

Sandra L. Kusumoto,

Director, Bureau of Certification and Licensing.

[FR Doc. 2010-7890 Filed 4-6-10; 8:45 am]

BILLING CODE 6730-01-P

FEDERAL MARITIME COMMISSION

Ocean Transportation Intermediary License Revocation

The Federal Maritime Commission hereby gives notice that the following Ocean Transportation Intermediary licenses have been revoked pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. Chapter 409) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, 46 CFR part 515, effective on the corresponding date shown below:

License Number: 021331F.

Name: Deseret Forwarding International, Inc.

Address: 1760 Airway, Suite 103, El Paso, TX 79925.

Date Revoked: February 25, 2010.

Reason: Failed to maintain a Valid Bond.

License Number: 004553N.

Name: Marianas Steamship Agencies, Inc. DBA MSA Logistics.

Address: Commercial Port Annex, 2nd Floor, 1010 Cabras Highway, Piti, Guam 96915.

Date Revoked: March 4, 2010.

Reason: Surrendered license voluntarily.

Sandra L. Kusumoto,

Director, Bureau of Certification and Licensing.

[FR Doc. 2010-7888 Filed 4-6-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology HIT Policy Committee Advisory Meeting; Notice of Meeting

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice of change of location for meetings.

This notice references forthcoming meetings of public advisory committees of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Policy Committee; Meaningful Use Workgroup.

General Function of the Committee: to provide recommendations to the National Coordinator on a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed.

Date and Time: The meetings will be held on April 20, 2010, from 9 a.m. to 5 p.m./Eastern Time (the Meaningful Use Workgroup); and April 21, 2010, from 10 a.m. to 4 p.m./Eastern Time (HIT Policy Committee).

Location: The location for both meetings has changed to the Renaissance Dupont Circle Hotel, 1143 New Hampshire Avenue, NW., Washington, DC. The hotel telephone number is 202-775-0800.

Contact Person: Judy Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202-205-4528, Fax: 202-690-6079, e-mail: judy.sparrow@hhs.gov Please call the contact person for up-to-date information on these meetings. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The Meaningful Use Workgroup meeting will concern Patient/Consumer Engagement, and hear testimony from experts; the HIT Policy Committee will hear reports from its workgroups, including the Meaningful Use Workgroup, the Certification/Adoption Workgroup, the NHIN Workgroup, the Privacy & Security Policy Workgroup, and the Strategic Plan Workgroup. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posed on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before April 13, 2010. Oral comments from the public will be scheduled between approximately 3:30 p.m. to 4 p.m. Time allotted for each

presentation is limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public hearing session, ONC will take written comments after the meeting until close of business.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://healthit.hhs.gov> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App. 2).

Dated: April 1, 2010.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2010-7902 Filed 4-6-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; the Jackson Heart Study (JHS)

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on January 13, 2010, page 1789, and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented

on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The Jackson Heart Study: Annual Follow-up with Third Party Respondents. **Type of Information Collection Request:** Revision of a currently approved collection (OMB No. 0925-0491). **Need and Use of Information Collection:** This project involves contacting next-of-kin and family physicians of deceased participants who were part of the Jackson Heart Study exam. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in African American men and women. Recruitment of 5,500 JHS participants began in September 2000 and was completed in March 2004. 5,302 participants

completed a baseline Exam 1 that included demographics, psychosocial inventories, medical history, anthropometry, resting and ambulatory blood pressure, phlebotomy and 24-hour urine collection, ECG, echocardiography, and pulmonary function. JHS Exam 2 began September 26, 2005, followed by a more comprehensive Exam 3 that began in February 2009. The two new exams include some repeated measures from Exam 1 and several new components, including distribution of self-monitoring blood pressure devices. The continuation of the study allows continued assessment of subclinical coronary disease, left ventricular dysfunction, progression of carotid atherosclerosis and left ventricular hypertrophy, and responses to stress, racism, and discrimination as well as new components such as renal disease,

body fat distribution and body composition, and metabolic consequences of obesity.

Frequency of Response: One-time. **Affected Public:** Individuals or households; businesses or other for profit; not-for-profit institutions. **Type of Respondents:** Adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: **Estimated Number of Respondents:** 400; **Estimated Number of Responses per Respondent:** 1.0; **Average Burden Hours per Response:** (84 hours/400 respondents) 0.20; and **Estimated Total Annual Burden Hours Requested:** 84. The annualized cost to respondents is estimated at \$3,760, assuming \$15 per burden hour for informants and \$65 per burden hour for physicians. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Morbidity & Mortality AFU 3rd Party/Next-of-kin decedents	200	1	0.17	34
Morbidity & Mortality AFU 3rd Party Physicians	200	1	0.25	50
Total	400	84

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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202-395-6974, Attention: Desk

Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Ms. Cheryl Nelson, Project Officer, NIH, NHLBI, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892-7934, or call non-toll-free number 301-435-0451 or e-mail your request, including your address to: NelsonC@nhlbi.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Suzanne Freeman,
NHLBI Project Clearance Liaison, National Institutes of Health.
Michael Lauer,
Director, DCVS, National Institutes of Health.
[FR Doc. 2010-7895 Filed 4-6-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Announcement Number: HHS-2011-IHS-TMD-0001]

Tribal Management Grant Program; Announcement Type: New and Competing Continuation Discretionary Funding Cycle for Fiscal Year 2011

Catalog of Federal Domestic Assistance Number(s): 93.228.

Key Dates: Program Requirements Session: April 21-22 and May 5-6, 2010.

Grant Writing Session: May 17-21, 2010.

TMG WebEx Session: June 3, 2010.

Application Deadline Date: August 6, 2010.

Receipt Date for Final Tribal Resolution: October 1, 2010.

Review Date: October 4-8, 2010.

Application Notification Date: November 12, 2010.

Earliest Anticipated Start Date: January 1, 2011.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces competitive grant applications for the Tribal Management