moment, the DEDP and HIV programs are encouraging uptake of current CDC national recommendations; however, without this information, the DEDP and HIV programs are unable to maximize effectiveness, dispel myths, and identify misinformation.

Voluntary customer surveys will be conducted through self-administered questionnaires, face-to-face interviews, and potentially electronic media. The information gathered will be used by DEDP and the HIV Program to identify how patients would prefer to be offered expanded testing in a way that is respectful, confidential, and effective.

## **ESTIMATED BURDEN HOURS**

*Affected Public:* Individuals. *Type of Respondents:* IHS customers.

The table below provides: Types of data collection instruments, estimated number of respondents, responses per respondent, average burden hour per response, and total annual burden hour(s).

| Data collection instrument | Estimated<br>number of<br>respondents | Responses<br>per<br>respondent | Average<br>burden hour<br>per response | Total annual<br>burden hours |
|----------------------------|---------------------------------------|--------------------------------|--|------------------------------|
| Customer Survey            | 1,000                                 | 1                              | 10/60                                  | 166                          |
| Total                      | 1,000                                 |                                |  | 166                          |

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Send written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection or to obtain a copy of the data collection instrument(s) and/ or instruction(s) contact: Ms. Janet Ingersoll, Freedom of Information Act Coordinator, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852– 1601; call non-toll free (301) 443–1116; send via facsimile to (301) 443–9879; or e-mail requests, comments, and return address to: *Janet.Ingersoll@ihs.gov.* 

*Comment Due Date:* Comments regarding this information collection are

best assured of having full effect if received within 30 days of the date of this publication.

Dated: December 15, 2008.

## Robert G. McSwain,

Director, Indian Health Service.

[FR Doc. E8–30329 Filed 12–19–08; 8:45 am] BILLING CODE 4165–16–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# National Institutes of Health

#### National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Alcohol Abuse and Alcoholism Initial Review Group; Clinical, Treatment and Health Services Research Review Subcommittee.

*Date:* March 16–17, 2009.

*Time:* 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

*Place:* Embassy Suites Hotel, At the Chevy Chase Pavilion, 4300 Military Road, Washington, DC 20015. Contact Person: Katrina L. Foster, PhD, Scientific Review Administrator, National Institute on Alcohol Abuse & Alcoholism, National Institutes of Health, 5635 Fishers Lane, Rm. 2019, Rockville, MD 20852, 301– 443–4032, katrina@mail.nih.gov. (Catalogue of Federal Domestic Assistance Program Nos. 93.271, Alcohol Research Career Development Awards for Scientists and Clinicians; 93.272, Alcohol National Research Service Awards for Research Training; 93.273, Alcohol Research Programs; 93.891, Alcohol Research Center Grants, National Institutes of Health, HHS)

Dated: December 12, 2008

Jennifer Spaeth, Director, Office of Federal Advisory Committee Policy. [FR Doc. E8–30324 Filed 12–19–08; 8:45 am] BILLING CODE 4140-01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **National Institutes of Health**

## National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

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