reporting responsibility to first-tier subcontractors that meet the applicability requirements. The FAR clause requires this compensation disclosure for prime contractors as well because to exclude prime contractors while requiring disclosure for first-tier subcontractors would be unsupportable given the transparency goals of both FFATA and the Recovery Act.

There are likely to be some prime contractors that already provide public access to the compensation of senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986. For purposes of this analysis, the Government estimates 15% of prime contractors already provide such public access. There are also likely to be some first-tier subcontractors that do not meet either of the revenue thresholds for applicability. For purposes of this analysis, the Government estimates 25 percent of first-tier subcontractors will not have to disclose compensation information because they do not meet the revenue thresholds.

The hours estimated per response include the time for reviewing instructions, searching existing data sources, gathering the data, and completing the collection of information.

B. Annual Reporting Burden

Respondents: 82,198.

Responses per Respondent: 1.25.

Total Annual Reponses: 102,747.

Hours per Response: 3.

Total Burden Hours: 308,242.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 9000–0168, American Recovery and Reinvestment Act—One-time Reporting, Compensation Requirements, in all correspondence.

Dated: April 1, 2010.

Al Matera,

Director, Acquisition Policy Division.

[FR Doc. 2010–8031 Filed 4–12–10; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Emily M. Horvath, Indiana University: Based on the Respondent's own admissions in sworn testimony and as set forth below, Indiana University (IU) and the U.S. Public Health Service (PHS) found that Ms. Emily M. Horvath, former graduate student, IU, engaged in research misconduct in research supported by National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health (NIH), grant R01 AT001846 and Predoctoral Fellowship Award F31 AT003977–01, and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH, grant R01 DK082773–01.

Specifically, the Respondent admitted to falsifying the original research data when entering values into computer programs for statistical analysis with the goal of reducing the magnitude of errors within groups, thereby gaining greater statistical power. The Respondent, IU, and ORI agree that the figures identified below in specific grant applications and published papers are false and that these falsifications rise to the level of research misconduct:

- Respondent admitted to falsifying Figures 6B, 18, 22, 23B, and 24 in NCCAM, NIH, grant application R01 AT001846–06, "Chromium Enhanced Insulin & GLUT4 Action via Lipid Rafts," Jeffery S. Elmendorf, P.I. (07/01/04–05/31/20) (application was withdrawn in May 2009).
- Respondent admitted to falsifying Figures 6B, 8, 9D, 16D, and 21 in NIDDK, NIH, grant application R01 DK082773–01, "Mechanisms of Membrane-Based Insulin Resistance & Therapeutic Reversal Strategies," Jeffrey S. Elmendork, P.I. (3/15/09–01/31/13).
- Respondent admitted to falsifying Figures 2C, 5, 6D, and 11 in the publication: Horvath, E.M., Tacket, L., McCarthy, A.M., Raman, P., Brozinick, J.T., & Elmendorf, J.S. "Antidiabetogenic Effects of Chromium Mitigate Hyperinsulinemia-induced Cellular Insulin Resistance via Correction of Plasma Membrane Cholesterol Imbalance." *Molecular Endocrinology* 22:937–950, 2008.
- Respondent admitted to falsifying Figure 2C in the publication: Bhonagiri, P., Patter, G.R., Horvath, E.M., Habegger, K.M., McCarthy, A.M., Elmendorf, J.S. ''Hexosamine biosysthesis pathway flux contributes to insulin resistance via altering membrane PIP_2 and cortical F-actin.'' *Endocrinology* 150(4):1636–1645, 2009.

Respondent also admitted to falsifying Figures 2C, 5, 6D, 11, 13C, 15A, 16A, 17A, 18, 19C, and 20A, which are included in her thesis, "Cholesterol-dependent mechanism(s) of insulin-sensitizing therapeutics." The Ph.D. was awarded to the Respondent on December 31, 2008. Respondent was supported by a Predoctoral Fellowship Award F31 AT003977 from 09/30/2006 to 09/29/2009.

