

## EARLY TERMINATIONS GRANTED—Continued

[June 1, 2011 thru June 30, 2011]

ET date	Trans. No.	ET req status	Party name
06/27/2011 .....	20111008	G	Joe R. Davis; Consolidated Graphics, Inc.; Joe R. Davis.
	20111010	G	Audax Private Equity Fund III, L.P.; Integrated Supply Network, Inc.; Audax Private Equity Fund III, L.P.
	20111012	G	Marathon Oil Corporation; Jeffery D. Hildebrand; Marathon Oil Corporation.
	20111013	G	LyondellBasell Industries, N.V.; B.P. p.l.c.; LyondellBasell Industries, N.V.
	20111014	G	Sealed Air Corporation; Appointive Distributing Trust B u/a Samuel Johnson 1988 T#1 ; Sealed Air Corporation.
	20111025	G	DG FastChannel, Inc.; MediaMind Technologies Inc.; DG FastChannel, Inc.
	20110973	G	Moelis Capital Partners Opportunity Fund I, LP; Roark Capital Partners, LP; Moelis Capital Partners Opportunity Fund I, LP.
	20111011	G	Telephone and Data Systems, Inc. Voting Trust; OneNeck IT Services Corporation; Telephone and Data Systems, Inc. Voting Trust.
	20111020	G	Experian plc; Medical Present Value, Inc.; Experian plc.
	20110995	G	Ashland Inc.; Ronnie F. Heyman; Ashland Inc.
06/28/2011 .....	20111006	G	Securitas AR; Niscayah Group AR; Securitas AB.
06/29/2011 .....	20111004	G	WellPoint, Inc.; JPMorgan Chase & Co.; WellPoint, Inc.
06/30/2011 .....	20111026	G	Herff Jones, Inc.; Green Equity Investors IV, L.P.; Herff Jones, Inc.
	20110978	G	QUALCOMM, Incorporated; Massih Tayebi and Haleh Tayebi; QUALCOMM, Incorporated.

**FOR FURTHER INFORMATION CONTACT:**

Renee Chapman, Contact Representative, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H-303, Washington, DC 20580, (202) 326-3100.

By Direction of the Commission.

**Donald S. Clark,**  
Secretary.

[FR Doc. 2011-17525 Filed 7-14-11; 8:45 am]

**BILLING CODE 6750-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-11-10GY]

### 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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806.

Written comments should be received within 30 days of this notice.

### Proposed Project

Community Assessment and Engagement Process—New—Division of Health Assessment and Consultation (DHAC), Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

ATSDR serves the public through responsive public health actions to promote healthy and safe environments and to prevent harmful exposures. To effectively implement ATSDR's programs, the agency works with communities by listening to and understanding their health concerns and seeking their guidance on where, when, and how to take public health actions. Communities in proximity to hazardous waste sites are concerned that they are being exposed to hazardous substances being released into the environment. Community assessment data will enable ATSDR to determine the perceived needs, concerns, values, and priorities of communities we serve and determine their willingness, interest and ability to participate in community engagement activities.

In order to secure this data, ATSDR will interview adult males and females ages 18 and over living near petitioned or National Priorities List (NPL) sites.

ATSDR will also identify health and other concerns and the most effective channels of communication and venues for engagement.

ATSDR staff will work with key stakeholders in communities to interview participants. These interviews will take the form of in-depth or telephone interviews with five audiences: general residential population (n = 600), public/private health care providers (n = 200), community leaders (n = 200), elected officials (n = 100), and industry leaders (n = 100).

In-depth Interviews will take place at the individual's residence, at a predetermined interview location, at ATSDR-sponsored town hall meetings, or other ATSDR-sponsored functions. Telephone interviews will take place at the individual's residence or business location. Findings from these interviews will be used to determine how ATSDR will engage the community in addressing environmental concerns. Interview findings will also help ATSDR reach as many of the members of the affected community as possible and ensure that all community members are given an opportunity to provide input to ATSDR regarding public health assessment and community involvement activities. There are no costs to the respondents other than their time. The total annualized burden is estimated to be 1600 hours.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
General Resident .....	In-depth Interview/phone .....	600	1	1.5
	Screeners .....	1200	1	6/60
Health care provider .....	In-depth Interview/phone .....	200	1	30/60
	Screeners .....	400	1	6/60
Community Leader .....	In-depth Interview/phone .....	200	1	1.5
	Screeners .....	400	1	6/60
Elected Official .....	In-depth Interview/phone .....	100	1	30/60
Industry .....	In-depth Interview/phone .....	100	1	30/60

Dated: July 11, 2011.

**Daniel Holcomb,**

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

[FR Doc. 2011-17824 Filed 7-14-11; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-11-11IR]

#### 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 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Evaluation of Core Violence and Injury Prevention Program (Core VIPP)—New—National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Injuries and their consequences, including unintentional and violence-related injuries, are the leading cause of death for the first four decades of life, regardless of gender, race, or socioeconomic status. More than 179,000 individuals in the United States die each year as a result of unintentional injuries and violence, more than 29 million others suffer non-fatal injuries and over one-third of all emergency department (ED) visits each year are due to injuries. In 2000, injuries and violence ultimately cost the United States \$406 billion, with over \$80 billion in medical costs and the remainder lost in productivity.<sup>1</sup> Most events that result in injury and/or death from injury could be prevented if evidence-based public health strategies, practices, and policies were used throughout the nation.

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to working with their partners to promote action that reduces injuries, violence, and disabilities by providing leadership in identifying priorities, promoting tools, and monitoring effectiveness of injury and violence prevention and to promote effective strategies for the prevention of injury and violence, and their consequences. One tool NCIPC will use to accomplish this is the Core Violence and Injury Prevention Program (VIPP).

This program funds state health departments to build effective delivery systems for dissemination, implementation and evaluation of evidence based/best practice programs and policies.

Core VIPP also focuses on the integration of unintentional injury and violence prevention. Unintentional injury and violence prevention have many common risk and protective factors for children. In an endeavor to promote efforts to prevent child maltreatment, a NCIPC priority, CDC is collaborating with the Health Resources and Services Administration (HRSA) regarding the new Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program. The state health departments funded by the Core VIPP will be required to partner with the state agency responsible for administration of the State Home Visiting program.

CDC requests OMB approval to collect program evaluation data for Core VIPP over a two-year period. Specifically, CDC will use a Planning and Evaluation Tool (PET) that is being developed for the Core VIPP grantees. This tool provides CDC the means to collect standardized, systematic data from the Core VIPP grantees. Topics for data collection include: Program evaluation, state health department (SHD) injury program infrastructure, injury program strategies and partners, policy strategies, injury surveillance, quality of surveillance, and regional network leaders. Part of the requirement for receiving Core VIPP funding is for SHDs to develop and maintain program their own evaluation capacity and data systems; thus, this data collection is not expected to entail significant burdens to respondents.

There are no costs to respondents other than their time.

<sup>1</sup> Finkelstein EA, Corso PS, Miller TR, Associates. Incidence and Economic Burden of Injuries in the

United States. New York: Oxford University Press; 2006.