

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Quitline callers who contact the quitline for help themselves.	NQDW Intake Questionnaire (complete)	509,742	1	10/60	84,957
Caller who contacts the quitline on behalf of someone else.	NQDW Intake Questionnaire (subset)	26,902	1	1/60	448
Quitline caller who received a quitline service from the Asian Smokers' quitline.	NQDW 7-Month Follow-Up Questionnaire	659	1	7/60	77
Tobacco Control Manager or Their Designee.	Instructions for Submitting NQDW Intake Questionnaire Electronic Data File to CDC.	54	4	1	216
	Instructions for Submitting NQDW 7-Month Follow-up Electronic Data File to CDC.	1	1	1	1
	NQDW Quitline Services Survey	54	4	20/60	72
Total	85,771

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. 2015-13849 Filed 6-5-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces a meeting for the initial review of applications in response to Funding Opportunity Announcement (FOA), CK15-004, Epicenters for the Prevention of Healthcare Associated Infections (HAIs)—Cycle II.

Time and Date: 10:00 a.m.–4:00 p.m., EDT, July 9, 2015 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to “Epicenters for the Prevention of Healthcare Associated Infections (HAIs)—Cycle II”, FOA CK15-004.

Contact Person for More Information: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road NE., Mailstop E60, Atlanta, Georgia 30329-4027, Telephone: (404) 718-8833.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015-13924 Filed 6-5-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, CDC/Agency for Toxic Substances and Disease Registry (ATSDR), announces the following meeting and Tribal Consultation Session:

Name: Tribal Advisory Committee (TAC) Meeting and 13th Biannual Tribal Consultation Session.

Times and Dates: 8:00 a.m.–5:00 p.m., August 4, 2015 (TAC Meeting); 8:00 a.m.–5:00 p.m., August 5, 2015 (13th Biannual Tribal Consultation Session).

Place: The TAC Meeting and Tribal Consultation Session will be held at the Northern Quest, 100 North Hayford Road, Airway Heights, Washington 99001.

Status: The meetings are being hosted by CDC/ATSDR in-person only and are open to the public. Attendees must pre-register for

the event by Friday, July 3, 2015, at the following link: <http://www.cdc.gov/tribal/meetings.html>.

Purpose: The purpose of these recurring meetings is to advance CDC/ATSDR support for and collaboration with tribes, and to improve the health of tribes through, including but not limited to, assisting in eliminating the health disparities faced by Indian tribes, ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of American Indian/Alaska Native (AI/AN) people; and promoting health equity for all AI/AN people and communities. To advance these goals, CDC/ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Matters for Discussion: The TAC and CDC leaders will discuss the following public health topics: Chronic disease prevention and health promotion in Indian Country, CDC's budget, and CDC's communication and engagement with tribes; however, discussion is not limited to these topics.

During the 13th Biannual Tribal Consultation Session, tribes and CDC leaders will engage in a listening session with CDC's director and have roundtable discussions with CDC senior leaders. Tribes will also have an opportunity to present testimony on tribal health issues.

Tribal leaders are encouraged to submit written testimony by July 17, 2015, by mail to Annabelle Allison, Deputy Associate Director, Tribal Support Unit, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention, 4770 Buford Highway NE., MS E-70, Atlanta, Georgia 30341, or by email to TribalSupport@cdc.gov.

Depending on the time available, it might be necessary to limit each presenter's time.

The agenda is subject to change as priorities dictate.

Information about the TAC, CDC's Tribal Consultation Policy, and previous meetings can be found at the following link: <http://www.cdc.gov/tribal>.

Contact person for more information: Annabelle Allison, Deputy Associate Director, Tribal Support Unit, CDC/OSTLTS, 4770 Buford Highway NE., MS E-70, Atlanta, Georgia 30341; email: AAllison@cdc.gov.

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Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015-13923 Filed 6-5-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns, Health Promotion and Disease Prevention Research Centers: Special Interest Project Competitive Supplements, DP15-008, initial review.

SUMMARY: This document corrects a notice that was published in the **Federal**

Register on May 18, 2015, Volume 80, Number 95, page 28273. This meeting is canceled in its entirety.

FOR FURTHER INFORMATION CONTACT: Brenda Colley Gilbert, Ph.D., M.S.P.H., Director, Extramural Research Program Operations and Services, CDC, 4770 Buford Highway NE., Mailstop F-80, Atlanta, Georgia 30341, Telephone: (770) 488-6295, BJC4@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015-13884 Filed 6-5-15; 8:45 am]

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OMB No.: 0970-0433.

Description

A title IV-E plan is required by section 471, part IV-E of the Social Security Act (the Act) for each public child welfare agency requesting Federal funding for foster care, adoption assistance and guardianship assistance under the Act. Section 479B of the Act provides for an Indian tribe, tribal organization or tribal consortium (Tribe) to operate a title IV-E program in the same manner as a State with minimal exceptions. The Tribe must have an approved title IV-E Plan. The title IV-E plan provides assurances the programs will be administered in conformity with the specific requirements stipulated in title IV-E. The plan must include all applicable State or Tribal statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A title IV-E agency may use the pre-print format prepared by the Children's Bureau of the Administration for Children and Families or a different format, on the condition that the format used includes all of the title IV-E plan requirements of the law.

Respondents: Title IV-E agencies administering or supervising the administration of the title IV-E programs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Plan for Foster Care and Adoption Assistance—Title IV-E.

ANNUAL BURDEN ESTIMATES				
Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV-E Plan	17	1	16	272

Estimated Total Annual Burden Hours: 272.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: infocollection@acf.hhs.gov. All requests should be

identified by the title of the information collection.

The Department specifically requests comments 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) the quality, utility, and clarity of the information to be collected; and (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. Consideration will be given to

comments and suggestions submitted within 60 days of this publication.

Robert Sargis,
Reports Clearance Officer.

[FR Doc. 2015-13906 Filed 6-5-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Designation of a Class of Employees for Addition to the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control