operators, replacing the requirement of a letter containing approximately the same information. Every Form 324 filing will require information about the system—the additional information required depending largely upon the nature of the change.

Federal Communications Commission.

Bulah P. Wheeler,

Deputy Manager, Office of the Secretary, Office of Managing Director.

[FR Doc. 2011–32463 Filed 12–19–11; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL RESERVE SYSTEM

Notice of Proposals To Engage in or To Acquire Companies Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR part 225) to engage *de novo,* or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 4, 2012.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. First Mutual of Richmond, Inc., and Richmond Mutual Bancorp, Inc., both in, Richmond, Indiana; to engage *de novo* in lending activities, pursuant to section 225.28(b)(1) of Regulation Y.

Board of Governors of the Federal Reserve System, December 15, 2011.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2011–32517 Filed 12–19–11; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-12–11DT]

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 email to *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

Monitoring Outcomes of the Enhanced Comprehensive HIV Prevention Plan (ECHPP) Project -New- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The scope of the HIV epidemic in the United States is significant, particularly in large urban areas where HIV/AIDS cases are concentrated. In 2006, approximately 56,000 new HIV infections occurred in the U.S., demonstrating the need to expand targeted HIV prevention efforts. In 2010, twelve U.S. metropolitan statistical areas (MSAs) received funding, through their city and state health departments, to conduct the Enhanced Comprehensive HIV Prevention Planning (ECHPP) project. These twelve MSAs (Atlanta, GA; Baltimore, MD; Chicago, IL; Dallas, TX; District of Columbia; Houston, TX; Los Angeles, CA; Miami, FL; New York City, NY; Philadelphia, PA; San Francisco, CA; and San Juan, PR) had the highest AIDS prevalence rates in the U.S. at the end of 2007, representing 44% of all U.S. AIDS cases. The purpose of ECHPP is to enhance existing HIV prevention services in these high prevalence areas and provide an optimal mix of evidence-based behavioral, biomedical, and structural interventions to have maximum impact on the HIV/AIDS epidemic at the community level. ECHPP goals are consistent with CDC's Division of HIV/AIDS Prevention Strategic Plan for HIV Prevention and with the National HIV/AIDS Strategy: (1) Prevent new HIV infections, (2) increase linkage to, and impact of, prevention and care services for HIV-positive individuals, and (3) reduce HIV-related health disparities.

To evaluate ECHPP's impact on the HIV/AIDS epidemic at the community level, data will be collected through both existing CDC data sources and through new data collection activities. Existing CDC data sources will include HIV surveillance systems (*e.g.,* National HIV Behavioral Surveillance System, Medical Monitoring Project) that routinely collect information about behavioral and clinical outcomes from at-risk target populations in the 12 MSAs. A new data collection activity is proposed through this project to collect information about behavioral and clinical outcomes from injection drug users, high-risk heterosexuals, and HIV-positive individuals who access medical care in six of the 12 ECHPP-funded MSAs. These MSAs are: District of Columbia; Houston, TX; Los Angeles, CA; Miami, FL; New York City, NY; and San Francisco, CA. The purpose of this new data collection activity is to monitor community-level outcomes of ECHPP and supplement HIV surveillance data routinely collected in these areas. Outcome data will be collected in these MSAs at two time points between 2012 and 2014.

Two surveys will be used in this project: (1) A community-based survey to be administered to injection drug users and high-risk heterosexuals, and (2) a clinic-based survey to be administered to HIV-positive individuals seeking care at clinics that provide HIV-related services. Both surveys will collect data on demographics, sexual behavior, alcohol and drug use history, HIV testing experiences, exposure to HIV prevention messages, and participation in HIV prevention activities. The clinic survey will also include questions about HIV treatment, treatment adherence, sources of care, and medical outcomes. For the community survey, for each of the two data collection periods, we intend to recruit and screen 750 injection drug users and 750 high-risk heterosexuals using venue-based, convenience sampling methods. For the clinic survey, we intend to recruit and screen 1400 HIV-positive individuals seeking HIV care at medical clinics. A total of 600 eligible injection drug users (age > 18 yrs), 600 eligible high-risk heterosexuals (age 18 to 60 yrs), and 1200 eligible HIV-positive individuals (age > 18 yrs) will be surveyed. CDC will collaborate with local health department staff and outreach workers

