

**FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL**

[Docket No. AS12–20]

**Appraisal Subcommittee; Notice of Meeting**

**AGENCY:** Appraisal Subcommittee of the Federal Financial Institutions Examination Council.

**ACTION:** Notice of meeting.

*Description:* In accordance with Section 1104 (b) of Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, as amended, notice is hereby given that the Appraisal Subcommittee (ASC) will meet in closed session:

*Location:* OCC—250 E Street SW., Room 8C, Washington, DC 20219.

*Date:* October 10, 2012.

*Time:* Immediately following the ASC open session.

*Status:* Closed.

*Matters To Be Considered:*

September 27, 2012 minutes—Closed Session.

Preliminary discussion of State Compliance Reviews.

Dated: October 2, 2012.

**James R. Park,**

*Executive Director.*

[FR Doc. 2012–24806 Filed 10–5–12; 8:45 am]

**BILLING CODE 6700–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier: HHS–OS–16703–30D]

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

**ACTION:** Notice of 30-day.

**SUMMARY:** In compliance with section 3506(c)(2)(A) 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 a new collection. 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.

*Deadline:* Comments on the ICR must be received within 30 days of the issuance of this notice.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title and document identifier HHS–OS–16703–30D, to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395–5806. Copies of the supporting statement and any related forms may be requested via email to *Information.Collection.Clearance@hhs.gov* or by calling (202) 690–6162.

*Information Collection Request Title:* OS Think Cultural Health.

*Abstract:* The Office of Minority Health (OMH), Office of the Secretary (OS), Department of Health and Human Services (DHHS) is requesting approval from OMB for the Think Cultural Health (TCH) Web site. The Web site is used to post information such as cultural competency, language access and health disparities articles, and notices of health disparities conferences for visitors to the site. The TCH Web site is unlike other government sites, in that it offers users the ability to gain cultural health competency credits through on-line training and resources in addition to offering users the option of receiving a newsletter.

It supports the Office of Minority Health within the Office of the Secretary of the Department of Health and Human Services (HHS/OS/OMH) in complying with the cultural competency requirements of the Patient Protection and Affordable Care Act of 2010 (ACA) (Pub. L.111–148), as well as the Secretary’s Plan to Reduce Racial and Ethnic Health Disparities, the National Stakeholder Strategy for Achieving Health Equity, Healthy People 2020, the Secretary’s Strategic Plan priorities, and the Assistant Secretary for Health’s Public Health Quality agenda.

**Estimated Annualized Burden Table**

*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	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Think Cultural Health Registration Form.	Physician .....	27,477	1	3/60	1,373.85
	Nurse .....	44,723	1	3/60	2,236.15
	Physician Assistant .....	1,882	1	3/60	94.10
	Dentist .....	377	1	3/60	18.85
	Dental Professional .....	39	1	3/60	1.95
	Social Worker .....	1,733	1	3/60	86.65
	Public Health .....	186	1	3/60	9.30
	General Healthcare Worker .....	12,635	1	3/60	631.75
	Psychologist/Psychiatrist .....	189	1	3/60	9.45
	Mental Health Professional .....	180	1	3/60	9.00
	Pharmacist, RPH .....	750	1	3/60	37.50
	Emergency Medical Technician .....	492	1	3/60	24.60
	Administrator or Hospital Executive .....	151	1	3/60	7.55
	Policymaker or Public Official .....	17	1	3/60	0.85

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
	Teacher .....	424	1	3/60	21.20
	Lawyer .....	107	1	3/60	5.35
	Bachelors .....	3,753	1	3/60	187.65
	Masters .....	4,063	1	3/60	203.15
	Doctorate .....	1,130	1	3/60	56.50
	Student .....	7,504	1	3/60	375.20
	Other .....	10,880	1	3/60	544.00
	Total .....	118,692	1	3/60	5,934.60

**Keith A. Tucker,**  
*Information Collection Clearance Officer,*  
*Department of Health and Human Services.*  
 [FR Doc. 2012-24729 Filed 10-5-12; 8:45 am]  
**BILLING CODE 4150-29-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: HHS-EGOV-17342-30D]

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

**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), 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 4040-0005, scheduled to expire on October 31, 2012. The ICR

also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. 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.

*Deadline:* Comments on the ICR must be received within 30 days of the issuance of this notice.

**ADDRESSES:** Submit your comments, including the OMB control number 4040-0005 and document identifier HHS-EGOV-17342-30D, to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395-5806. Copies of the supporting statement and any related forms may be requested via email to *Information.Collection.Clearance@hhs.gov* or by calling (202) 690-6162.

*Information Collection Request Title:* SF-424 Individual.

*Abstract:* The SF-424 Individual form is the standard Federal form for grant applications for individuals. It replaced numerous agency-specific forms.

*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.

HHS estimates that the SF-424 Individual form will take 1 hour to complete. We expect that 1 respondent will use this form.

Once OMB approves the use of this common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF-424 Individual .....	1	1	1	1
Total .....	.....	.....	.....	.....

**Keith A. Tucker,**  
*Information Collection Clearance Officer,*  
*Department of Health and Human Services.*  
 [FR Doc. 2012-24730 Filed 10-5-12; 8:45 am]  
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