

Abstract: The information collected assists the Federal Reserve, the Office of the Comptroller of the Currency, the Federal Deposit Insurance Corporation, and the Office of Thrift Supervision in fulfilling their statutory responsibilities as supervisors. Each of these forms is used to collect information in connection with applications and notices filed prior to proposed changes in the ownership or management of banking organizations. The agencies use the information to evaluate the controlling owners, senior officers, and directors of the insured depository institutions subject to their oversight.

Current Actions: On June 25, 2010, the Federal Reserve published a notice in the **Federal Register** (75 FR 36393) seeking public comment for 60 days on the extension, without revision, of the FR 2081a, b, c. The comment period for this notice expired on August 24, 2010. The Federal Reserve did not receive any comments.

4. *Report title:* Recordkeeping and Disclosure Requirements Associated with Regulation R.

Agency form number: FR 4025.

OMB control number: 7100-0316.

Frequency: On occasion.

Reporters: Commercial banks and savings associations.

Estimated annual reporting hours: Section 701, disclosures to customers—12,500 hours; Section 701, disclosures to brokers—375 hours; Section 723, recordkeeping—188 hours; Section 741, disclosures to customers—62,500 hours.

Estimated average hours per response: Section 701, disclosures to customers—5 minutes; Section 701, disclosures to brokers—15 minutes; Section 723, recordkeeping—15 minutes; Section 741, disclosures to customers—5 minutes.

Number of respondents: Section 701, disclosures to customers—1,500; Section 701, disclosures to brokers—1,500; Section 723, recordkeeping—75; Section 741, disclosures to customers—750.

General description of report: This information collection is required to obtain a benefit pursuant to section 3(a)(4)(F) of the Securities Exchange Act (15 U.S.C. 78c(a)(4)(F)) and may be given confidential treatment under the authority of the Freedom of Information Act (5 U.S.C. 552(b)(4), (b)(8)).

Abstract: Regulation R implements certain exceptions for banks from the definition of broker under Section 3(a)(4) of the Securities Exchange Act of 1934, as amended by the Gramm-Leach-Bliley Act. Sections 701, 723, and 741 of Regulation R contain information collection requirements. Section 701 requires banks that wish to utilize the

exemption in that section to make certain disclosures to the high net worth customer or institutional customer. In addition, section 701 requires banks that wish to utilize the exemption in that section to provide a notice to its broker-dealer partner regarding names and other identifying information about bank employees. Section 723 requires a bank that chooses to rely on the exemption in that section to exclude certain trust or fiduciary accounts in determining its compliance with the chiefly compensated test in section 721 to maintain certain records relating to the excluded accounts. Section 741 requires a bank relying on the exemption provided by that section to provide customers with a prospectus for the money market fund securities, not later than the time the customer authorizes the bank to effect the transaction in such securities, if the class of series of securities are not no-load.

Current Actions: On June 25, 2010, the Federal Reserve published a notice in the **Federal Register** (75 FR 36393) seeking public comment for 60 days on the extension, without revision, of the FR 4025. The comment period for this notice expired on August 24, 2010. The Federal Reserve did not receive any comments.

Board of Governors of the Federal Reserve System, September 7, 2010.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 2010-22676 Filed 9-10-10; 8:45 am]

BILLING CODE P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than September 28, 2010.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *David H. Duey Revocable Trust, David H. Duey, trustee*, Scottsbluff, Nebraska; *Diana Duey Strokan Trust, Diana Duey Strokan, trustee*, Plattsmouth, Nebraska; *Ann Duey Revocable Trust, Ann Duey, trustee*, Scottsbluff, Nebraska; *Sara Lierman, Gretna, Nebraska; Laura Strickland, Brentwood, Tennessee; Dan Duey, Lincoln, Nebraska; Natasha Duran, Santa Fe, New Mexico; and Nathan Strokan, Plattsmouth, Nebraska;* all members of the Duey Family Group, to retain control of Cass County State Company, and thereby indirectly retain control of Cass County Bank, Inc., both of Plattsmouth, Nebraska.

