

*Agreement No.:* 201048-008.

*Title:* Lease and Operating Agreement between Philadelphia Regional Port Authority and Delaware River Stevedores, Inc.

*Parties:* Philadelphia Regional Port Authority and Delaware River Stevedores, Inc.

*Filing Party:* Paul D. Coleman, Esq.; Hoppel, Mayer & Coleman; 1050 Connecticut Avenue NW., Tenth Floor; Washington, DC 20036.

*Synopsis:* The amendment allows for the agreement on and procedures for the dredging of berths to certain depths.

Dated: December 31, 2014.

By Order of the Federal Maritime Commission.

**Karen V. Gregory,**  
*Secretary.*

[FR Doc. 2014-30952 Filed 1-5-15; 8:45 am]

**BILLING CODE 6730-01-P**

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## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 30, 2015.

A. Federal Reserve Bank of Boston (Richard Walker, Community Affairs

Officer) 600 Atlantic Avenue, Boston, Massachusetts 02210-2204:

1. *Berkshire Hills Bancorp, Inc.*, Pittsfield, Massachusetts; to acquire and merge with Hampden Bank, and thereby indirectly acquire Hampden Bancorp, Inc., both in Springfield, Massachusetts.

Board of Governors of the Federal Reserve System, December 31, 2014.

**Robert deV. Frierson,**  
*Secretary of the Board.*

[FR Doc. 2014-30926 Filed 1-5-15; 8:45 am]

**BILLING CODE 6210-01-P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-15-15JX]

#### 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](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

HIV Outpatient Study (HOPS)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention requests a three-year approval for the HIV Outpatient Study data collection activity. The HIV Outpatient Study (HOPS) is a prospective longitudinal cohort of HIV-infected outpatients at nine well-established private HIV care practices and university-based U.S. clinics, in Tampa, Florida; Washington, DC; Stony Brook, New York; Chicago, Illinois; Denver, Colorado; and Philadelphia, Pennsylvania.

Clinical data are abstracted on ongoing basis from the medical records of adult HIV-infected HOPS study participants, who also complete an optional telephone/Web-based behavioral assessment as part of their annual clinic visit, which on average takes about seven minutes. Before enrolling in this study, all potential study participants will undergo an informed consent process (including signing of a written informed consent) which is estimated to take 15 minutes.

The core areas of HOPS research extending through the present HIV treatment era include (i) monitoring death rates and causes of death, (ii) characterizing the optimal patient management strategies to reduce HIV-related morbidity and mortality (*e.g.*, effectiveness of antiretroviral therapies and other clinical interventions), (iii) monitoring of sexual and drug use behaviors to inform Prevention with Positives, and (iv) investigating disparities in the HIV care continuum by various demographic factors. In recent years, the HOPS has been

instrumental in bringing attention to emerging issues in chronic HIV infection with actionable opportunities for prevention, including cardiovascular disease, fragility fractures, renal and hepatic disease, and cancers. The HOPS remains an important source for multi-year trend data concerning conditions and behaviors for which data are not readily available elsewhere, including: Rates of opportunistic illnesses, rates of comorbid conditions (e.g., hypertension, obesity, diabetes) and antiretroviral drug resistance.

Data will be collected through medical record abstraction by trained abstractors and by telephone or internet-based, computer-assisted interviews at nine funded study sites in six U.S. cities. Collection of data abstracted from patient medical records provides data in five general categories: Demographics and risk behaviors for HIV infection; symptoms; diagnosed conditions

(definitive and presumptive); medications prescribed (including dose, duration, and reasons for stopping); all laboratory values, including CD4+ T-lymphocyte (CD4+) cell counts, plasma HIV-RNA determinations, and genotype, phenotype, and trophile results. Data on visit frequency, AIDS, and death are acquired from the clinic chart.

Data collected using a brief Telephone Audio-Computer Assisted Self-Interview (T-ACASI) survey or an identical Web-based Audio-Computer Assisted Self-Interview (ACASI) include: Age, sex at birth, use of alcohol and drugs, cigarette smoking, adherence to antiretroviral medications, types of sexual intercourse, condom use, and disclosure of HIV status to partners.

We anticipate that 450 new HOPS study participants will be recruited annually into the HOPS from a pool of HIV-infected individuals currently in

HIV-care at the nine aforementioned clinics (50 patients per site). Patients are approached during one of their routine clinic visits to participate in the HOPS. Patients interested in participating in the HOPS are given detailed information about the nature of the study and provided with written informed consent that must be completed prior to enrollment.

The 450 newly enrolled participants each year will be added to the database of existing participants such that approximately 2,500 participants will be seen in the HOPS each year. Medical record abstractions will be completed on all HOPS participants, and impose no direct burden on HOPS study participants.

Participation of respondents is voluntary. There is no cost to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
HOPS study Patients .....	Consent form .....	450	1	15/60	113
HOPS Study Patients .....	Behavioral survey .....	2,500	1	7/60	292
Total .....	.....	.....	.....	.....	405

**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. 2014-30889 Filed 1-5-15; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[CFDA Number: 93.604]

**Announcement of the Award of an Urgent Single-Source Grant to the Center for Survivors of Torture in Dallas, TX.**

**AGENCY:** Office of Refugee Resettlement, ACF, HHS.

**ACTION:** Announcement of the award of an urgent single-source grant to the Center for Survivors of Torture to provide mental health services for victims of torture.

**SUMMARY:** The Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) announces

the award of an urgent single-source grant in the amount of \$250,000 to the Center for Survivors of Torture (CST) in Dallas, TX, to ensure incoming refugee populations in Texas have access to mental health services.

**DATES:** The project period for the award is July 1, 2014 through September 29, 2015.

**FOR FURTHER INFORMATION CONTACT:** Kenneth Tota, Deputy Director, Office of Refugee Resettlement, 901 D. Street SW., Washington, DC 20047. Telephone: 202-401-4858. Email: *kenneth.tota@acf.hhs.gov*.

**SUPPLEMENTARY INFORMATION:** CST is the only accredited mental health care provider of specialized torture survivor mental health treatment services in Texas and the surrounding area. Many refugees have been victims of torture. Approximately 48,000 individual refugees reside in the areas covered by CST. Texas is a top resettlement location with one of the highest concentrations of refugees in the United States. In the past few years, an increasing need for mental health services has been associated with refugee populations from Iraq, Burma, and Bhutan who have suffered trauma

and torture due to war and genocide in those countries. Currently, the U.S. refugee resettlement program is seeing a rise in refugees from the Democratic Republic of Congo (DRC). The United Nations High Commissioner for Refugees has determined this group is particularly at risk due to decades of extreme violence in DRC and recent arrivals have shown a compelling need for mental health services upon resettlement.

CST services are critical to meeting the mental health needs of individuals who have survived torture. They provide evaluation and counseling to children, adolescents, adults, couples, and families. Additionally, CST offers group therapy, psychosocial activities, and medication management. In addition to these direct services, CST also provides training on refugee mental health issues to other organizations in the area, including schools, health clinics, and social services agencies. During the period of April 1, 2013 through March 31, 2014, CST provided free comprehensive mental health services to 355 ORR clients. More than 82 percent of these clients experienced a reduction in symptoms.