experience any technical problems with the conference call, please-mail

IACCTechSupport@acclaroresearch.com.

Individuals who participate in person or by using these electronic services and who need special assistance, such as captioning of the conference call or other reasonable accommodations, should submit a request to the Contact Person listed on this notice at least 7 days prior to the meeting.

Meeting schedule subject to change. Information about the IACC and a registration link for this meeting are available on the Web site: http://www.iacc.hhs.gov.

Dated: November 2, 2010.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–28151 Filed 11–5–10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Part C Early Intervention Services Grant

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of non-competitive transfer of Part C funds from North General Hospital to the Institute for Family Health.

SUMMARY: HRSA will be transferring Ryan White HIV/AIDS Program, Part C funds as a Non-Competitive Replacement Award, to the Institute for Family Health in order to ensure continuity of critical HIV medical care and treatment services and avoid a disruption of HIV/AIDS clinical care to clients in East and Central Harlem, in New York City.

SUPPLEMENTARY INFORMATION:

Grantee of Record: North General Hospital.

Intended Recipient of the Award: The Institute for Family Health.

Amount of the Award: The Institute for Family Health will receive \$577,174 of fiscal year (FY) 2010 funds to ensure ongoing clinical HIV/AIDS services for 12 months.

Authority: Section 2651 of the Public Health Service Act, 42 U.S.C. 300ff–51. CFDA Number: 93.918.

Project Period: July 1, 2010, to June 30, 2011. The period of support for the Non-Competitive Replacement Award is from July 2, 2010, to June 30, 2011.

This service area will be included in the upcoming competition for the Part C HIV Early Intervention Services (EIS) competing application process for project periods starting July 1, 2011.

Justification for the Exception to Competition: Critical funding for HIV/ AIDS medical care and treatment services to clients in East and Central Harlem of New York City will be continued through a Non-Competitive Replacement Award to the Institute for Family Health, as it has the fiscal and administrative infrastructure to administer the Part C Grant. This is a temporary Replacement Award as the previous grant recipient, North General Hospital, serving this population, notified HRSA that it could not continue providing services after July 2, 2010. North General Hospital identified the Institute for Family Health as the best qualified entity for this grant, since it operates 24 Federally Qualified Health Centers throughout New York and was granted a certificate of need on July 1, 2010, to cover ambulatory care services that were previously managed by North General Hospital at the same location. The Institute for Family Health can provide critical services with the least amount of disruption to the service population while the service area is recompeted.

FOR FURTHER INFORMATION CONTACT:

Anna Huang, via e-mail ahuang1@hrsa.gov, or via telephone, 301–443–3995.

Dated: October 28, 2010.

Mary K. Wakefield,

Administrator.

[FR Doc. 2010–28090 Filed 11–5–10; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID: FEMA-2010-0039]

Agency Information Collection Activities: Submission for OMB Review; Comment Request, OMB No. 1660–0023; Effectiveness of a Community's Implementation of the NFIP Community Assistance Program CAC and CAV Reports

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice; 30-day notice and request for comments; revision of a currently approved information collection; OMB No. 1660–0023; FEMA Form 086–0–28 (formerly 81–69), Community Visit Report; and FEMA

Form 086–0–29 (formerly 81–68), Community Contact Report.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission describes the nature of the information collection, the categories of respondents, the estimated burden (i.e., the time, effort and resources used by respondents to respond) and cost, and the actual data collection instruments FEMA will use.

DATES: Comments must be submitted on or before December 8, 2010.

ADDRESSES: Submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the Desk Officer for the Department of Homeland Security, Federal Emergency Management Agency, and sent via electronic mail to oira.submission@omb.eop.gov or faxed to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection should be made to Director, Records Management Division, 1800 South Bell Street, Arlington, VA 20598–3005, facsimile number (202) 646–3347, or email address FEMA-Information-Collections-Management@dhs.gov.

SUPPLEMENTARY INFORMATION:

Collection of Information

Title: Effectiveness of a Community's Implementation of the NFIP Community Assistance Program CAC and CAV Reports.

Type of information collection: Revision of a currently approved information collection.

 $OMB\ Number: 1660-0023.$

Form Titles and Numbers: FEMA Form 086–0–28 (formerly FEMA Form 81–69), Community Visit Report; FEMA Form 086–0–29 (formerly FEMA Form 81–68), Community Contact Report.

Abstract: Through the use of a Community Assistance Contact (CAC) or Community Assistance Visit (CAV), FEMA can make a comprehensive assessment of a community's floodplain management program. Through this assessment, FEMA can assist the community to understand the National Flood Insurance Program's requirements, and implement effective flood loss reduction measures.