

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 August 13, 2012.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309:

1. *Trustmark Corporation*, Jackson, Mississippi; to merge with BancTrust Financial Group, Inc., and thereby indirectly acquire BankTrust, both in Mobile, Alabama.

Board of Governors of the Federal Reserve System, July 13, 2012.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 2012-17479 Filed 7-17-12; 8:45 am]

BILLING CODE 6210-01-P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act Meetings

TIME AND DATE: July 23, 2012, 9:00 a.m. (Eastern Time).

PLACE: 10th Floor Training Room, 77 K Street, NE., Washington, DC 20002.

STATUS: Parts will be open to the public and parts will be closed to the public.

MATTERS TO BE CONSIDERED:

Parts Open to the Public

1. Approval of the Minutes of the June 25, 2012 Board Member Meeting.
2. Thrift Savings Plan Activity Report by the Executive Director.
 - a. Monthly Participant Activity Report.
 - b. Legislative Report.
3. Quarterly Reports.
 - a. Investment Policy Report.
 - b. Vendor Financial Status Report.
4. Risk Management Overview.
5. Benefits Overview.
6. Contract Selection Criteria Review.
7. 2013 Board Meeting Calendar.

Parts Closed to the Public

8. Procurement.

CONTACT PERSON FOR MORE INFORMATION: Kimberly Weaver, Director, Office of External Affairs, (202) 942-1640.

Dated: July 16, 2012.

James B. Petrick,
Secretary, Federal Retirement Thrift Investment Board.

[FR Doc. 2012-17624 Filed 7-16-12; 4:15 pm]

BILLING CODE 6760-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Recharter of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services announces the recharter of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.

FOR FURTHER INFORMATION CONTACT: Corinne Graffunder, Designated Federal Officer (DFO) of the Advisory Group, Office of the Associate Director for Policy; Centers for Disease Control and Prevention; 1600 Clifton Road, NE., MS D-28; Atlanta, GA 30329; Telephone: (404) 639-7514; and/or the following person may be contacted: Olga Nelson, Committee Management Officer, Office of the Assistant Secretary for Health; Department of Health and Human Services; 200 Independence Avenue SW., Room 714B; Washington, DC 20201; Telephone: (202) 690-5205; Fax: (202) 401-2222.

SUPPLEMENTARY INFORMATION: The President issued Executive Order 13544, dated June 10, 2010, to comply with the statutes under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111-148. This legislation mandated that the President establish the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (the "Advisory Group") within the Department of Health and Human Services. To comply with the authorizing legislation and directive and guidelines under the FACA, the charter to establish the Advisory Group was appropriately filed on June 24, 2010. The Advisory Group was established as a non-discretionary federal advisory committee.

Under FACA, it is stipulated that the charter for a federal advisory committee must be renewed every two years in order for the committee to continue to operate. Since the Advisory Group was established by Presidential directive, appropriate action had to be taken by

the President or agency head to authorize continuation of the Advisory Group. On November 23, 2011, the President issued Executive Order 13591. This directive gives authorization for the Advisory Group to continue to operate until September 30, 2012.

Objectives and Scope of Activities.

The Advisory Group provides recommendations and advice to the National Prevention, Health Promotion, and Public Health Council (hereafter referred to as the "Council"). The Advisory Group provides assistance to the Council in carrying out its mission. The Advisory Group develops policy and program recommendations and advises the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

Membership and Designation. The Advisory Group is authorized to consist of not more than 25 non-federal members, who are appointed by the President. In appointing members, the President is to ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in (1) worksite health promotion; (2) community services, including community health centers; (3) preventive medicine; (4) health coaching; (5) public health education; (6) geriatrics; and (7) rehabilitation medicine. The Advisory Group currently has 22 members.

The Advisory Group reports to the Surgeon General. The Surgeon General is to select one of the appointed members to serve as Chair of the Advisory Group. Jeffrey Levi, Ph.D., Executive Director of Trust for America's Health, was selected by the Surgeon General to serve as Chair of the Advisory Group. Mr. Levi has occupied this leadership position since the Advisory Group was established. The non-federal members of the Advisory Group shall be classified as special government employees (SGEs).

Administrative Management and Support. HHS provides funding and administrative support for the Advisory Group to the extent permitted by law within existing appropriations. Staff within Office of the Assistant Secretary for Health (OASH) provide management and oversight for support services provided to the Advisory Group. OASH is a staff division within Office of the Secretary, HHS.

One amendment was proposed and approved for the charter. The area of consideration from which the DFO can be selected has been expanded. A copy of the charter and information on activities and accomplishments of the

Advisory Group can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The Web site for the FACA database is <http://fido.gov/facadatabase/>.

Authority: Executive Order 13544, dated June 10, 2010, as statutorily mandated under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111–148, dated March 23, 2010. Authority to continue the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (hereafter referred to as the “Advisory Group”) is given under Executive Order 13591, dated November 23, 2011. The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

Dated: July 13, 2012.
Regina Benjamin,
VADM, USPHS, Surgeon General.
[FR Doc. 2012–17445 Filed 7–17–12; 8:45 am]
BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30Day–12–0556]
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. 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
Assisted Reproductive Technology (ART) Program Reporting System (0920–0556, exp. 9/30/2012)—Revision—National Center for Chronic Disease and Public Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description
The ART program reporting system is used to comply with Section 2(a) of Public Law 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA)), 42 U.S.C. 263a–1(a)). FCSRCA requires each ART program to annually report to the Secretary through the CDC pregnancy success rates achieved by each ART program, the identity of each embryo laboratory used by such ART program, and whether the laboratory is certified or has applied for certification under the Act. The reporting system allows CDC to publish an annual success rate report to Congress as specified by the FCSRCA.
CDC requests OMB approval to continue information collection for three years. This Revision request

includes an increase in the total estimated burden hours due to an increase in the estimated number of responding clinics and an increase in the estimated number of responses per respondent. In addition, this Revision request describes implementation of a brief, one-time optional feedback survey at the end of the data submission for each reporting year. The feedback survey will elicit information about ART reporting system usability as well as respondents’ perspectives on the usefulness of the information collection.

Information is collected electronically through the National ART Surveillance System (NASS), a web-based interface, or by electronic submission of NASS-compatible files. The NASS includes information about all ART cycles initiated by any of the ART programs practicing in the United States and its territories. The system also collects information about the pregnancy outcome of each cycle as well as a number of data items deemed important to explain variability in success rates across ART programs and individuals.

Respondents are the 484 ART programs in the United States. Approximately 440 ART programs are expected to report an average of 339 ART cycles each. The burden estimate includes the time for collecting, validating, and reporting the requested information. Information is collected on an annual schedule.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 96,960.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
ART Programs	NASS	440	339	39/60
	Feedback Survey	176	1	2/60

Kimberly S. Lane,
Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.
[FR Doc. 2012–17459 Filed 7–17–12; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
[60Day–12–0835]
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 and send comments to Kimberly S. Lane, at CDC, 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