

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 April 8, 2011.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105–1521:

1. *Bryn Mawr Bank Corporation*, Bryn Mawr, Pennsylvania; to acquire PWMG Bank and Trust, Inc., Hersey Pennsylvania, a *de novo* non-depository trust company, and thereby engage in trust company activities, pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, March 21, 2011.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 2011–6951 Filed 3–23–11; 8:45 am]

**BILLING CODE 6210–01–P**

## GENERAL SERVICES ADMINISTRATION

[GSA Bulletin FTR 11–05; 2011–0002; Sequence 2]

### Federal Travel Regulation (FTR); Relocation Allowances—Relocation Income Tax Allowance (RITA) Tables

**AGENCY:** Office of Governmentwide Policy, General Services Administration (GSA).

**ACTION:** Notice of a bulletin.

**SUMMARY:** The purpose of this notice is to inform agencies of FTR Bulletin 11–05, which provides the annual changes to the RIT allowance tables necessary for calculating the amount of a transferee's increased tax burden due to an employee's official permanent change of station is now available. FTR Bulletin 11–05 and all other FTR Bulletins can be found at <http://www.gsa.gov/ftrbulletin>. The RIT allowance tables are located at <http://www.gsa.gov/relocationpolicy>.

**DATES:** This notice is effective March 24, 2011.

**FOR FURTHER INFORMATION CONTACT:** Mr. Ed Davis, Office of Governmentwide Policy (M), Office of Travel, Transportation, and Asset Management (MT), General Services Administration at (202) 208–7638 or via e-mail at [ed.davis@gsa.gov](mailto:ed.davis@gsa.gov). Please cite FTR Bulletin 11–05.

**SUPPLEMENTARY INFORMATION:** On June 25, 2008 the General Services Administration (GSA) published FTR Amendment 2008–04 in the **Federal Register** (73 FR 35952) specifying that the General Services Administration (GSA) would no longer publish the RITA tables found in 41 CFR part 301–17 Appendices A through D. The tables will be published at <http://www.gsa.gov/relocationpolicy>.

Dated: March 21, 2011.

**Janet Dobbs,**

*Director, Office of Travel, Transportation & Asset Mgmt.*

[FR Doc. 2011–6968 Filed 3–23–11; 8:45 am]

**BILLING CODE 6820–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day–11–0775]

### 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](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

Formative Research to Develop Social Marketing Campaigns—Routine HIV Testing for Emergency Medicine Physicians, *Prevention Is Care (PIC)*, and Partner Services—Extension—(0920–0775, expiration 4–30–2011) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

This project involves continuing a formative research study to support CDC's efforts in further developing three social marketing campaigns targeting infectious disease specialists, primary care physicians, and emergency department physicians. The campaigns of focus are: Routine HIV Testing, Prevention Is Care (*PIC*) and Partner

Services. The goal of the Routine HIV Testing Campaign is to increase HIV testing rates among individuals who receive care through the emergency department and the objective of the campaign is to make HIV testing a routine part of care provided by emergency medicine physicians. *PIC* entails encouraging primary care physicians (PCP) and Infectious Disease Specialists who deliver care to patients living with HIV to screen their HIV patients for HIV transmission behaviors and deliver brief messages on the importance of protecting themselves and others by reducing their risky behaviors. The long-term objective of the campaign is to establish *PIC* as the standard of care for persons living with HIV. The goal of the Partner Services component of the *PIC* social marketing campaign is to make HIV partner services a routine part of medical care. Partner services will greatly enhance the detection and early referral of individuals with HIV infection and will greatly reduce the number of new infections. The study entails conducting the remaining interviews to test creative materials with a sample of emergency medicine physicians for Routine HIV Testing and with PCP and Infectious Disease Specialists for *PIC* and Partner Services. Findings from this study will be used by CDC and its partners to inform current and future program activities.

For Routine HIV Testing, we have conducted a total of 48 interviews and have 24 remaining interviews to conduct. We expect a total of 12 physicians to be screened annually for eligibility. Of the 12 physicians who are screened annually, we expect that 8 will participate in an interview annually.

For *PIC*, we have conducted 18 interviews and have 144 remaining interviews to conduct. We expect a total of 72 physicians to be screened annually for eligibility. Of the 72 physicians who are screened, we expect that 48 will participate in an interview annually.

For Partner Services, we have conducted 96 interviews and have 78 remaining interviews to conduct. We expect a total of 39 physicians to be screened annually for eligibility. Of the 39 physicians who are screened, we expect that 26 will participate in an interview annually.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 115.