

“Government in the Sunshine Act” (5 U.S.C. 552b(c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10)).

The meeting was held in the Board Room of the FDIC Building located at 550–17th Street NW., Washington, DC.

Dated: August 7, 2013.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2013–19470 Filed 8–7–13; 4:15 pm]

BILLING CODE P

FEDERAL DEPOSIT INSURANCE CORPORATION

Update to Notice of Financial Institutions for Which the Federal Deposit Insurance Corporation has been Appointed Either Receiver, Liquidator, or Manager

AGENCY: Federal Deposit Insurance Corporation.

ACTION: Update Listing of Financial Institutions in Liquidation.

SUMMARY: Notice is hereby given that the Federal Deposit Insurance Corporation (Corporation) has been appointed the sole receiver for the following financial institutions effective as of the Date Closed as indicated in the listing. This list (as updated from time

to time in the **Federal Register**) may be relied upon as “of record” notice that the Corporation has been appointed receiver for purposes of the statement of policy published in the July 2, 1992 issue of the **Federal Register** (57 FR 29491). For further information concerning the identification of any institutions which have been placed in liquidation, please visit the Corporation Web site at www.fdic.gov/bank/individual/failed/banklist.html or contact the Manager of Receivership Oversight in the appropriate service center.

Dated: August 5, 2013.

Federal Deposit Insurance Corporation.

Pamela Johnson.

Regulatory Editing Specialist.

INSTITUTIONS IN LIQUIDATION

[In alphabetical order]

FDIC Ref. No.	Bank name	City	State	Date closed
10484	First Community Bank of Southwest Florida (also operating as Community Bank of Cape Coral).	Fort Myers	FL	8/2/2013

[FR Doc. 2013–19338 Filed 8–8–13; 8:45 am]

BILLING CODE 6714–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–19606–30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, will submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for renewal of the approved information collection assigned OMB control number 0990–0221, scheduled to expire on January 31, 2014. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

DATES: *Deadline:* Comments on the ICR must be received on or before September 9, 2013.

ADDRESSES: Submit your comments to OIRA_submission@omb.eop.gov or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance Staff, Information.Collection.Clearance@hhs.gov or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the OMB control number 0990–0221 and document identifier HHS–OS–19606–30D for reference.

Information Collection Request Title: Family Planning Annual Report: Forms and Instructions.

OMB No.: 0990–0221.

Abstract: The Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS) administers and oversees the Title X Family Planning Program. The Family Planning Annual Report (FPAR) is an annual reporting requirement for family planning services delivery projects (“Title X service grantees”) authorized and funded by the Title X Family Planning Program [“Population Research and Voluntary Family Planning Programs” (Pub. L. 91–572)], which was enacted in 1970 as Title X of the Public Health Service Act (Section 1001 of Title X of the Public Health Service Act, 42 United States Code 300). The Title X Family Planning Program is the only Federal grant program dedicated solely to

providing individuals with comprehensive family planning and related preventive health services.

The FPAR, the only source of annual, uniform reporting by all Title X service grantees, provides consistent, national-, regional-, state-, and grantee-level data on the services provided and the characteristics of the individuals served. OPA uses FPAR data to monitor compliance with statutory requirements and accountability and federal performance requirements for Title X family planning funds as required by the 1993 Government Performance and Results Act (GPRA) and HHS, to guide financial and program planning and evaluation, and to respond to inquiries about the program from policymakers and Congress. Note that there are no changes to the FPAR except minor corrections or clarifications to submission and reporting instructions or definitions. The estimated average hour burden has been reduced to 36 hours, which is 4 hours lower than the 40-hour estimate of the previous OMB submission.

Need and Proposed Use of the Information: The program’s purpose is to assist individuals in determining the number and spacing of their children. It is designed to provide access to contraceptive services, supplies, and information to all who want and need them. By law, priority is given to persons from low-income families

(Section 1006[c] of Title X of the Public Health Service Act, 42 U.S.C. 300).

Likely Respondents: Title X service grantees.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information

requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train

personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN-HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Family Planning Annual Report: Forms and Instructions	93	1	36	3,348
Total	93	1	36	3,348

Keith A. Tucker,

*Information Collection Clearance Officer,
Department of Health and Human Services.*

[FR Doc. 2013-19250 Filed 8-8-13; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-0728]

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 and send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, 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

National Notifiable Disease Surveillance System (NNDSS)—Revision—Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Public Health Surveillance and Informatics Program Office (PHSIPO), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The Nationally Notifiable Disease Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These *reportable conditions*, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Currently approximately 300 conditions are reportable in one or more of the states. Since infectious disease agents and environmental hazards often cross geographical boundaries, public health departments have to be able to share data on certain conditions across jurisdictions and coordinate program activities to prevent and control the conditions. Each year, the Council of State and Territorial Disease Epidemiologists (CSTE), supported by CDC, performs an assessment of conditions reported to state, territorial and local jurisdictions to determine which should be designated *nationally notifiable conditions*. For conditions

that are nationally notifiable, case notifications are voluntarily submitted to CDC so that information can be shared across jurisdictional boundaries and both surveillance and prevention and control activities can be coordinated at regional and national levels.

CDC requests a three-year approval for a Revision for the National Notifiable Diseases Surveillance System (NNDSS), [National Electronic Disease Surveillance System (NEDSS, OMB Control No. 0920-0728, Expiration Date 01/31/2014]. This request has been developed in coordination with four other CDC applications to OMB for nationally notifiable diseases case notification: Control Nos. 0920-0128, (Congenital Syphilis Surveillance), 0920-0819 (Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance) 0920-0009 (National Disease Surveillance Program—I. Case Reports) and 0920-0004 (National Disease Surveillance Program—II. Disease Summaries). This consolidation of information collection 0920-0128 and some parts of information collections 0920-0819, 0920-0009 and 0920-0004, is an important step in implementing CDC's longer term strategy of developing a more coordinated and integrated infectious diseases surveillance system that reduces overlap and duplication; increases interoperability, integration and efficiency; and thereby reduces burden to state, territorial and local health departments that report infectious disease data to CDC. Due to the coordination, this NNDSS application includes 11 conditions and many additional data elements for the case notifications that were not previously included in NNDSS OMB application Control No. 0920-0728. For many conditions submitted to CDC,