

FEDERAL MARITIME COMMISSION**Meetings; Sunshine Act**

TIME AND DATE: November 19, 2009—10 a.m.

PLACE: 800 North Capitol Street, NW., First Floor Hearing Room, Washington, DC.

STATUS: A portion of the meeting will be in Open Session and the remainder of the meeting will be in Closed Session.

MATTERS TO BE CONSIDERED:**Open Session**

1. Docket No. 09–02: Notice of Proposed Rulemaking—Repeal of Marine Terminal Agreement Exemption.
2. Discussion of Notice of Inquiry Concerning Ocean Transportation Intermediary Agents.
3. FY 2010 Budget Status Update.

Closed Session

1. Section 15 Order on Competition, Rates and Services in the U.S.—Australia/New Zealand Northbound and Southbound Trades.
2. Passenger Vessel Operator Regulatory Initiatives.
3. Docket No. 07–02: Anderson International Transport and Owen Anderson Possible Violations of Sections 8(a) and 10 of the Shipping Act of 1984—Petition to Reopen Proceeding and Remand Proceeding to Administrative Law Judge.

CONTACT PERSON FOR MORE INFORMATION: Karen V. Gregory, Secretary, (202) 523–5725.

Karen V. Gregory,
Secretary.

[FR Doc. E9–27602 Filed 11–12–09; 4:15 pm]

BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****Proposed Collection; Comment Request; The Atherosclerosis Risk in Communities Study (ARIC)**

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: The Atherosclerosis Risk in Communities Study (ARIC). *Type of Information Collection Request:* Revision of a currently approved collection (OMB No. 0925–0281). *Need and Use of*

Information Collection: This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women. *Frequency of Response:* The participants will be contacted annually. *Affected Public:* Individuals or households; Businesses or other for profit; Small businesses or organizations. *Type of Respondents:* Individuals or households; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: *Estimated Number of Respondents:* 11,992; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours Per Response:* 0.2399; and *Estimated Total Annual Burden Hours Requested:* 2,877.4. The annualized cost to respondents is estimated at \$54,583, assuming respondents' time at the rate of \$17.0 per hour and physician time at the rate of \$75 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN
[2010–2013]

Type of response	Number of respondents	Frequency of response	Average hours per response	Annual burden hours
Participant Follow-up	10,735	1.0	0.2500	2,683.8
Physician (or coroner) (for CHD) ¹	491	1.0	0.1667	81.8
Physician (for heart failure) ¹	190	1.0	0.0833	15.8
Participant's next-of-kin ¹	575	1.0	0.1667	95.9
Total	11,992	1.0	0.2399	2,877.4

¹ Annual burden is placed on doctors, hospitals, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4)

Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Hanyu Ni, Project Officer, NIH, NHLBI, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892–7934, or call non-toll-free number (301) 435–0448 or e-mail your

request, including your address to: NiHanyu@nhlbi.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.