EARLY TERMINATIONS GRANTED JANUARY 1, 2014 THRU JANUARY 31, 2014—Continued

20140448	G	NKSJ Holdings, Inc.; Canopius Group Limited; NKSJ Holdings, Inc.
20140451	G	ABRY Partners VI, L.P.; Arrowood Investment Group, LLC; ABRY Partners VI, L.P.
20140452	G	Lindsay Goldberg III CR AIV L.P.; LaFarge S.A.; Lindsay Goldberg III CR AIV L.P.
20140453	G	Compass Investment Partners Fund, L.P.; Riverside Micro-Cap Fund I, L.P.; Compass Investment Partners Fund, L.P.
20140454	G	Oaktree Power Opportunities Fund III, LP; Kirlin Holdings, LLC; Oaktree Power Opportunities Fund III, LP.
20140459	G	Twin River Worldwide Holdings, Inc.; Leucadia National Corporation; Twin River Worldwide Holdings, Inc.
20140471	G	Apollo Investment Fund VIII, L.P.; CEC Entertainment, Inc.; Apollo Investment Fund VIII, L.P.
		01/29/2014
20140291	G	Kuraray Co., Ltd.; E. I. du Pont de Nemours and Company; Kuraray Co., Ltd.
20140380	G	ArcelorMittal SA; ThyssenKrupp AG; ArcelorMittal SA.
20140382	G	Nippon Steel & Sumitomo Metal Corporation ThyssenKrupp AG; Nippon Steel & Sumitomo Metal Corporation.
20140399	G	Dealertrack Technologies, Inc.; Dealer Dot Com, Inc.; Dealertrack Technologies, Inc.
20140425	G	Huntsman Gay Capital Partners Fund, L.P.; Jabil Circuit, Inc.; Huntsman Gay Capital Partners Fund, L.P.
		01/30/2014
20140406	G	Madison Dearborn Capital Partners VI–B, L.P. Alcatel-Lucent; Madison Dearborn Capital Partners VI–B, L.P.
20140407	G	Amadeus IT Group S.A.; Court Square Capital Partners II, L.P.; Amadeus IT Group S.A.
20140462	G	Michael Karfunkel; Tower Group International, Ltd.; Michael Karfunkel.
20140463	G	Roger S. Penske; Kee Wai Investment Co. (BVI) Ltd.; Roger S. Penske.
20140464	G	Roger S. Penske; Stephen Lam; Roger S. Penske.
20140474	G	Bill D. Mills; National Oilwell Varco, Inc.; Bill D. Mills.
		01/31/2014
20130837	S	Thermo Fisher Scientific Corporation; Life Technologies Corporation; Thermo Fisher Scientific Corporation.
20140443	G	Banner Health; Regional Care Services Corporation; Banner Health.
20140476	G	Riverstone Global Energy and Power Fund V (FT), L.P.; SandRidge Energy, Inc; Riverstone Global Energy and Power Fund V (FT), L.P.

FOR FURTHER INFORMATION CONTACT:
Renee Chapman, Contact Representative,
or
Theresa Kingsberry, Legal Assistant, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H–303, Washington, DC 20580, (202) 326–3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 2014–04709 Filed 3–3–14; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–20883–30D]

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

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted 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.

DATES: Comments on the ICR must be received on or before April 3, 2014.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

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

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the Information Collection Request Title and document identifier HHS–OS–20883–30D for reference.

Information Collection Request Title: Support and Services at Home (SASH) Participant Survey

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting approval from the Office of Management and Budget (OMB) to conduct a survey of Support And Services at Home (SASH) participants to assess the impact of the SASH program on health outcomes. Information collected includes general health status, functional status, quality of life, medication problems and dietary issues. The SASH program operates in Vermont and links staff based in housing properties with a team of community-based health and supportive services providers to help older adults coordinate and manage their care needs. SASH services include: Assessment by a multidisciplinary team, creation of an individualized care plan, on-site nursing and care coordination with team members and other local partners, and community activities to support health and wellness. SASH is anchored in affordable senior housing properties, serving residents in the property and seniors living in the surrounding community.

The goal of this project is to conduct a comprehensive evaluation of the SASH program. The evaluation will assess whether the SASH model of coordinated health and supportive services in affordable housing improves quality of life, health and functional status of participants. The evaluation has been designed to comprehensively address the research questions while minimizing the burden placed on the SASH program staff, their partners (e.g., service providers), and Medicare and dually eligible Medicare and Medicaid beneficiaries. The mail survey is designed to collect outcomes that

cannot be measured from claims data or other sources. We will use brief, standardized scales with demonstrated reliability and validity in older adults. Information collected in the survey is not of a sensitive nature. Questions in the beneficiary survey are confined to health outcomes. RTI International will conduct and analyze the survey. RTI has experience doing similar work for ASPE and other government clients.

Need and Proposed Use of the Information: To determine the impact of the SASH program on quality of life, health and functional status of participants. Care has been taken to ensure that there is no overlap between other ongoing state evaluations. Through discussions with SASH program staff and other state officials in Vermont, we determined that the information we seek to collect is not already being collected from our proposed sample, nor can it be measured from claims data. As a result of these efforts, the information collected through the survey will not duplicate any other effort and is not obtainable from any other source.

Likely Respondents: The target population for the survey is Medicare beneficiaries participating in the Support and Services at Home (SASH) demonstration. SASH provides integrated, home-based services to beneficiaries in selected housing properties throughout Vermont. At this point, 1,685 intervention beneficiaries have been identified in 37 SASH sites.

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	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SASH Participant Survey	669	1	20/60	223
Total	669	1	20/60	223

Darius Taylor,

Deputy, Information Collection Clearance Officer.

[FR Doc. 2014–04755 Filed 3–3–14; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–N–0222]

Agency Information Collection Activities: Proposed Collection; Comment Request; User Fee Waivers, Reductions, and Refunds for Drug and Biological Products

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on recommendations to applicants considering whether to request a waiver or reduction in user fees.

DATES: Submit either electronic or written comments on the collection of information by May 5, 2014.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov*. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane., Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 1350 Piccard Dr., PI50–400B, Rockville, MD 20850, *PRAStaff@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes Agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal Agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

User Fee Waivers, Reductions, and Refunds for Drug and Biological Products (OMB Control Number 0910–0693)—Extension

The guidance provides recommendations for applicants planning to request waivers or