

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/](http://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 May 7, 2010.

**A. Federal Reserve Bank of New York** (Ivan Hurwitz, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *American Community Bancorp Inc.*, to become a bank holding company by acquiring 100 percent of the voting shares of American Community Bank, both of Glen Cove, New York.

Board of Governors of the Federal Reserve System, April 7, 2010.

**Jennifer J. Johnson**,  
*Secretary of the Board.*

[FR Doc. 2010-8264 Filed 4-9-10; 8:45 am]

**BILLING CODE 6210-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day 10-0696]

**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](mailto: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 through 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**

National HIV Prevention Program Monitoring and Evaluation (NHM&E)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting approval for a revision of a previously approved project and a change in project name. The initial PEMS OMB request was approved October 6, 2005, for one year and reinstated August 22, 2007, for three years.

The purpose of this revision is to collect standardized HIV prevention program evaluation data from health departments and community-based organizations (CBOs) who receive Federal funds for HIV prevention activities. Grantees have the option of using CDC's web-based PEMS software application or other approved software that the grantee may elect to utilize. Since the data collection approval in 2007, program evaluation data collection has proceeded in phases. The last phase, the collection and reporting of Partner Services data, is scheduled to begin in July 2010.

The evaluation and reporting process is necessary to ensure that CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed standardized NHM&E variables and an optional electronic reporting system (PEMS) through extensive consultation with

representatives from health departments, CBOs, and national partners (e.g., The National Alliance of State and Territorial AIDS Directors, Urban Coalition of HIV/AIDS Prevention Services, and National Minority AIDS Council).

CDC requires CBOs and health departments who receive federal funds for HIV prevention to report non-identifying, client-level, standardized evaluation data to: (1) Accurately determine the extent to which HIV prevention efforts are carried out, what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet these data needs; and (3) be accountable to stakeholders by informing them of HIV prevention activities and use of funds in HIV prevention nationwide.

CDC HIV prevention program grantees will collect, enter, and report general agency information, program model and budget data, and client demographics and behavioral risk characteristics. If using the PEMS, data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry into the web-based system.

The following changes have occurred since project 0920-0696 has been implemented: (1) The term "PEMS" currently refers only to CDC's web-based data collection and transmission software. In order to refer to data variables, the revised project uses the term "National HIV prevention program monitoring and evaluation" (NHM&E) data rather than "PEMS" data; and, (2) many data variables that were previously required are currently made optional in order to reduce data reporting burden on grantees. The revised collection anticipates a significant increase in the number of grantees and activities to be funded and provides additional optional variables for use by CBOs in outcome evaluation and special evaluation projects.

There are no additional costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
NHM&E Data Variables and Values	Health jurisdictions .....	65	4	148	38,480

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
HIV Testing Form .....	Health jurisdictions (HV Testing-scan).	30	4	616	73,920
NHM&E Data Variables and Values	Health jurisdictions (HIV Testing non-scan).	35	4	439	61,460
NHM&E Data Variables and Values	Health jurisdictions (Training) .....	65	4	10	2,600
NHM&E Data Variables and Values	Community-Based Organizations ....	300	4	84	100,800
HIV Testing Form .....	Community-Based Organizations (HIV Testing).	100	4	30	12,000
NHM&E Data Variables and Values	Community-Based Organizations (Training).	300	4	10	12,000
<b>Total</b> .....	.....	.....	.....	.....	<b>301,260</b>

Dated: April 5, 2010.  
**Maryam I. Daneshvar,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. 2010-8261 Filed 4-9-10; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day 10-0650]

**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**

Prevention Research Centers Program National Evaluation Reporting System (OMB No. 0920-0650 exp. 8/31/2010)—Revision—Division of Adult and

Community Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Prevention Research Centers (PRC) Program was established by Congress through the Health Promotion and Disease Prevention Amendments of 1984. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. CDC manages the PRC program and currently provides funding to PRC grantees that are housed within schools of public health, medicine, or osteopathy. Awards are made for five years and renewed through a competitive application process.

CDC is currently approved to collect progress and performance information about PRCs through the PRC Information System (IS), a Web-based application (OMB no. 0920-0650, exp. 8/31/2010). The performance information is used to track each PRC's progress toward, and achievement of, the objectives established by the PRC Program and the PRC's individual work plan, including indicators related to research projects, products resulting from those projects, trainings related to those projects, and partnerships. Information has been collected through the PRC IS twice per year.

In the next approval period, information collection will be restructured around a revised set of performance indicators and revised information collection methodology. The frequency of reporting will be reduced to once per year, however, reporting will be divided into two parts. The first information collection will be conducted electronically utilizing Survey Monkey, a more user-friendly Web-based survey system. This information collection will include the following: (1) PRC involvement with State and local health departments and other government agencies, (2) number and characteristics of research projects, (3) number of training programs delivered, (4) number of people trained, and (5) number of students trained. The second information collection will consist of a telephone interview with a key contact for each PRC grantee. The data will include the: (1) Number of new people hired, (2) number of contracts entered into and supported by PRC core funds, and (3) number of effective interventions. Although the number of respondents will increase from 33 to 37 PRCs, the proposed changes will result in a net decrease in the total estimated annualized burden to respondents, due primarily to a decrease in the burden per respondent.

OMB approval is being requested for a three-year period with a start date of June 1, 2010. There are no costs to respondents other than their time. The total estimated burden hours are 259.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PRC Program .....	Survey .....	37	1	6