

Any statements submitted in connection with the PMAB meeting will be made available to the public under the provisions of the Federal Advisory Committee Act.

The public is invited to submit written statements for this meeting until 12:30 p.m. eastern standard time on Thursday, September 11, 2014 by either of the following methods: *Electronic or Paper Statements*: Submit electronic statements to Mr. Brockelman, Designated Federal Officer at [stephen.brockelman@gsa.gov](mailto:stephen.brockelman@gsa.gov); or send paper statements in triplicate to Mr. Brockelman at the PMAB GSA address above.

Dated: August 18, 2014.

**Christine Harada,**

*Associate Administrator, Office of Government-wide Policy, General Services Administration.*

[FR Doc. 2014-20125 Filed 8-22-14; 8:45 am]

**BILLING CODE 6820-BR-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: HHS-OS-0990-New-60D]

**Agency Information Collection Activities; Proposed Collection; Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**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, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before October 24, 2014.

**ADDRESSES:** Submit your comments to [Information.CollectionClearance@hhs.gov](mailto:Information.CollectionClearance@hhs.gov) or by calling (202) 690-6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, [Information.CollectionClearance@hhs.gov](mailto:Information.CollectionClearance@hhs.gov) or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting

information, please include the document identifier HHS-OS-0990-New-60D for reference.

*Information Collection Request Title:* Data Element Survey for the Title X Family Planning Annual Report (FPAR) 2.0

*Abstract:* The Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH), Office of Family Planning (OFP), and this office is requesting Office of Management and Budget (OMB) approval on a new data collection form (data element survey). This survey is intended to collect feedback from the Title X network regarding feasibility, alignment, and potential workflow issues related to encounter-level data collection and the proposed new FPAR 2.0 data elements (the data dictionary). This voluntary form will occur annually and allow the Title X network to offer feedback and guidance that will inform OPA's development of FPAR 2.0. OPA will solicit feedback from Title X agencies to better inform the 2.0 data dictionary, and proposes to make this data collection form available for up to 3 years so that OPA can accept feedback from the network regarding any version changes that might be made to the dictionary.

*Likely Respondents:* Title X Grantees, Sub recipients, and Service Sites

**TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Data Element Survey .....	818	1	30/60	409
Total .....	.....	.....	30/60	409

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Darius Taylor,**

*Information Collection Clearance Officer.*

[FR Doc. 2014-20065 Filed 8-22-14; 8:45 am]

**BILLING CODE 4150-34-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Toxic Substances and Disease Registry**

[60Day-14-14ATA]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below

proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. 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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Biomonitoring of Great Lakes Populations Program II—New—Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (DHHS).

*Background and Brief Description*

The Great Lakes Basin has suffered decades of pollution and ecosystem damage. Many chemicals persist in Great Lakes sediments, as well as in wildlife and humans. These chemicals can build up in the aquatic food chain. Eating contaminated fish is a known route of human exposure.

In 2009, the Great Lakes Restoration Initiative (GLRI) was enacted by Public

Law 111–88. The GLRI FY2010–FY2014 Action Plan makes Great Lakes restoration a national priority for 12 Federal Agencies. The GLRI is led by the U.S. Environmental Protection Agency (US EPA). Under a 2013 interagency agreement with the US EPA, the Agency for Toxic Substances and Disease Registry (ATSDR) announced a funding opportunity called the “Biomonitoring of Great Lakes Populations Program” (CDC–RFA–TS13–1302).

This applied public health program aims to measure Great Lakes chemicals in human blood and urine. These measures will be a baseline for current and future restoration activities. The measures will be compared to available national estimates. This program also aims to take these measures from people who may be at higher risk of harm from chemical exposures.

This project will provide additional public health information to supplement the CDC–RFA–TS10–1001 cooperative agreement program “Biomonitoring of Great Lakes Populations” (hereafter referred as “Program I”) initiated in FY2010 (OMB Control Number 0923–0044). The purpose of the current announcement is to evaluate body burden levels of priority contaminants in Great Lakes residents, particularly those who are at highest exposure risk, in an area and susceptible populations that were not previously addressed in the Program I.

The New York State Department of Health (NYSDOH) received funding for the current program. NYSDOH will look at two subpopulations of adults living in Syracuse, NY who are known to eat fish from Onondaga Lake. Onondaga Lake is a highly polluted Great Lakes Basin water body in Central New York located northwest of Syracuse. The target

subpopulations are: (1) Burmese and Bhutanese refugees who are known to eat a substantial amount of fish from Onondaga Lake (300 people); (2) an urban population who rely on fish from Onondaga Lake as a source of food (100 people). NYSDOH study staff will work closely with local refugee and citizen support organizations to get people to take part in the study. Formative research will be conducted to determine the best method for recruiting these populations in Syracuse eating fish from Onondaga Lake.

