

promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2011.

Purpose: This Advisory Board is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: The agenda for the Advisory Board meeting includes: NIOSH Program Update and Program Evaluation Plans; Department of Labor (DOL) Program Update; Department of Energy (DOE) Program Update; Board Surrogate Data Criteria; Special Exposure Cohort (SEC) petitions for: Mound Plant, Hooker Electrochemical (Niagara Falls, New York), Linde Ceramics Plant (Tonawanda, New York), St. Louis Airport Storage Site, Weldon Spring Plant (St. Louis, Missouri), Blockson Chemical Company, Chapman Valve Manufacturing Company, Los Alamos National Laboratory, Bethlehem Steel Company (Lackawanna, New York), De Soto Avenue Facility (Los Angeles County, CA), Downey Facility (Los Angeles County, CA), University of Rochester Atomic Energy Project, BWX Technologies (Lynchburg, VA); SEC Petition Status Updates; Subcommittee and Work Group Reports; and Board Working Time.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted in accordance with the redaction policy provided below. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Policy on Redaction of Board Meeting Transcripts (Public Comment). (1) If a person making a comment gives his or her name, no attempt will be made to redact that name. (2) NIOSH will take reasonable steps to ensure that individuals making public comment are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of each public comment period stating that

transcripts will be posted and names of speakers will not be redacted; (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comment; (c) A statement such as outlined in (a) above will also appear with the agenda for a Board Meeting when it is posted on the NIOSH Web site; (d) A statement such as in (a) above will appear in the **Federal Register** Notice that announces Board and Subcommittee meetings. (3) If an individual in making a statement reveals personal information (e.g., medical information) about themselves that information will not usually be redacted. The NIOSH FOIA coordinator will, however, review such revelations in accordance with the Freedom of Information Act and the Federal Advisory Committee Act and if deemed appropriate, will redact such information. (4) All disclosures of information concerning third parties will be redacted. (5) If it comes to the attention of the Designated Federal Officer (DFO) that an individual wishes to share information with the Board but objects to doing so in a public forum, the DFO will work with that individual, in accordance with the Federal Advisory Committee Act, to find a way that the Board can hear such comments.

Contact Person for More Information: Theodore Katz, M.P.A., Executive Secretary, NIOSH, CDC, 1600 Clifton Road, MS E-20, Atlanta, GA 30333, Telephone (513) 33-6800, Toll Free 1 (800) CDC-INFO, E-mail ocas@cdc.gov.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 21, 2010.

Elaine L. Baker,

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

[FR Doc. 2010-9952 Filed 4-28-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Part D Comprehensive Services and Access to Research for Women, Infants, Children and Youth Grant Under the Ryan White HIV/AIDS Program

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

ACTION: Notice of Non-Competitive Part D Award Funds for the Mecklenburg County Health Department and Duke University.

SUMMARY: HRSA will be awarding non-competitive Part D funds to the Mecklenburg County Health Department

in order to ensure continuity of critical HIV medical care and treatment services, and to avoid a disruption of HIV clinical care and support services to women, infants, children, and youth in the Charlotte, North Carolina and surrounding counties. HRSA will also be awarding non-competitive Part D Funds to Duke University in order to ensure continuity of critical HIV medical care and treatment services, and to avoid a disruption of HIV clinical care and support services to women, infants, children, and youth in the central North Carolina area.

SUPPLEMENTARY INFORMATION:

Grantee of record: Metrolina AIDS Project.

Intended recipients of the award: Mecklenburg County Health Department, Charlotte, North Carolina and Duke University, Durham, North Carolina.

Amount of the award: To each recipient, \$239,136 (initial 6-month award) and \$431,680 (anticipated 12-month award) to ensure ongoing HIV clinical and support services to the target population.

Authority: Section 2671 of the Public Health Service Act, 42 U.S.C. 300ff-51.

CFDA Number: 93.918.

Project period: February 1, 2010 to July 31, 2011. The period of support for this award is from February 1, 2010 to July 31, 2011.

Justification for the Exception to Competition

Funding for critical HIV medical care, treatment, and support services to women, infants, children, and youth in the Charlotte, North Carolina and central North Carolina areas, will be continued through non-competitive awards to the Mecklenburg County Health Department and Duke University, respectively, as each has the fiscal and administrative infrastructure to administer the Part D Grant. These are temporary replacement awards. The previous grant recipient serving this population notified HRSA that it was closing and could not continue providing Part D services after January 31, 2010. This recipient served two distinct service areas with its Part D Grant, and no other entity has the capacity to serve both areas. HRSA's HIV/AIDS Bureau identified the Mecklenburg County Health Department and Duke University as the best qualified Grantees for these awards. The Mecklenburg County Health Department is also the Part A Grant administrator that ensures accessibility to health care services for these clients. Duke University was the primary contractor

for the central North Carolina area that ensured accessibility to health care services for these clients. The Mecklenburg County Health Department and Duke University can provide comprehensive services, including primary medical care and antiretroviral therapies; prevention education and medication adherence teaching; referrals for mental health, substance abuse and dental services; and on-site medical HIV case management services, as well as additional family-centered support services. The additional funding provided would enhance retaining the targeted population in care.

