

the LEA. Participation is completely voluntary.

For the Web-based questionnaire, the estimated burden per response is about 60 minutes (1 hour). This estimate of burden is an average and takes into account that the length of the

questionnaire for each respondent will vary slightly due to the skip patterns that may occur with certain responses, variations in the reading speed of respondents, and variations in the time required to collect the information needed to complete the questionnaire.

The estimated annualized burden of this data collection is 60 hours for respondents.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZE BURDEN TO RESPONDENTS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
CBO staff	CBO Assessment Questionnaire	30	1	1	30
HWC staff	HWC Assessment Questionnaire	30	1	1	30
Total .....	.....	.....	.....	.....	60

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. 2015-01009 Filed 1-21-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-0929]

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 and maximize the utility of government information, 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*.

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

World Trade Center Health Program Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program (OMB No. 0920-0929, expires 4/30/2015)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), amended the Public

Health Service Act (PHS Act) to add Title XXXIII establishing the WTC Health Program within the Department of Health and Human Services (HHS).

The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001 or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors). PHS Act § 3312(a)(3) identifies a list of health conditions for which individuals who are enrolled in the WTC Health Program may be monitored or treated. PHS Act § 3312(a)(6)(B) specifies that interested parties may petition the Administrator of the WTC Health Program to request that a new health condition be added to the List of WTC-Related Health Conditions in 42 CFR 88.1.

To aid the petitioner, the WTC Health Program provides a petition form to be completed and then sent to the Administrator for review. However, the petitioner is not required to use the form, and may submit a petition in a different format, provided it contains all of the data elements requested on the form. Data elements include the interested party's name, contact information, signature, and a statement about the medical basis for the relationship/association between the 9/11 exposure and the proposed health condition, which the Administrator of the WTC Health Program will use to determine whether to propose a rule to add the condition, to not to add the condition, or to seek a recommendation

from the Scientific/Technical Advisory Committee (STAC).
 The petition form is amended slightly to reflect a WTC Health Program policy change. The current form asks respondents to offer reference to “a peer-reviewed, published, epidemiologic study.” The revised form will ask respondents to reference “peer-reviewed, published, epidemiologic and/or direct observational studies.”

The submission of a petition is purely voluntary, and is not required or otherwise compelled by NIOSH or the WTC Health Program. NIOSH expects to receive no more than 20 submissions annually.
 Petitioners include prospective and enrolled WTC responders, screening-eligible survivors, certified-eligible survivors, or members of groups who advocate on behalf of responders or

survivors, such as physicians. We estimate that an individual spends an average of 40 hours gathering information to substantiate a request to add a health condition and assembling the petition.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 800.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
Responder/Survivor/Advocate (physician).	Petition for the addition of health conditions.	20	1	40	800
Total .....	.....	.....	.....	.....	800

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.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute On Aging; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 Aging Special Emphasis Panel; GEMSSTAR.
Date: February 23, 2015.
Time: 8:00 a.m. to 6:00 p.m.
Agenda: To review and evaluate grant applications.
Place: Bethesda North Marriott Hotel & Conference Center, 5701 Marinelli Road, Bethesda, MD 20852.
Contact Person: Isis S. Mikhail, MD, MPH, DRPH, National Institute On Aging, Gateway Building, 7201 Wisconsin Avenue, Suite

2C212, Bethesda, MD 20892, 301-402-7702, MIKHAILI@mail.nih.gov.
 (Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)
 Dated: January 15, 2015.
Melanie J. Gray,
 Program Analyst, Office of Federal Advisory Committee Policy.
 [FR Doc. 2015-00928 Filed 1-21-15; 8:45 am]
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DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2014-0078]

President’s National Security Telecommunications Advisory Committee

AGENCY: National Protection and Programs Directorate, Department of Homeland Security (DHS).
ACTION: Committee Management Notice of an Open Federal Advisory Committee Meeting.
SUMMARY: The President’s National Security Telecommunications Advisory Committee (NSTAC) will meet via teleconference on Thursday, February 5, 2015. The meeting will be open to the public.
DATES: The NSTAC will meet on Thursday, February 5, 2015, from 2:00 p.m. to 3:00 p.m. Please note that the meeting may close early if the committee has completed its business.
ADDRESSES: The meeting will be held via conference call. For access to the conference call bridge or for information on services for individuals with disabilities or to request special

assistance to attend, please contact Ms. Sandy Benevides via email at *Sandra.Benevides@hq.dhs.gov* or telephone at (703) 235-5408 by 5:00 p.m. on Friday, January 30, 2015. To facilitate public participation, we are inviting public comment on the issues to be considered by the committee as listed in the “Supplementary Information” section below. Associated briefing materials that will be discussed at the meeting will be available at *www.dhs.gov/nstac* for review as of January 23, 2015. Comments may be submitted at any time and must be identified by docket number DHS-2014-0078. Comments may be submitted by one of the following methods:
 • *Federal eRulemaking Portal:* *http://www.regulations.gov*. Follow the instructions for submitting written comments.
 • *Email:* *NSTAC@hq.dhs.gov*. Include the docket number in the subject line of the email message.
 • *Fax:* 703-235-5962, Attn: Sandy Benevides.
 • *Mail:* Designated Federal Officer, Stakeholder Engagement and Critical Infrastructure Resilience Division, National Protection and Programs Directorate, Department of Homeland Security, 245 Murray Lane, Mail Stop 0604, Arlington, VA 20598-0604.
Instructions: All submissions received must include the words “Department of Homeland Security” and the docket number for this action. Comments received will be posted without alteration at *www.regulations.gov*, including any personal information provided.
Docket: For access to the docket and comments received by the NSTAC, go to