

ACTION: Notice of Proposed New Routine Use in OGE/GOVT-1 System of Records.

SUMMARY: The U.S. Office of Government Ethics (OGE) proposes to add a new Routine Use to OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records. This action is necessary to comply with the requirements of the Privacy Act to publish in the **Federal Register** notice of the existence and character of records maintained by the agency (5 U.S.C. 552a(e)(4)). OGE last published OGE/GOVT-1 in 68 FR 3097-3109 (January 22, 2003), as corrected at 68 FR 24744 (May 8, 2003).

DATES: This action will be effective without further notice on June 1, 2011 unless comments received before this date would result in a contrary determination.

ADDRESSES: You may submit comments to OGE on this Privacy Act Notice by any of the following methods:

E-mail: usoge@oge.gov (Include reference to "Privacy Act New Routine Use Comment" in the subject line of the message).

Fax: 202-482-9237, Attention: Elaine Newton, Privacy Officer.

Mail, Hand Delivery/Courier: Office of Government Ethics, Suite 500, 1201 New York Avenue, NW., Washington, DC 20005-3917, Attention: Elaine Newton, Privacy Officer.

FOR FURTHER INFORMATION CONTACT: Ms. Newton at the Office of Government Ethics; telephone: 202-482-9265; TTY: 800-877-8339; FAX: 202-482-9237; E-mail: enewton@oge.gov.

SUPPLEMENTARY INFORMATION: In accordance with the Privacy Act of 1974, 5 U.S.C. 552(a), this document provides public notice that the OGE is proposing to adopt a new Routine Use (I.) in OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records. This addition will not affect any Privacy Act rights afforded individuals who are the subject of such records. The new Routine Use is being proposed to provide relevant and necessary information to Federal Government Web sites and to any person in support of the Ethics in Government Act of 1978, 5 U.S.C. app. 110; the conflicts of interest criminal statutes, 18 U.S.C. 202-209; the Standards of Ethical Conduct for Employees of the Executive Branch, 5 CFR part 2635; Memorandum on Transparency and Open Government, 74 FR 4685 (Jan. 26, 2009); and in support of this Administration's core principles

of the business of government, transparency, participation, collaboration and innovation.

The system report, as required by 5 U.S.C. 552a(r), has been submitted to the Committee on Homeland Security and Governmental Affairs of the United States Senate, the Committee on Oversight and Government Reform of the House of Representatives and the Office of Management and Budget.

Routine Use (I.)

(I.) to disclose on the OGE Web site and to otherwise disclose to any person, including other departments and agencies, any written ethics agreements filed with the Office of Government Ethics, pursuant to 5 CFR 2634.803, by an individual nominated by the President to a position requiring Senate confirmation when the position also requires the individual to file a public financial disclosure report.

Approved: April 25, 2011.

Robert I. Cusick,

Director, Office of Government Ethics.

[FR Doc. 2011-10628 Filed 4-29-11; 8:45 am]

BILLING CODE 6345-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Funding Opportunity Announcement DD11-005, Initial Review

Correction: This notice was published in the **Federal Register** on April 11, 2011, Volume 76, Number 69, Page 19995. The time for the aforementioned meeting has been changed to the following:

Time: 11 a.m.-5 p.m.

Contact Person for More Information: Brenda Colley Gilbert, Ph.D., M.P.H., Director, Extramural Research Program Office, National Center for Chronic Disease Prevention and Health Promotion, CDC, 1600 Clifton Road, NE., Mailstop K92, Atlanta, Georgia 30333, *Telephone:* (770) 488-6295.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 26, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011-10546 Filed 4-29-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 76 FR 15984-15985, dated March 22, 2011) is amended to reflect the reorganization of the National Center on Birth Defects and Developmental Disabilities, Office of Noncommunicable Diseases, Injury and Environmental Health, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete item (7) of the functional statement for the Office of the Director (CUB 1), National Center on Birth Defects and Developmental Disabilities (CUB) and insert the following: (7) serves as primary liaison between NCBDDD and the CDC Office of the Associate Director for Communications and its associated research and practice.