All respondents who consent will give blood and urine specimens. Their blood will be tested for polychlorinated biphenyls (PCBs), mercury, lead, cadmium, polybrominated diphenyl ethers (PBDEs), perfluorinated compounds (PFCs), toxaphene, chlordane, oxychlordane and trans-nonachlor, dieldrin, dechlorane plus, omega-3 fatty acids, blood lipids, and pesticides. Pesticides will include mirex, hexachlorobenzene, dichlorodiphenyltrichloroethane (DDT) and dichlorodiphenyldichloroethylene (DDE). Their urine will be tested for creatinine.

Respondents will also be interviewed. They will be asked about demographic and lifestyle factors, hobbies, and types of jobs which can contribute to chemical exposure. Some diet questions will be asked, too, with a focus on eating Great Lakes fish. There is no cost to respondents other than their time spent in the study.

The ATSDR is requesting a two-year approval from OMB and is authorized to conduct this program under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA).

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Refugees from Burma and Bhutan living in Syracuse, NY.	Eligibility Screening Survey .....	250	1	5/60	21
	Informed Consent .....	150	1	1/60	3
	Interview Questionnaire .....	150	1	45/60	113
	Network Size Questions for Respondent Driven Sampling.	150	1	5/60	13
Urban subsistence anglers living in Syracuse, NY.	Eligibility Screening Survey .....	92	1	5/60	8
	Informed Consent .....	50	1	1/60	1
	Interview Questionnaire .....	50	1	30/60	25
	Network Size Questions for Respondent Driven Sampling.	50	1	5/60	4
Total .....	.....	.....	.....	.....	188

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.*

[FR Doc. 2014–20100 Filed 8–22–14; 8:45 am]

BILLING CODE 4163–70–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–14–14YI]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Assessing School-centered HIV/STD Prevention Efforts in a Local Education Agency—New—Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Human Immunodeficiency Virus (HIV) infections remain high among young men who have sex with men. The estimated number of new HIV infections increased between 2008 and 2010 both overall and among Men who have Sex with Men (MSM) ages 13 to 24. Furthermore, sexual risk behaviors associated with HIV, other sexually transmitted disease (STD), and pregnancy often emerge in adolescence. For example, 2011 Youth Risk Behavior Surveillance System (YRBSS) data revealed 47.4% of U.S. high school students reported having had sex, and among those who had sex in the previous three months, 39.8% reported having not used a condom during last sexual intercourse. In addition, 2001–2009 YRBSS data revealed high school students identifying as gay, lesbian, and bisexual and those reporting sexual contact with both males and females were more likely to engage in sexual risk-taking behaviors than heterosexual students.

Given the disproportionate risk for HIV among Young Men who have Sex with Men (YMSM) ages 13–24, it is important to find ways to reach the younger youth (i.e., ages 13–19) in this range to decrease sexual risk behaviors and increase health-promoting behaviors such as routine HIV testing.

Schools provide one opportunity for this. Because schools enroll more than 22 million teens (ages 14–19) and often have existing health and social services infrastructure, schools and their staff members are well-positioned to connect youth to a wide range of needed services, including housing assistance, support groups, and sexual health services such as HIV testing. As a result, CDC's DASH has focused a number of HIV and STD prevention efforts on strategies that can be implemented in or centered around schools.

CDC requests a three-year OMB approval to conduct a new information collection entitled, "Assessing School-Centered HIV/STD Prevention Efforts in a Local Education Agency". The information collection uses a self-administered paper-pencil questionnaire (Youth Health and School

Climate Questionnaire) to conduct an in-depth assessment of HIV and STD prevention efforts that are taking place in one CDC-funded local education agency (LEA).

This data collection will provide data and reports for the LEA, and will allow the LEA to identify areas of the program that are working well and other areas that require improvement. In addition, the findings will allow CDC to determine the potential impact of currently recommended strategies and make changes to those recommendations if necessary.

The questionnaire will include questions on the following topics: Demographic information; HIV and STD risk behaviors; use of HIV and STD health services; experiences at school, including school connectedness, harassment and bullying, homophobia, support of Lesbian, Gay, Bisexual, Transgender, and Queer students; sexual orientation; receipt of referral for HIV and STD prevention health services; and health education.

The questionnaire will be administered in 2014 and 2016 to 16,500 students from seven high schools (grades 9–12) that are participating in the HIV/STD prevention project. Although some students may take the questionnaire in multiple years, this is not a longitudinal design and students' responses will not be tracked across the years. No personally identifiable information will be collected.

All students' parents will receive parental consent forms that provide them with an opportunity to opt their children out of the study. In addition, each student will be given an assent form that explains he or she may choose not to take the questionnaire or may skip any questions in the questionnaire with no penalty. Participation is completely voluntary.

The estimated burden per response ranges from 35–45 minutes. This variation in burden is due to the slight variability in skip patterns that may occur with certain responses and variations in the reading speed of students. The burden estimates presented here are based on the assumption of a 40-minute response time per response. Students in the 12th grade in fall 2014 will complete the questionnaire only once. It is estimated that students in the 9th, 10th, and 11th grade will complete the questionnaire in fall of 2014 and again in the spring of 2016 when they will be 10th, 11th, and 12th grade students. In addition, students who are in the 9th grade in spring of 2016 will also complete the questionnaire.