The Mecklenburg County Health Department and Duke University are to provide critical services, with the least amount of disruption to the service population while the service area is re-competed. The initial awards will provide funding for 6 months, based on satisfactory performance, continued need, and continued availability of funds. A second and final award for these services will be awarded for 12-months. This supplement will cover the time period from February 1, 2010 to July 31, 2011. This service area will be included in the upcoming competition for the Part D Comprehensive Services and Access to Research for Women, Infants, Children, and Youth for project periods starting August, 2011.

FOR FURTHER INFORMATION CONTACT: Kathleen Treat, by e-mail ktreat@hrsa.gov, or by phone, 301-443-7602.

Dated: April 22, 2010.

Mary K. Wakefield,
Administrator.

[FR Doc. 2010-9968 Filed 4-28-10; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Agency Information Collection Activities; Proposals, Submissions, and Approvals: CIS Ombudsman Case Problem Submission Worksheet, DHS Form 7001 and Virtual Ombudsman System

AGENCY: Office of the Citizenship and Immigration Service Ombudsman, DHS.

ACTION: 60-Day Notice and request for comments; Revision of an existing information collection, 1601-0004.

SUMMARY: The Department of Homeland Security, Office of the Citizenship and Immigration Service Ombudsman, will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for

review and clearance in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chapter 35).

DATES: Comments are encouraged and will be accepted until June 28, 2010. This process is conducted in accordance with 5 CFR 1320.1.

ADDRESSES: Written comments and questions about this Information Collection Request should be forwarded to Office of the Citizenship and Immigration Services Ombudsman, DHS, Attn.: Director of Communications, Mail Stop 1225, Washington, DC 20528-1225. Comments may also be submitted to DHA via facsimile to 202-272-8352, 202-357-0042 or via e-mail at rfs.regs@dhs.gov or cisombudsman@dhs.gov.

SUPPLEMENTARY INFORMATION: The Department of Homeland Security would like to revise the currently approved collection of information to migrate from a paper based only collection process to a collection process that allows the submitter to provide the information by a paper document or electronically. The information is currently collected via a Worksheet designated as DHS Form 7001.

The CIS Ombudsman is an independent office that reports directly to the Deputy Secretary of Homeland Security. The system will collect and maintain records of correspondence received from individuals, employers, and designated representatives. In accordance with the Privacy Act of 1974, DHS is issuing a system of records notice for the CISOMB Virtual Ombudsman records. This record system will allow CISOMB to collect the same information historically collected by a paper copy of DHS Form 7001. CISOMB intends to continue to receive and process correspondence received from individuals, employers, and their designated representatives in order to: (1) Assist individuals and employers in resolving problems with U.S. Citizenship and Immigration Services (USCIS); (2) identify areas in which individuals and employers have problems in dealing with USCIS; and (3) to the extent possible, propose changes to mitigate problems as mandated by 6 U.S.C. 272. This new system will be included in the Department's inventory of record systems. CISOMB will continue to receive cases through DHS Form 7001, Case Problem Submission Worksheet and Supporting Statement Case Problem Submission Form, which is posted on the DHS CISOMB Internet Web site at <http://www.dhs.gov> as a

fillable PDF form; and will also offer the submitter an option to provide the information via CISOMB's online form 7001 (same title) that is transmitted electronically with any relevant documentation to CISOMB for further processing. CISOMB reviews all information for completeness and scans all documentation into the CISOMB account within the Internet Quorum/Enterprise Correspondence Tracking (IQ/ECT) system as a case record and forwards electronically, as appropriate, along with any attachments, to USCIS for further action. Currently, CISOMB converts every case problem submission to Adobe.pdf format for resolution.

The Office of Management and Budget is particularly interested in comments which:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions 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 through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

Analysis

Agency: Office of the Citizenship and Immigration Services Ombudsman, DHS.

Title: CIS Ombudsman Case Problem Submission Worksheet.

OMB Number: 1601-0004.

Frequency: One Time Response.

Affected Public: Individuals or households.

Number of Respondents: 2,600.

Estimated Time per Respondent: 1 hour.

Total Burden Hours: 2,600 annual hours.

Dated: April 11, 2010.

Richard A. Spires,
Chief Information Officer.

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