

Draft Advisory Opinion 2011–09: Facebook.

Draft Advisory Opinion 2011–10: POET, LLC, POET PAC, and Sioux River Ethanol, LLC (d/b/a POET Biorefining-Hudson).

Audit Division Recommendation Memorandum on the United Association Political Education Committee (UAPEC) (A09–27).

Future Meeting Dates.

Management and Administrative Matters.

Individuals who plan to attend and require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Shawn Woodhead Werth, Commission Secretary and Clerk, at (202) 694–1040, at least 72 hours prior to the hearing date.

**PERSON TO CONTACT FOR INFORMATION:** Judith Ingram, Press Officer, Telephone: (202) 694–1220.

**Shawn Woodhead Werth,**  
*Secretary and Clerk of the Commission.*

[FR Doc. 2011–14583 Filed 6–8–11; 4:15 pm]

**BILLING CODE 6715–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Assistant Secretary for Planning and Evaluation; Advisory Council on Alzheimer's Research, Care, and Services

**AGENCY:** Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

**ACTION:** Notice of establishment of the Advisory Council on Alzheimer's Research, Care, and Services and request for nominations.

**SUMMARY:** The National Alzheimer's Project Act, Public Law 111–375 (42 U.S.C. 11225), requires that the Secretary of Health and Human Services (HHS) establish the Advisory Council on Alzheimer's Research, Care, and Services. The Advisory Council is governed by provisions of Public Law 92–463 (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees. The Secretary of HHS has determined that establishment of the Advisory Council on Alzheimer's Research, Care, and Services is desirable to provide advice and consultation to the Secretary on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. The Secretary signed the charter establishing the

Advisory Council on May 23, 2011.

HHS is soliciting nominations for non-Federal members of the Advisory Council. Nominations should include the nominee's contact information (current mailing address, e-mail address, and telephone number) and a current curriculum vitae or resume.

**DATES:** Submit nominations by e-mail or USPS mail before COB on June 30, 2011.

**ADDRESSES:** Nominations should be sent to Helen Lamont at [helen.lamont@hhs.gov](mailto:helen.lamont@hhs.gov); Helen Lamont, Ph.D., Office of the Assistant Secretary for Planning and Evaluation, Room 424E Humphrey Building, Department of Health and Human Services, 200 Independence Avenue, SW., Washington, DC 20201.

### Comments

#### FOR FURTHER INFORMATION CONTACT:

Helen Lamont (202) 690–7996, [helen.lamont@hhs.gov](mailto:helen.lamont@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Advisory Council on Alzheimer's Research, Care, and Services shall meet quarterly to discuss programs that impact people with Alzheimer's disease and related dementias and their caregivers. The Advisory Council shall make recommendations about ways to reduce the financial impact of Alzheimer's disease and related dementias and to improve the health outcomes of people with these conditions. The Advisory Council shall provide feedback on a National Plan for Alzheimer's disease. On an annual basis, the Advisory Council shall evaluate the implementation of the recommendations through an updated national plan.

The Advisory Council shall consist of at least 22 members. Ten members will be designees from Federal agencies including the Centers for Disease Control and Prevention, Administration on Aging, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Director of the National Institutes of Health, National Science Foundation, Department of Veterans Affairs, Food and Drug Administration, Agency for Healthcare Research and Quality, and the Surgeon General.

The Advisory Council shall also consist of 12 non-federal members selected by the Secretary who are Alzheimer's patient advocates (2), Alzheimer's caregivers (2), health care providers (2), representatives of State health departments (2), researchers with Alzheimer's-related expertise in basic, translational, clinical, or drug development science (2), and voluntary health association representatives (2).

The Secretary shall appoint one of the members to serve as the Chair. Members shall be invited to serve for overlapping 4 year terms, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. Members will serve as Special Government Employees.

Dated: June 3, 2011.

**Sherry Glied,**

*Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2011–14366 Filed 6–9–11; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HHS gives notice concerning the final effect of the HHS decision to designate a class of employees from Grand Junction Operations Office, Grand Junction, Colorado, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On April 29, 2011, as provided for under 42 U.S.C. 7384q(b), the Secretary of HHS designated the following class of employees as an addition to the SEC:

All employees of the Department of Energy, its predecessor agencies, and its contractors and subcontractors who worked at the Grand Junction Operations Office from March 23, 1943 through January 31, 1975, for a number of work days aggregating at least 250 work days, occurring either solely under this employment or in combination with work days within the parameters established for one or more other classes of employees in the SEC.