Ms. Horvath has entered into a Voluntary Settlement Agreement in which she has voluntarily agreed, for a period of three (3) years, beginning on March 22, 2010:

(1) To exclude herself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) That any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses her in any capacity on PHS-supported research, or that submits a report of PHS-funded research in which she is involved, must concurrently submit a plan for supervision of her duties to the funding agency for approval; the supervisory plan must be designed to ensure the scientific integrity of her research contribution; respondent agreed that she will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI;

(3) That any institution employing her submits, in conjunction with each application for PHS funds or report, manuscript, or abstract of PHS-funded research in which the Respondent is involved, a certification that the data provided by the Respondent are based on actual experiments or are otherwise legitimately derived and that the data, procedures, analyses, and methodology are accurately reported in the application, report, manuscript, or abstract; the Respondent must ensure that the institution sends a copy of the certification to ORI; and

(4) That she will write letters, approved by ORI, to relevant journal editors of the published papers cited above to state what she falsified/fabricated and to provide corrections if she has not already done so. These letters should state that her

falsifications/fabrications were the underlying reason for the retraction/corrections.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. 2010–8386 Filed 4–12–10; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Boris Cheskis, Ph.D., Wyeth Pharmaceuticals: Based on the report of an investigation conducted by Wyeth Pharmaceuticals and additional analysis conducted by ORI in its oversight review, ORI found that Boris Cheskis, Ph.D., former senior scientist, Discovery Research, Women's Health, Wyeth Pharmaceuticals, engaged in research misconduct in grant applications 1 R01 DK072026–01 and 1 R01 DK072026–01A2 submitted to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH.

Specifically, ORI found that:

- The Respondent engaged in misconduct in science, 42 CFR 50.102, in NIDDK, NIH, grant application 1 R01 DK072026–01, "MNAR Crosstalk with Steroid Receptors," submitted to NIH on September 28, 2004, by intentionally falsifying Figures 5 and 6.
- The Respondent engaged in research misconduct, 42 CFR 93.103, in NIDDK, NIH, grant application 1 R01 DK072026–01A2, "MNAR Crosstalk with Steroid Receptors," submitted to NIH on November 9, 2005, by intentionally falsifying Figures 6 and 9.

Dr. Cheskis' research was in an area of research (estrogen receptors and modulation of nongenomic phosphorylation cascades) that is of importance to women's health. Dr. Cheskis' team identified an adapter protein, MNAR, that coordinates interactions between certain nuclear receptors, Src and PI3K and may play important roles in regulation of cell proliferation and survival.

Both Dr. Cheskis and the U.S. Public Health Service (PHS) were desirous of concluding this matter without further expense of time and other resources. Dr. Cheskis neither admits nor denies that ORI's findings represent findings of research misconduct. The settlement is not an admission of liability on the part of the Respondent.

Dr. Cheskis has entered into a Voluntary Settlement Agreement. Dr. Cheskis has voluntarily agreed, for a period of two (2) years, beginning on March 22, 2010:

(1) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) That any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses him in any capacity on PHS-supported research, or that submits a report of PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval; the supervisory plan must be designed to ensure the scientific integrity of his research contribution; respondent agreed that he will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. 2010–8387 Filed 4–12–10; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science, Office of Minority Health; Privacy Act of 1974; Report of a New System of Records

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

ACTION: Notice of a new Privacy Act System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act, OMH proposes to establish a new system of records entitled, "Minority Health Information Service." Under provisions of 42 U.S.C. sec. 300u–6, the Office of Minority Health (OMH) is charged with maintaining a national minority health resource center to (1) Facilitate exchange of and access to information related to health information, promotion, services and education; (2) assist in analysis of issues and problems with regard to such matters; and (3) provide technical assistance with regard to the exchange of such information. The primary purpose of this system is to collect and facilitate distribution of minority health information to public and professional audiences. In support of this purpose, this system maintains individually identifiable information concerning individuals voluntarily participating in OMH health campaigns and technical assistance programs, and concerning information requested by individually identifiable customers that is maintained to facilitate order tracking and customer service.

DATES: *Effective Dates:* This notice will become effective 30 days from the date of publication of the notice unless modified by a subsequent notice making changes in response to public comments. Although the Privacy Act requires only that OMH provide an opportunity for interested persons to comment on the proposed routine uses, OMH invites comments on all portions of this notice.

FOR FURTHER INFORMATION CONTACT: Blake Crawford, Director, Division of Information and Education, Office of Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852. He can be reached by telephone at 240–453–6905 or via e-mail at *blake.crawford@hhs.gov*.

SUPPLEMENTARY INFORMATION: Generally, OMH distributes a variety of information via e-mail newsletter, maintains a Resource Persons Network of public and private health experts, plans and implements health campaigns and leads national initiatives with federal and nonfederal partners, conducts leadership development programs, provides capacity development and technical assistance services to community organizations and government agencies and provides information, literature and statistical data in response to public inquiries. The Minority Health Information Service supports the mission of the OMH Resource Center (OMHRC) to function as a help desk and technical assistance service for the public and an organization that assists OMH in implementing national initiatives and