-16617 Filed 7-7-10; 8:45 am]

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FEDERAL MARITIME COMMISSION**Notice of Agreements Filed**

The Commission hereby gives notice of the filing of the following agreements under the Shipping Act of 1984. Interested parties may submit comments on the agreements to the Secretary, Federal Maritime Commission, Washington, DC 20573, within ten days of the date this notice appears in the **Federal Register**. Copies of the agreements are available through the Commission's Web site (<http://www.fmc.gov>) or by contacting the Office of Agreements at (202) 523-5793 or tradeanalysis@fmc.gov.

Agreement No.: 012102.

Title: Hoegh Autoliners/EUKOR African Space Charter Agreement.

Parties: EUKOR Car Carriers, Inc. and Hoegh Autoliners AS.

Filing Parties: Wayne R. Rohde, Esq.; Sher & Blackwell LLP; 1850 M Street, NW., Suite 900; Washington, DC 20036.

Synopsis: The agreement authorizes the parties to charter space to and from

one another on an "as needed or as available" basis in the trades between the U.S. and Africa.

Agreement No.: 012103.

Title: CMA CGM/CSAV Victory Bridge Vessel Sharing Agreement.

Parties: CMA CGM Antilles Guyane and Compania Sud American de Vapores S.A.

Filing Party: Draughn Arbona, Esq.; Associate Counsel & Environmental Officer; CMA CGM (America) LLC; 5701 Lake Wright Drive; Norfolk, VA 23502.

Synopsis: The agreement authorizes the parties to share vessel space in the trade between the U.S. Atlantic and Gulf coast and North Europe and Mexico.

Agreement No.: 201162-006.

Title: NYSA-ILA Assessment Agreement.

Parties: International Longshoremen's Association and New York Shipping Association.

Filing Parties: Donato Caruso, Esq.; The Lambos Firm; 29 Broadway, 9th Floor; New York, NY 10006 and Andre Mazzola, Esq.; Marrinan & Mazzola Mardon, P.C.; 26 Broadway, 17th Floor; New York, NY 10004.

Synopsis: The amendment revises the assessment rate per house container within 260 miles in the Puerto Rico trade.

By Order of the Federal Maritime Commission.

Dated: July 2, 2010.

Karen V. Gregory,
Secretary.

[FR Doc. 2010-16662 Filed 7-7-10; 8:45 am]

BILLING CODE 6730-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-10-0636]

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 Acting 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 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

Centers for Disease Control and Prevention (CDC) Secure Communications Network (Epi-X) (OMB No. 0929-0636 exp. 12/31/2010)—Revision—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The classification of this Information Collection (IC) is a revision of the State-Based Evaluation of the Alert Notification Component of CDC's Secure Communication Network (Epi-X) OMB Control No. 0920-0636.

This IC is being revised to improve the effectiveness of CDC communications with its public health partners during public health incident responses. These partners include public health officials and agencies at the State and local level.

From 2005–2009, CDC conducted incident specific, public health emergency response operations on

average of four public health incidents a year with an average emergency response length of 48 days for each incident. The effectiveness and efficiency of CDC's response to any public health incident depends on information at the agency's disposal to characterize and monitor the incident, make timely decisions, and take appropriate actions to prevent or reduce the impact of the incident.

Available information during many public health incident responses is often incomplete, is not easily validated by State and local health authorities, and is sometimes conflicting. This lack of reliable information often creates a high level of uncertainty with potential negative impacts on public health response operations.

Secure communications with CDC's State and local public health partners is essential to de-conflict information, validate incident status, and establish and maintain accurate situation awareness. Reliable, secure communications are essential for the agency to make informed decisions, and to respond in the most appropriate manner possible in order to minimize the impact of an incident on the public health of the United States.

Epi-X is CDC's Web-based communication system for securely communicating during public health emergencies that have multi-jurisdictional impact and implications. Epi-X was specifically designed to provide public health decision-makers at the State and local levels a secure, reliable tool for communicating information about sensitive, unusual, or urgent public health incidents to neighboring jurisdictions as well as to CDC. The system was also designed to generate a request for epidemiologic

assistance (Epi-Aid) from CDC using a secure, paperless environment.