This designation became effective on May 29, 2011, as provided for under 42 U.S.C. 7384l(14)(C). Hence, beginning on May 29, 2011, members of this class of employees, defined as reported in this notice, became members of the Special Exposure Cohort.

#### FOR FURTHER INFORMATION CONTACT:

Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C–46,

Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by e-mail to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

[FR Doc. 2011-14353 Filed 6-9-11; 8:45 am]

**BILLING CODE 4163-19-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Request for Information (RFI) To Identify and Obtain Relevant Information From Public or Private Entities With an Interest in Biovigilance; Extension

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

**ACTION:** Notice.

**SUMMARY:** This extension of time to respond to the previously published Request For Information (RFI) seeks to provide additional opportunities for potential stakeholders to identify and obtain relevant information regarding the possible development of a public-private partnership (PPP) designed to facilitate the identification of risks and strategies to assure safety of the U.S. supply of blood and blood components, tissues, cells, and organs. The original RFI was published in the **Federal Register** in Vol. 76, No. 79 on Monday April 25, 2011, titled, "Request for Information (RFI) to Identify and Obtain Relevant Information from Public or Private Entities with an Interest in Biovigilance." An extension is being provided to all who cannot make the original deadline of June 9, 2011. The extension is until June 30, 2011.

**DATES:** Responses are encouraged by the original June 9, 2011 deadline; however, if an extension is required it will be provided until June 30, 2011 (4 p.m. EDT). Please notify us if you intend to respond by the extended date (4 p.m. EDT on June 30, 2011 at the address listed below).

**ADDRESSES:** All responses should be emailed to [Biovigilance@hhs.gov](mailto:Biovigilance@hhs.gov) (attention Dr. Jerry Holmberg). Please limit responses to 10 pages. Include in the subject line, the following information:

- Name of the institution or site.
- Respondent, title, and full contact information.

**FOR FURTHER INFORMATION CONTACT:** Dr. Jerry Holmberg, Senior Advisor for Blood Safety, Office of the Assistant

Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Tower Building, Suite 250, Rockville, MD 20852.

Dated: June 2, 2011.

**Jerry A. Holmberg,**

*Senior Advisor for Blood Policy, Executive Secretary of the Advisory Committee Safety and Availability.*

[FR Doc. 2011-14124 Filed 6-9-11; 8:45 am]

**BILLING CODE 4150-41-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 30174-30175, dated May 24, 2011) is amended to reflect the reorganization of Procurement and Grants Office.

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

Delete in their entirety the title and the functional statement for the Materiel Management Activity (CAJH12), Office of the Director (CAJH1).

Following the title and functional statement for the Acquisition & Assistance Branch VIII (CAJHV), insert the following:

Logistics Management Branch (CAJHW). (1) Develops and implements CDC-wide policies, procedures, and criteria necessary to comply with federal and departmental regulations governing personal property, transportation, shipping, and fleet management; (2) determines, recommends, and implements procedural changes needed to maintain effective management of CDC property including but not limited to: inventory control; property records; receipt, delivery, tracking, shipping and return of CDC materiel; property reutilization and disposal; transportation of freight; and CDC's vehicle fleet; (3) provides audits, training and technical assistance to CDC Centers/Institute/Offices on property, transportation, shipping, and fleet management; (4) determines the requirement for and serves as the functional proponent for the design,

test, and implementation of logistics management systems; (5) represents CDC on inter- and intra-departmental committees relevant to logistical functions; (6) serves as the CDC liaison to HHS and other federal agencies on logistical matters such as property, transportation and traffic management; and (7) establishes branch goals, objectives and priorities, and assures consistency and coordination with overall Procurement and Grants Office logistical goals and objectives.

Dated: May 26, 2011.

**Carlton Duncan,**

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

[FR Doc. 2011-14126 Filed 6-9-11; 8:45 am]

**BILLING CODE 4160-18-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-370, CMS-377, and CMS-378; CMS-381; CMS-10145; and CMS-10362]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Titles of Information Collection:* (CMS-370) Health Insurance Benefits Agreement, (CMS-377) ASC Request for Certification or Update of Certification Information in the Medicare Program,