Board of Governors of the Federal Reserve System, September 8, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-22724 Filed 9-10-10; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health Statement of Organization, Functions, and Delegations of Authority

Part N, National Institutes of Health, of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (40 FR 22859, May 27, 1975, as amended most recently at 66 FR 6617, January 22, 2001, and redesignated from Part HN as Part N at 60 FR 56605, November 9, 1995), is amended as set forth below to rename the National Center on Minority Health and Health Disparities (NCMHD) as the National Institute on Minority Health and Health Disparities (NIMHD) and to amend its functional statement. The Public Health Service Act (42 U.S.C. 281 *et seq.*), as amended by Public Law 111-148, § 10334(c), provides the authorities of the Institute.

Section N-B, Organization and Functions, under the heading National Center on Minority Health and Health Disparities (NCMHD) (NE, formerly HNE), is revised as follows:

National Institute on Minority Health and Health Disparities (NIMHD) (NE, formerly HNE). (1) Conducts and supports research, training, information dissemination, and other programs including centers of excellence, loan repayment, research endowment, and community-based participatory research

initiatives, with respect to minority health conditions and other populations with health disparities; (2) Plans, coordinates, reviews, and evaluates research and other activities on minority health and health disparities conducted or supported by the NIH Institutes and Centers (ICs), consistent with the NIMHD's authorizing statute; (3) In collaboration with the NIH Director and other IC Directors, and in consultation with the NIMHD advisory council, develops a comprehensive strategic plan and budget that identifies and establishes priorities, objectives, budgets, and policy statements for the conduct and support of all NIH minority health and health disparities research activities, and ensures that all amounts appropriated for such activities are expended in accordance with the strategic plan and budget; (4) In collaboration with the NIH Director and other IC Directors, and in consultation with the NIMHD advisory council, promotes coordination and collaboration among ICs conducting or supporting minority health or other health disparities research; (5) Provides leadership for a national and international program on minority health and health disparities research; (6) Represents the NIH minority health and health disparities research program at all relevant Executive Branch task forces, committees, and planning activities; (7) Develops and maintains a Health Disparities Information (HDI) database to facilitate the collection of data, translation of research, education, dissemination, and communication of information to various audiences, including the Public Health Service (PHS) and other Federal agencies, on minority health and health disparities research, advances, and other activities including those planned, conducted, or supported by the NIH; (8) Establishes projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; (9) Develops and revises, as necessary, the national definition for health disparity population in consultation with the Agency for Healthcare Research and Quality; (10) Provides leadership for the implementation of the Minority Health and Health Disparities Research and Education Act (Pub. L. 106–525) and the Patient Protection and Affordable Care

Act (Pub. L. 111–148) and other relevant public laws as they relate to the NIMHD mission and the NIH minority health and health disparities research and activities.

Delegations of authority statement: All delegations and redelegations of authority to officers and employees of NIH that were in effect immediately prior to the effective date of this reorganization and are consistent with this reorganization shall continue in effect, pending further redelegation.

Dated: August 4, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–22666 Filed 9–10–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB), under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

Proposed Project: Ryan White HIV/AIDS Program Core Medical Services Waiver Application Requirements (OMB No. 0915–0307)—Extension

Title XXVI of the Public Health Service (PHS) Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, (Ryan White HIV/AIDS Program), requires that grantees expend 75 percent of Parts A, B, and C funds on core medical services, including antiretroviral drugs, for individuals with HIV/AIDS identified and eligible under the legislation. In order for grantees under Parts A, B, and C to be exempted from the 75 percent core medical services requirement, they must request and receive a waiver from HRSA, as required in the Act.

HRSA utilizes standards for granting waivers of the core medical services requirement for the Ryan White HIV/AIDS Program. These standards meet the intent of the Ryan White HIV/AIDS Program to increase access to core medical services, including antiretroviral drugs, for persons with HIV/AIDS and to ensure that grantees receiving waivers demonstrate the availability of such services for individuals with HIV/AIDS identified and eligible under Title XXVI of the PHS Act. The core medical services waiver uniform standard and waiver request process will apply to Ryan White HIV/AIDS Program Grant awards under Parts A, B, and C of Title XXVI of the PHS Act. Core medical services waivers will be effective for a 1-year period that is consistent with the grant award period.

Grantees must submit a waiver request with the annual grant application containing the certifications and documentation which will be utilized by HRSA in making determinations regarding waiver requests. Grantees must provide evidence that all of the core medical services listed in the statute, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available to all individuals with HIV/AIDS identified and eligible under Title XXVI of the PHS Act in the service area within 30 days.

The annual estimate of burden is as follows:

Application	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Waiver request	10	1	10	6.5	60