Following the title and functional statement for the Division of Human Development and Disability (CUBC), insert the following:

Office of the Director (CUBC1). (1) Provides leadership and guidance on strategic planning and implementation, program priority setting, and policy development, to advance the mission of the division, NCBDDD, and CDC; (2) develops goals, objectives, and budget; monitors progress and allocation of resources, and reports accomplishments, future directions, and resource requirements; (3) facilitates scientific, policy and program collaboration among divisions and centers, and between CDC and other federal/non-federal partners; (4) promotes advancement of science throughout the division, supports program evaluation, and ensures that research meets the highest standards in the field; (5) provides medical expertise

and consultation to planning, projects, policies and program activities; (6) advises the NCBDDD Office of the Director on matters relating to human development and disability and coordinates division responses to requests for technical assistance or information on activities supported by the division; (7) develops and produces communications tools and public affairs strategies to meet the needs of division programs and mission; and (8) represents the division at official professional and scientific meetings, both within and outside of CDC.

Child Development and Disability Branch (CUBCB). (1) Collaborates with and provides technical assistance, consultation, and training to local, state, federal, and international agencies, universities, public and private organizations on optimal child development, disability, and health promotion of children with or at risk of disabilities; (2) promotes development of data standards and standardized procedures for data management and program effectiveness and costs for systems supporting optimal child development, and disability activities; (3) coordinates and collaborates on recommendations for policy development at the federal and state levels and with the private sector to promote social participation and optimal child development, including those with or at risk for disabilities; (4) provides scientific leadership and technical assistance in the development, application, improvement and evaluation of public health activities, systems, and interventions supporting optimal child development, including those with or at risk for disabilities; (5) conducts research to expand the knowledge base related to optimal early development and health of children with or at risk of disabilities, and investigates costs and effectiveness of intervention programs and systems; (6) supports the development and utilization of activities necessary for health promotion and prevention of secondary conditions in children of all ages who have or are at risk for disabilities and their families; (7) supports and enhances public health capacity, including surveillance and data sharing, for promoting optimal health and development of infants and children with or at risk for disabilities and their families across the lifespan; (8) develops and disseminates information from surveillance and epidemiologic research, health promotion and disease prevention strategies, and policies related to public health aspects of typical and atypical child development;

and (9) provides leadership in health promotion and child development for infants and children with or at risk for delays or disabilities and their families.

Disability and Health Branch (CUBCC). (1) Collaborates with and provides technical assistance, consultation, and training to local, state, federal, and international agencies, universities and governmental and non-governmental organizations on disability and health related issues; (2) collaborates with local, state, federal, and international agencies, and appropriate governmental and non-governmental organizations to develop, review, and implement policies that advance the health of people with disabilities across the lifespan; (3) provides scientific leadership in the development, application, extension, and improvement of health surveillance and tracking systems related to disability and health; (4) conducts and supports both qualitative and quantitative research to expand the knowledge base related to disability and health across the lifespan; (5) supports the development and utilization of secondary condition prevention activities for people with specific or categorical disabilities; (6) supports and coordinates state public health capacity for promoting the health of people with disabilities; (7) disseminates information from surveillance and health services research, epidemiological research, health promotion and disease prevention strategies, and policies related to disability and health; (8) establishes collaborative partnerships with public and private organizations of national and international stature to promote the health of people with disabilities; (9) collaborates with funded nongovernmental agencies to disseminate best practices, identify areas of need, facilitate development and distribution of educational materials, and provide informational resources to states and affected populations and their caregivers; and (10) provides leadership in health promotion and disease prevention across the lifespan for individuals with disabilities.

Dated: April 10, 2011.

James D. Seligman,

Acting Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-10504 Filed 4-29-11; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 76 FR 15984-15985, dated March 22, 2011) is amended to reflect the reorganization of the National Center for Immunization and Respiratory Diseases, Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows: Delete in its entirety the function statements for the National Center for Immunization and Respiratory Disease (CVG) and the Office of the Director (CVG1) and insert the following:

National Center for Immunization and Respiratory Diseases (CVG). The National Center for Immunization and Respiratory Diseases (NCIRD) prevents disease, disability, and death through immunization and by control of respiratory and related diseases. In carrying out its mission, NCIRD: (1) Provides leadership, expertise, and service in laboratory and epidemiological sciences, and in immunization program delivery; (2) conducts applied research on disease prevention and control; (3) translates research findings into public health policies and practices; (4) provides diagnostic and reference laboratory services to relevant partners; (5) conducts surveillance and research to determine disease distribution, determinants, and burden nationally and internationally; (6) responds to disease outbreaks domestically and abroad; (7) ensures that public health decisions are made objectively and based upon the highest quality of scientific data; (8) provides technical expertise, education, and training to domestic and international partners; (9) provides leadership to internal and external partners for establishing and maintaining immunization, and other prevention and control programs; (10) develops, implements, and evaluates domestic and international public health policies; (11) communicates information to increase awareness,