SUMMARY: In accordance with the Federal Advisory Committee Act, the purpose of this notice is to solicit additional nominations for the Technological Advisory Council (TAC).

DATES: Nominations are due by September 30, 2009.

ADDRESSES: Federal Communications Commission, Walter Johnston, Chief, Electromagnetic Compatibility Division, Office of Engineering and Technology, 445 12th Street, SW., Room 7–A224, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Walter Johnston, Office of Engineering and Technology, Federal Communications Commission, (202) 418–0807, *e-mail: Walter.Johnston@fcc.gov,* TTY (202) 418–2989.

SUPPLEMENTARY INFORMATION: On April 8, 2009, the Commission issued a public notice soliciting nominations for the Technical Advisory Council (TAC) and nominations were received in response to this notice. Concurrent with the establishment of the TAC, the Commission was charged by Congress to develop a plan that seeks to ensure that people of the United States have access to broadband capability. In support of this and related efforts, the Commission is now seeking additional nominations to the TAC to ensure that its membership best serves the needs of the Commission.

The Commission will accept nominations for the Council through September 30, 2009. Nominations previously submitted remain in consideration. The Commission, at its discretion, may consider nominations received after this date, but consideration of late submissions is not guaranteed. Individuals may apply for, or nominate another individual for, membership on the Council. Each nomination or application must include:

a. The name and title of the applicant or nominee and a description of the interest the applicant or nominee will represent;

b. The applicant's or nominee's mail address, e-mail address, telephone number, and facsimile number (where available);

c. Reasons why the applicant or nominee should be appointed to the Council; and

d. The basis for determining the applicant or nominee has achieved peer recognition as a technical expert.

Further details on the TAC are provided in the April 8, 2009 public notice available at *http://hraunfoss.fcc.gov/edocs_public/attachmatch/DA–09–796A1.doc.*

Nominations and applications should be sent to Walter Johnston, Chief, Electromagnetic Compatibility Division, Federal Communications Commission, 445 12th Street, SW., Room 7–A224, Washington, DC 20554 or e-mail *Walter.Johnston@fcc.gov* and please include ''TAC nomination'' in the subject line.

Federal Communications Commission.

Julius P. Knapp,

Chief, Office of Engineering and Technology.

[FR Doc. E9–21595 Filed 9–4–09; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Sunshine Act; Notice of Agency Meeting

Pursuant to the provisions of the ''Government in the Sunshine Act'' (5 U.S.C. 552b), notice is hereby given that the Federal Deposit Insurance Corporation's Board of Directors will meet in open session at 10 a.m. on Wednesday, September 9, 2009, to consider the following matters:

Summary Agenda

No substantive discussion of the following items is anticipated. These matters will be resolved with a single vote unless a member of the Board of Directors requests that an item be moved to the discussion agenda.

Disposition of minutes of previous Board of Directors' Meetings.

Summary reports, status reports, reports of the Office of Inspector General, and reports of actions taken pursuant to authority delegated by the Board of Directors.

Memorandum and resolution re: Honoring Employee with 35-Years of Federal Service.

Memorandum and resolution re: Final Rule on Deposit Insurance Rules.

Memorandum and resolution re: Final Rule for Part 329, Elimination of the Three-Transfer Sublimit for Savings Deposits.

Discussion Agenda

Memorandum and resolution related to the Temporary Liquidity Guarantee Program.

The meeting will be held in the Board Room on the sixth floor of the FDIC Building located at 550 17th Street, NW., Washington, DC.

This Board meeting will be Webcast live via the Internet and subsequently made available on-demand approximately one week after the event. Visit *http://www.vodium.com/goto/fdic/boardmeetings.asp* to view the event. If you need any technical assistance, please visit our Video Help page at: *http://www.fdic.gov/video.html.*

The FDIC will provide attendees with auxiliary aids (*e.g.,* sign language interpretation) required for this meeting. Those attendees needing such assistance should call (703) 562–6067 (Voice or TTY), to make necessary arrangements.

Requests for further information concerning the meeting may be directed to Mr. Robert E. Feldman, Executive Secretary of the Corporation, at (202) 898–7043.

Dated: September 2, 2009.

Robert E. Feldman,

Executive Secretary, Federal Deposit Insurance Corporation.

[FR Doc. E9–21615 Filed 9–4–09; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AG]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4766 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5809. Written comments should be received within 30 days of this notice.

Proposed Project

Formative Research and Tool Development—New—National Center for HIV, viral hepatitis, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously published a clearance mechanism to support behavioral projects for HIV/AIDS prevention and control (**Federal Register**, volume 73, number 33, page 492, January 3, 2008). This project has been expanded to include formative research, and instrument testing for, sexually transmitted infections (STI), viral hepatitis, and tuberculosis elimination.

Formative research is the basis for developing effective strategies including

communication channels, for influencing behavior change. It helps researchers identify and understand the characteristics—interests, behaviors and needs—of target populations that influence their decisions and actions. Formative research is integral in developing programs as well as improving existing and ongoing programs. Formative research also looks at the community in which an intervention is being or planning to be implemented and helps the project staff understand the interests, attributes and needs of different populations and persons in their community. Formative research is research that occurs before a program is designed and implemented, or while a program is being conducted. Formative research is an integral part of developing programs or adapting programs that deal with the complexity of behaviors, social context, cultural identities, and health care that underlie the epidemiology of HIV/AIDS, viral hepatitis, STDs, and TB in the U.S.

CDC conducts formative research to develop public-sensitive communication messages and user-friendly tools prior to developing or recommending interventions, or care. Sometimes these studies are entirely behavioral but most often they are cycles of interviews and focus groups designed to inform the formation of a product. Short term qualitative interviewing and cognitive research techniques have previously proven invaluable in the development of scientifically valid and population-appropriate methods, interventions, and instruments. Products from the proposed studies will be used for sustainable projects for HIV/AIDS, Sexually Transmitted Infections (STI), viral Hepatitis, and Tuberculosis prevention that are presented as evidence to disease specific National Advisory Committees, in order to support revisions to existing prevention and intervention methods, and provide new recommendations which cannot be developed without formative research.

This request includes studies investigating the utility and acceptability of proposed recruitment methods, intervention contents and delivery, questionnaire domains, individual questions, and interactions with project staff or electronic data collection equipment. These activities will also provide information about how respondents answer questions and ways in which question response bias and error can be reduced. Overall, these development activities are intended to provide information that will increase the success of the surveillance or research project through increasing response rates and decreasing response error thereby decreasing future data collection burden to the public. The studies that will be covered under this request will include one or more of the following investigational modalities: (1) Focus group and individual interviews; (2) Cognitive interviews for development and testing of specific data collection instruments; (3) Component testing of instruments developed from qualitative research or communication methods; (4) testing of behavioral interventions; (5) public acceptance of intervention and prevention methods; (6) utilizing computer-assisted instruments (including web-based technology). The implementors may be health jurisdictions, non-governmental organizations including academia, for-profit contractors, private health care facilities, pharmacies, or a combination of these agencies.

Respondents who will participate in individual and group interviews (qualitative, cognitive, and computer-assisted development activities) are selected purposely from those who respond to recruitment advertisements. In addition to utilizing advertisements for recruitment, respondents who will participate in research on survey methods may be selected purposively or systematically from within an ongoing surveillance or research project. Participants may be offered cash or gift certificates as tokens of appreciation for participating.

CDC estimates that the public will participate in 10 different information collection activities, each lasting between 6–12 months. Participation of respondents is always voluntary and there is no cost to the respondents other than their time. The estimated annual burden hours requested is 46,516 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General public and health care providers	Screener	81,200	1	10/60
General public and health care providers	Consent Forms	40,600	1	5/60
General public and health care providers	Individual interview	6,600	1	1
General public and health care providers	Group interview	4,000	1	2
General public and health care providers	Individual Survey	30,000	1	30/60

Dated: September 2, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–21676 Filed 9–4–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60–Day–09–0741]

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 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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