

FDA to refine messages while still in the developmental stage. Respondents will be asked to give their reaction to the messages in either individual or group settings. Third, as evaluative research, it

will allow FDA to ascertain the effectiveness of the messages and the distribution method of these messages in achieving the objectives of the message campaign. Evaluation of

campaigns is a vital link in continuous improvement of communications at FDA.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

21 U.S.C. 393(d)(2)(D)	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Individual indepth interviews	360	1	360	.75	270
General public focus group interviews	144	1	144	1.5	216
Intercept interviews: Central location	600	1	600	.25	150
Intercept Interviews: Telephone ²	10,000	1	10,000	.08	800
Self-administered surveys	2,400	1	2,400	.25	600
Gatekeeper reviews	400	1	400	.50	200
Omnibus surveys	2,400	1	2,400	.17	408
Total (general public)					2,644
Total veterinarian/scientific expert focus group interviews	144	1	144	1.5	216
Total Burden					2,860

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

² These are brief interviews with callers to test message concepts and strategies following their call-in request to an FDA Center 1–800 number.

FDA's estimate for the annual reporting burden of the proposed collection of information requirements is based on recent prior experience with the various types of data collection methods described previously. FDA projects about 30 studies for which the annual reporting burden is estimated to be 2,860 hours.

Dated: August 13, 2010.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2010–20482 Filed 8–18–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; STAR METRICS—Science and Technology in America's Reinvestment: Measuring the Effects of Research on Innovation, Competitiveness and Science

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 Office of Science Policy Analysis (OSPA), 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: STAR METRICS—Science and Technology for America's Reinvestment: Measuring the Effects of Research on Innovation, Competitiveness and Science.

Type of Information Collection Request: Extension.

Need and Use of Information Collection: The aim of STAR METRICS is twofold. The initial goal of STAR METRICS is to provide mechanisms that will allow participating universities and Federal agencies with a reliable and consistent means to account for the number of scientists and staff that are on research institution payrolls, supported by Federal funds. In subsequent generations of the program, it is hoped that STAR METRICS will allow for

measurement of science impact on economic outcomes (such as job creation), on knowledge generation (such as citations and patents) as well as on social and health outcomes.

Frequency of Response: Quarterly.

Affected Public: Universities.

Type of Respondents: University administrators.

Estimated Number of Respondents: 100.

Estimated Number of Responses per Respondent: 4.

Average Burden Hours per Response: Reduced by 156.

Estimated Total Annual Burden Hours Requested: Reduced by 15,600.

The annualized cost to respondents is estimated to be reduced by \$780,000. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Note: The following table is acceptable for the Respondent and Burden Estimate information, if appropriate, instead of the text as shown above.

A.12-1—ESTIMATES OF NET HOUR BURDEN REDUCTION

Type of respondents	Number of respondents	Frequency of response	Average time per response (in hours)	Annual hour burden
Stage 1: Immediate	100	1	72	+7,200
Stage 1: Expected Reduction in Current burden (assuming 100 universities and at median)	100	4	40	– 16,000
Net reduction in burden	100	4	– 8,800
Stage 1: Future	100	4	1.0	+400
Stage 2: Expected Reduction in Current burden (assuming 100 universities and at median)	100	4	40	– 16,000
Net reduction in burden	100	4	– 15,600

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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. Stefano Bertuzzi, Health Science Policy Analyst, Office of Science and Technology Policy, OSP, OD; NIH, Building 1, Room 218, 9000 Rockville Pike, Bethesda, MD 20892 or call non-toll-free number 301-495-9286 or e-mail your request, including your address to: stefano.bertuzzi@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.

Dated: August 12, 2010.

Lynn D. Hudson,
Director, Office of Science Policy Analysis,
National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-10-0798]

Proposed Data Collections Submitted for Public Comment and Recommendations; Correction

Centers for Disease Control and Prevention

Notice; Correction

The Centers for Disease Control and Prevention published a document in the **Federal Register** titled 60-day 10-0798. The document contained the incorrect OMB number and expiration date.

FOR FURTHER INFORMATION CONTACT: Maryam Daneshvar, 404-639-4604

Correction

In the **Federal Register** of August 12, 2010, Volume 75, Number 155, in FR Doc. 2010-19911 page 48972, under the Proposed Project paragraph correct (OMB No. 0920-0753 exp. 10/31/2010) to read: (OMB No. 0920-0798 exp. 1/31/2011).

Dated: August 12, 2010.

Maryam I. Daneshvar,
Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-20570 Filed 8-18-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

Notice of Intent to increase funding available to make awards under the Centers for Disease Control and Prevention Funding Opportunity Announcement CDC-RFA-PS10-10138, "Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations". Additional funding from the Patient Protection and Affordable Care Act has been allocated for awards to state and county and local public health departments with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007.

SUMMARY: This notice provides public notice of CDC's intent to increase available funding for the Centers for Disease Control and Prevention Funding Opportunity Announcement PS10-10138, "Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations" to make awards to state and county and local public health departments. It is the intent of CDC to increase the amount of funds available to applicants who applied for awards under the previously announced funding opportunity CDC-RFA-PS10-10138, which closed on June 24, 2010.

CDC received additional funding through the Patient Protection Affordable Care Act (PPACA), Section 4002 Prevention and Public Health Fund. Accordingly CDC adds the following information to the previously published funding opportunity announcement:

—*Catalog of Federal Domestic Assistance Number:* 93.523 The Affordable Care Act: Human Immunodeficiency Virus (HIV) Prevention and Public Health Fund Activities.

—*Authority:* This program is authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended, and Section 4002 of the Patient