FOR FURTHER INFORMATION CONTACT: Yvonne Chow, Division of Nutrition Research Coordination, National Institute of Diabetes, Digestive and Kidney Diseases, National Institutes of Health; Room 624A, 6707 Democracy Blvd., Bethesda, MD 20817; Telephone: (301) 594–8821; Email: *DRInominations@hhs.gov.*

SUPPLEMENTARY INFORMATION: The DRI Subcommittee, in collaboration with its Canadian counterpart, has been responsible for prioritizing nutrients for federally-funded DRI reviews that establish nutrient reference values. Given the completion in 2011 of the most recent DRI review which was conducted by the Institute of Medicine at the National Academy of Sciences, the DRI Subcommittee is now considering future reviews. The increasingly broad range of uses of the DRIs warrants input to the DRI Subcommittee concerning nutrients of interest for such reviews. Input from all interested parties is welcome and may come from individuals and organizations external to the federal government as well as from federal agencies.

The opportunity to provide information is limited at this time to new reviews for nutrients and food components that have previously been considered by Institute of Medicine DRI committees. The nomination is to include a cover letter and a literature search. The requirements of the nomination package and the nomination procedures are specified in the Web site identified above in the **ADDRESSES** section, and interested persons should access the Web site to obtain specific instructions for the nomination. The nomination will be regarded as information for the DRI Subcommittee and is intended to assist only in informing planning activities; the submission of a nomination does not guarantee the initiation of a DRI review. Further, the opportunity to provide information should not be construed as a funding opportunity or grant program. Please note that proprietary or confidential information cannot be considered and should not be submitted.

Dated: April 24, 2013.

Howard K. Koh,

Assistant Secretary for Health.

[FR Doc. 2013–10054 Filed 4–29–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary; Office of the Assistant Secretary for Preparedness and Response; Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AN, Office of the Assistant Secretary for Preparedness and Response (ASPR), as last amended at 78 FR 7784, dated February 4, 2013, and at 75 FR 35035–35038, dated June 21, 2010. This organizational change is to rename the Office of Preparedness and Emergency Operations (ANC), establish five Divisions under the Office of Preparedness and Emergency Operations (ANC), and rename one existing Division. The changes are as follows.

I. Under Part A, Chapter AN, Section AN.10, Organization, rename ''Office of Preparedness and Emergency Operations'' to ''Office of Emergency Management.''

II. Under Part A, Chapter AN, Section AN.20, Functions, Paragraph C, Office of Preparedness and Emergency Operations (ANC):

a. Replace all references to the ''Office of Preparedness and Emergency Operations'' and ''OPEO'' with the ''Office of Emergency Management'' and ''OEM,'' respectively.

b. Rename ''Division of Mass Care (ANC1)'' as ''Division of National Hospital Preparedness (ANC1).''

c. At the end of Paragraph C, add the following sub-components:

- Division of Recovery (ANC7)
- Division of Regional Emergency Coordinators (ANC8)
- Division of Logistics (ANC9)
- Division of Fusion (ANCA)
- Division of Tactical Programs (ANC5)

II. Delegations of Authority. All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Dated: April 12, 2013.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2013–10056 Filed 4–29–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–13RQ]

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 404–639–7570 or send comments to Kimberly S. Lane, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *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

Community Transformation Grants (CTG) Context Scan Surveys—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Obesity currently affects more than one-third of adults and approximately 17 percent of children in the United States. Obese children and teens are likely to remain so into adulthood, and are at risk for developing severe health conditions such as heart disease, type 2 diabetes, stroke, and certain cancers. As one of the most dire and fastest growing health-related problems, obesity prevention has become a public health priority.

Physical activity and dietary behaviors are known to impact obesity. Importantly, research has shown that