Epi-X designers have developed functionalities that permit targeting of critical outbreak information to specific public health authorities who can act quickly to prevent the spread of diseases and other emergencies in multi-jurisdictional settings, such as those that could occur during an influenza pandemic, infection of food and water resources, and natural disasters.

CDC has recognized a need to expand the use of Epi-X to collect specific response related information during public health emergencies. Authorized Officials from State and local health departments impacted by the public health incident will be surveyed only by Epi-X. Respondents will be informed of this data collection first through an Epi-X Facilitator, who will work closely with Epi-X program staff to ensure that Epi-X incident specific IC is understood. The survey instruments will contain specific questions relevant to the current and ongoing public health incident and response activities.

The Web-based tool for data collection under Epi-X already is established for the current IC and has been in use since 2003. CDC will adapt it as needed to accommodate the data collection instruments. Respondents will receive the survey instrument as an official CDC e-mail, which is clearly labeled, "Epi-X Emergency Public Health Incident Information Request" The e-mail message will be accompanied by a link to an Epi-X Forum discussion Web page. Respondents can provide their answers to the survey questions by posting information within the discussion.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State Epidemiologists	50	100	1	5,000
City and County Health Officials	1,600	12	1	19,200
Total				24,200

Dated: June 30, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-16604 Filed 7-7-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-09AH]

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

Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs—New—Division for Heart Disease and Stroke Prevention (DHDSP), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Heart disease and stroke are among the most widespread and costly causes

of death and disability in the U.S., but are also among the most preventable health problems. In 2006, CDC created the Division of Heart Disease and Stroke Prevention (DHDSP) to provide national leadership for efforts to reduce the burden of disease, disability, and death from heart disease and stroke.

Many heart disease and stroke prevention and control activities are conducted through DHDSP-funded heart disease and stroke prevention programs. The DHDSP's key partners include state and local health departments, public health organizations, community organizations, nonprofit organizations, and professional organizations. The DHDSP supports partners by conducting trainings, providing scientific guidance and technical assistance, and producing scientific information and supporting tools. For example, the DHDSP provides training to States on how to implement and evaluate their programs and provides guidance on how to best apply evidence-based practices. In addition, the DHDSP translates its scientific studies into informational products, such as on-line reports and trend data.

The DHDSP requests OMB approval of a generic clearance to support a variety of information collections needed to assess the relevance, quality and impact of DHDSP trainings, technical assistance, and products. The generic clearance will provide a common framework for many of DHDSP's planning and evaluation activities and enhance DHDSP's ability to coordinate information collection with product releases, professional conferences, and other events. The information to be collected will allow the DHDSP to identify new programmatic opportunities and respond quickly to partners' concerns in

a timely manner. Whenever feasible, DHDSP will collect information electronically to reduce burden. Information may also be collected through in-person or telephone interviews or focus groups when web-based surveys are impractical or when in-depth responses are required.

Respondents will be DHDSP's partners in State and local government as well as partner organizations in the private sector. The DHDSP estimates that it will collect information each year from approximately 506 respondents through web-based surveys, approximately 406 respondents through interviews, and approximately 64 respondents through focus groups. No one type of respondent will be asked to participate in more than two surveys, interviews, or focus groups annually. The length of online surveys will be limited to 30 minutes and in-person interviews and focus groups limited to one hour or less.

CDC requests OMB approval of the generic clearance for three years. The initial generic information collection request describes plans to conduct two specific surveys. An additional information collection request, outlining purpose, respondents and methodology, will be submitted to OMB for each subsequent information collection activity.

The information to be collected will be used to determine whether DHDSP activities and products are reaching the intended audiences, whether they are deemed to be useful by those audiences, and whether DHDSP efforts improve public health practice.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 723.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State and Local Health Departments	Web-based survey	306	1	30/60
	Interview	306	1	1
	Focus group	32	1	1
Private Sector Partners	Web-based survey	200	1	30/60
	Interview	100	1	1
	Focus group	32	1	1