in each MSA to identify venues and clinics appropriate for data collection. Surveys will be administered by trained, local interviewers. There is no cost to respondents other than their time. The total annual burden hours are 1,704.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Data collection form	Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Project orientation	Clinic staff	40	1	30/60
Clinic Staff Script—Provision of Patient Loads	Clinic staff	600	1	5/60
Clinic Staff Script—Approaching Clients	Clinic staff	1,100	1	5/60
Clinic Screener	HIV-positive individuals screened	1,400	1	5/60
Clinic Survey	Eligible HIV-positive individuals	1,200	1	40/60
Community Screener	Injection drug users screened	750	1	5/60
Community Survey	Eligible injection drug users	600	1	25/60
Community Screener	High-risk heterosexual individuals screened	750	1	5/60
Community Survey	Eligible high-risk heterosexual individuals	600	1	25/60

Dated: December 14, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–32495 Filed 12–19–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12–11AN]

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 email to *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

Asthma Education Study: Making Health Care Providers Better Asthma Educators—New-National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) reports that 17.5 million non-institutionalized adults have asthma. In addition, 7.1 million children in this country have the disorder. Asthma accounts for 17 million health care visits and more than 3,400 deaths per year. All of these data are for the United States. Except for a few cases linked to occupational exposures, the causes of asthma remain unknown, and there exists no cure. In the absence of means to eliminate the disorder, treatment to minimize the frequency and intensity of asthmatic attacks is of paramount importance. Several tools are available, including the use of corticosteroids and control of exposure to allergens and irritants, collectively known as ''triggers.'' Thus, treatment of asthma is important and patients must take action at appropriate times. From this, it follows that the education provided by health care providers to asthmatic patients forms a critical link in efforts to control asthma. CDC and the National Institutes of Health recommend the use of written asthma action plans to guide patient self-management of the disorder. Some states have also developed tools. In the case of Minnesota, this is an interactive program on the Internet.

Anecdotal evidence suggests that there is substantial variability in the use of available tools for developing written asthma action plans. Similarly, patient education appears to vary in type and amount. Some causes of this are suspected: Billing codes for asthma education are not universally present and the degree of health literacy among patients varies and is likely not universally sufficient. Nevertheless, in large part, the factors influencing asthma education by health care providers are unknown. To help address this situation, the Air Pollution and Respiratory Health Branch of CDC wishes to conduct a study to identify barriers to, and facilitators of, asthma education among health care providers consistent with National Asthma Education and Prevention Program (NAEPP)/National Heart, Lung, and Blood Institute Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.

Close to 25 million Americans currently suffer with asthma, with 12 million experiencing an asthma ''attack'' in 2009, costing the nation $56 billion and individuals on average over $3,200 annually in direct and indirect costs. Improved self-management education, consistent with the NIH/NAEPP guidelines, for enhancing education of persons with asthma in the areas of correct medication adherence and avoidance of environmental triggers of asthma attacks, is central to reducing the health burden and financial burden on individuals and the nation. This research is an important step in improving the education individuals with asthma (or parents of children with asthma) receive at their initial diagnosis encounter with the medical system. As such it is expected to improve proper medication adherence and avoidance of environmental triggers of an asthma attack and in turn to be of use to the government in reducing both the medical and financial burden of asthma on the nation. In this aspect, this research is directly in line with both the mission of the CDC National Asthma Control Program, its funder, which seeks to achieve reductions in deaths and hospitalizations and increases in self-management education for individuals with asthma and that Program's Government Performance and Results Act Performance Measure: Increase the proportion of those with current asthma who report they have received self–management training for asthma in populations served by CDC funded state asthma control programs. The research project is also in alignment with Healthy People 2020 objectives including reducing asthma deaths (objective RD–1), reducing