

offspring, and Omni Cohorts. Morbidity and mortality follow-up will also occur in all of the cohorts (original, offspring, third generation, and Omni). *Frequency of response:* The participants will be contacted annually. *Affected public:* Individuals or households; businesses or other for profit; small businesses or

organizations. *Types of Respondents:* Adult men and women; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows:

Estimated Number of Respondents: 6,921; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .88; and *Estimated*

Total Annual Burden Hours Requested: 6,091. *The annualized cost to respondents is estimated at:* \$222,040. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Individuals (Participants and Informants)	4461	1	1.00	4442
Physicians	2460	1	0.67	1649
Totals	6921	6091

(Note: reported and calculated numbers differ slightly due to rounding.)

Request For Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's

estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Gina Wei, Division of Cardiovascular Sciences, NHLBI, NIH, Two Rockledge Center, 6701 Rockledge Drive, MSC 7936, Bethesda, MD, 20892-7936, or call non-toll-free number (301) 435-0456, or e-mail your request, including your address to: weig@nhlbi.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: April 28, 2010.

Suzanne Freeman,
NHLBI Project Clearance Liaison, National Institutes of Health.

Michael Lauer,
Director, DCVS, National Institutes of Health.
[FR Doc. 2010-10951 Filed 5-7-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Lost People Finder System

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Library of Medicine (NLM), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 8, 2010 (Vol. 75, No. 25, p. 6207) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Lost People Finder System, *Type of Information Collection Request:* Extension of currently approved collection [OMB No. 0925-0612, expiration date 07/31/2010], *Form*

Number: NA; *Need and Use of Information Collection:* The National Library of Medicine (NLM) proposes the continuation of a voluntary collection of information to assist in the reunification of family members and loved ones who are separated during a disaster. Reunification is important to both the emotional well-being of people injured during a disaster and to their medical care. Family members often provide important health information to care providers who are treating the injured (e.g., providing medical history or information about allergies) and they may provide longer-term care for those released from emergency care. NLM proposes this data collection as part of its mission to develop and coordinate communication technologies to improve the delivery of health services. The data collection is authorized pursuant to sections 301, 307, 465 and 478A of the Public Health Service Act [42 U.S.C. 241, 242l, 286 and 286d]. NLM is a member of the Bethesda Hospitals' Emergency Preparedness Partnership (BHEPP), which was established in 2004 to improve community disaster preparedness and response among hospitals in Bethesda, Maryland that would likely be called upon to absorb mass casualties in a major disaster in the National Capital Region. BHEPP hospitals include the National Naval Medical Center (NNMC), the National Institutes of Health Clinical Center (NIH CC), and Suburban Hospital/Johns Hopkins Medicine. NLM, with its expertise in communications, information management, and medical informatics joined BHEPP to coordinate the R&D program, one element of which is development of a lost person finder to assist in family reunification after a disaster. The system could be deployed not only during a disaster in the

National Capitol Area, but during other disasters that involve a Federal Government response. NLM's Lost People Finder System would collect information, on a voluntary basis, about people who are missing and who are found (recovered) during a disaster. Information on recovered individuals would be gathered voluntarily from medical and relief personnel who either use specialized applications developed by NLM for smart mobile computing and communications devices, such as the iPhone, iPad, Android, or BlackBerry, or submit information to NLM by email via computer or cell phone. The iPhone application developed by NLM enables submission of photographs and descriptive information about found (recovered) victims in a structured format, e.g., name (if available), age category and/or range, gender, general status (healthy, injured), location. Text notes and voice notes that might identify the speaker (victim, or relief workers assisting in the reunification efforts) could also be submitted. Information about missing persons would be submitted by members of the public who are seeking family members, friends, and other loved ones, or could be provided by relief aid workers assisting in reunification efforts. An interactive Web-based system offers the public a tool for searching for people who have been found (e.g., recovered by medical staff and other relief workers) and for voluntarily posting information about people who are still missing. In addition, the system would collect information on a regular basis from other publicly available systems that are

used for reunification during a disaster for information (e.g., the Google Person Finder system that was deployed during the 2010 earthquakes in Haiti). Information submitted directly to NLM's Lost People Finder System would be transferred to other systems that are endorsed by U.S. Government agencies to ensure that users of such systems can search the complete set of available information for their family members and loved ones and to ensure that use of the NLM system in no way interrupts or distracts from the operation or use of other person finder systems. NLM would also use the data to evaluate the functioning and utility of the lost person finder and guide future enhancements to the system. *Frequency of Response:* The NLM Lost People Finder would be activated only during disasters or emergencies in which U.S. Government agencies are called to contribute to relief efforts. It would operate until cessation of relief efforts. During this period of time, information on found persons would be submitted by first-responders, medical, and other relief personnel on an ad-hoc basis, possibly several times per day. Information about missing persons would be submitted voluntarily by members of the public (i.e., those who are seeking family members, friends, and other loved ones) on an ad hoc basis, once or twice during the disaster. *Affected Public:* Individuals or households. *Type of Respondents:* Emergency Care First-Responders, Physicians, and Other Health Care Providers who have found (recovered) people, and family members seeking a missing person. *Estimate of burden:* The annual reporting burden is as follows:

The estimated burden consists of the burden to emergency responders (care providers, relief workers) of voluntarily entering data into the system about found people and of family members voluntarily entering data to list a missing person and/or search for possible matches. The burden may vary significantly from one disaster to another, depending upon the number of people affected, and the annualized burden would vary, depending upon the number of disasters that occur. Using the 2010 earthquake in Haiti as a model, we estimate that some 500 emergency responders might use the system during the course of the relief effort and that each might submit information on 100 people. Submission of information, especially through the iPhone application, is very fast and is estimated to average not more than 5 minutes per entry. The number of family members entering information about a missing person could be much higher. Based on use of the Google Person Finder system during the Haiti earthquake (which contained information on 55,000 people as of April 2010, most of whom were missing people), we estimate that some 50,000 family members might use the system twice during a disaster. Data entry would average no more than 5 minutes. Based on these estimates, the total hour burden is calculated to be 12,000 hours. All use of the system is voluntary. Improved estimates of the burden, in particular the number of respondents and frequency of response, could be provided after the initial use of the system in Haiti.

Types of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Emergency Care First-Responders, Physicians, Other Health Care Providers	500	100	0.08	4,000
Family members seeking a missing person	50,000	2	0.08	8,000
Total	50,500	12,000

The annualized cost to respondents for each year of the clearance is estimated to be \$293,120. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report. *Request For Comments:* Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of

the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic,

mechanical, or other technological collection techniques or other forms of information technology. *Direct Comments to OMB:* Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk

Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: David Sharlip, National Library of Medicine, Building 38A, Room B2N12, 8600 Rockville Pike, Bethesda, MD 20894, or call non-toll free number 301-402-9680 or e-mail your request to sharlip@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: April 30, 2010.

Betsy L. Humphreys,

Deputy Director, National Library of Medicine, National Institutes of Health.

[FR Doc. 2010-10950 Filed 5-7-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Community Services Block Grant (CSBG) Program Model Plan Application.

OMB No.: New Collection.

Description: Sections 676 and 677 of the Community Services Block Grant Act require States, including the District of Columbia and the Commonwealth of Puerto Rico, Tribes, Tribal organizations and U.S. territories applying for Community Services Block Grant (CSBG) funds to submit an application and plan (Model Application Plan). The

application plan must meet statutory requirements prior to being funded with CSBG funds. Applicants have the option to submit a detailed application annually or biannually. Entities that submit a biannual application must provide an abbreviated application the following year if substantial changes to the initial application will occur. OMB approval is being sought.

Respondents: State Governments, including the District of Columbia and the Commonwealth of Puerto Rico, Tribal Governments, Tribal Organizations, and U.S. territories.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Model State CSBG Application	56	1	10	560
Model Indian Tribes & Tribal Organizations CSBG Application	30	1	10	300

Estimated Total Annual Burden Hours: 860

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. *E-mail address:* infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**.

Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, *Fax:* 202-395-7285, *E-mail:*

OIRA_SUBMISSION@OMB.EOP.GOV, *Attn:* Desk Officer for the Administration for Children and Families.

Dated: May 4, 2010.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2010-10933 Filed 5-7-10; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Toxicology Program (NTP); NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM); Federal Agency Responses to Interagency Coordinating Committee on the Validation of Alternative Methods Recommendations on the Murine Local Lymph Node Assay, An Alternative Test Method for Assessing the Allergic Contact Dermatitis Potential of Chemicals and Products: Notice of Availability

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Notice of Availability.

SUMMARY: U.S. Federal agency responses to Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) test method recommendations on the murine local lymph node assay (LLNA), an alternative safety testing method used to assess the potential of chemicals and products to cause allergic contact dermatitis (ACD), are now available. ICCVAM recommended an updated LLNA test method protocol, a reduced

LLNA procedure (rLLNA), and LLNA test method performance standards. In accordance with the ICCVAM Authorization Act, ICCVAM previously forwarded recommendations to Federal agencies and made these recommendations available to the public (74 FR 50212). Agencies have now notified ICCVAM in writing of their findings and ICCVAM is making these responses available to the public. Federal agency responses are available on the NICEATM-ICCVAM Web site at <http://iccvam.niehs.nih.gov/methods/immunotox/rLLNA.htm> and http://iccvam.niehs.nih.gov/methods/immunotox/llna_PerfStds.htm. The ICCVAM recommendations are provided in ICCVAM Test Method Evaluation Reports, which are available on the NICEATM-ICCVAM Web site at <http://iccvam.niehs.nih.gov/methods/immunotox/LLNA-LD/TMER.htm> and <http://iccvam.niehs.nih.gov/methods/immunotox/PerfStds/llna-ps.htm>.

FOR FURTHER INFORMATION CONTACT: Dr. William S. Stokes, Director, NICEATM, NIEHS, P.O. Box 12233, Mail Stop: K2-16, Research Triangle Park, NC, 27709, (telephone) 919-541-2384, (fax) 919-541-0947, (e-mail) niceatm@niehs.nih.gov. Courier address: NICEATM, NIEHS, Room 2034, 530 Davis Drive, Morrisville, NC 27560.

SUPPLEMENTARY INFORMATION: