Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine Baker,**

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

[FR Doc. 2014–17057 Filed 7–18–14; 8:45 am]

**BILLING CODE 4160–18–P**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**[CFDA Number: 93.612]**

**Announcement of the Award of an Emergency Single-Source Grant to the Louden Tribal Council in Galena, AK**

**AGENCY:** Administration for Native Americans, ACF, HHS.

**ACTION:** Announcement of the award of an emergency single-source grant to Louden Tribal Council in Galena, AK, to rebuild tribal operations following a devastating flood and ice jams that occurred between May 17–June 11, 2013.

**SUMMARY:** The Administration for Children and Families (ACF), Administration for Native Americans (ANA) announces the award of an emergency single-source grant in the amount of $153,021 to the Louden Tribal Council in Galena, AK. The award will be made under ANA's program for Social and Economic Development Strategies.

**DATES:** The award will be issued for a project period of June 1, 2014 through September 29, 2015.

**FOR FURTHER INFORMATION CONTACT:** Carmelia Strickland, Director, Division of Program Operations, Administration for Native Americans, 370 L'Enfant Promenade SW., Washington, DC 20047. Telephone: 877–922–9262; Email: *Carmelia.strickland@acf.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** Award funds will assist the tribe to rebuild tribal operations following a devastating flood that occurred in the spring and summer of 2013. On June 25, President Barack Obama issued a major disaster declaration for the State of Alaska (FEMA–4122–DR). The need for the award is documented through the Federal Emergency Management Agency reports that are available at *http://www.fema.gov/disaster/4122.* Of the 204 homes in the village, all but 9 were damaged.

Galena is a rural Athabascan village that has a population of 794 located on the Yukon River and is 400 miles from the nearest road system. Galena Village's governing body is the Louden Tribal Council and tribal members represent 75 percent of the population of the city of Galena.

Award funds for the 16-month project will address tribal governance needs, including the refurbishment of four tribal program offices, recovery and rebuilding of tribal records and data files, and re-establishing tribal communications and networking capacity by providing for the assistance of professional IT services. The tribe seeks to return to optimal operational capacity to allow for the timely and efficient delivery of services to its tribal members.

**Statutory Authority:** This program is authorized under § 803(a) of the Native American Programs Act of 1974 (NAPA), 42 U.S.C. 2991b.

**Melody Wayland,**

*Senior Grants Policy Specialist, Division of Grants Policy, HHS/Administration for Children and Families.*

[FR Doc. 2014–17011 Filed 7–18–14; 8:45 am]

**BILLING CODE 4184–34–P**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**[C.F.D.A. Number: 93.568]**

**Notice of LIHEAP State Median Income Estimates for FFY 2015**

**AGENCY:** Office of Community Services, ACF, HHS.

**ACTION:** State Median Income Estimates for a Four-Person Household: Notice of the Federal Fiscal Year (FFY) 2015 State Median Income Estimates for Use in the Low Income Home Energy Assistance Program (LIHEAP).

**SUMMARY:** The Administration for Children and Families (ACF), Office of Community Services (OCS), Division of Energy Assistance (DEA) announces the estimated median income of four-person households in each state, the District of Columbia, and Puerto Rico for FFY 2015 (October 1, 2014, to September 30, 2015).

**DATES:** *Effective Date:* These estimates become effective at any time between the date of this publication and the later of (1) October 1, 2014; or (2) the beginning of a grantee's fiscal year.

**FOR FURTHER INFORMATION CONTACT:** Peter Edelman, Program Analyst, Office of Community Services, 5th Floor West, 370 L'Enfant Promenade SW., Washington, DC 20447. Telephone: 202–401–5292; Email: *peter.edelman@acf.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** This notice announces to grantees of the Low Income Home Energy Assistance Program (LIHEAP) the estimated median income of four-person households in each state, the District of Columbia, and Puerto Rico for FFY 2015 (October 1, 2014, to September 30, 2015). LIHEAP grantees that choose to base their income eligibility criteria on these state median income (SMI) estimates may adopt these estimates (up to 60 percent) on their date of publication in the **Federal Register** or on a later date as discussed in the ''Dates'' section. This enables grantees to implement this notice during the period between the heating and cooling seasons. However, by October 1, 2014, or the beginning of the grantee's fiscal year, whichever is later, such grantees must adjust their income eligibility criteria so that they are in accord with the FFY 2015 SMI.

Sixty percent of SMI for each LIHEAP grantee, as annually established by the Secretary of Health and Human Services, is one of the income criteria that LIHEAP grantees may use in determining a household's income eligibility for LIHEAP. The last time LIHEAP was authorized was by the Energy Policy Act of 2005, Public Law 109–58, which was enacted on August 8, 2005. This authorization expired on September 30, 2007, and reauthorization remains pending.

The SMI estimates in this notice are 3-year estimates derived from the American Community Survey (ACS) conducted by the U.S. Census Bureau, U.S. Department of Commerce (Census Bureau).

For additional information about the ACS state median income estimates, including the definition of income and the derivation of medians see *http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2012_ACSSubjectDefinitions.pdf* under ''Income in the Past 12 Months.'' For additional information about using the ACS 3-year estimates vs. using the 1-year or 5-year estimates, see *http://www.census.gov/acs/www/guidance_for_data_users/estimates/.* For additional information about the ACS in general, see *http://www.census.gov/acs/www/* or contact the Census Bureau's Social, Economic, and Housing Statistics Division at (301) 763–3243.

These SMI estimates, like those derived from any survey, are subject to two types of errors: (1) Non-sampling Error, which consists of random errors that increase the variability of the data

and non-random errors that consistently shift the data in a specific direction; and (2) Sampling Error, which consists of the error that arises from the use of probability sampling to create the sample. For additional information about the accuracy of the ACS SMI estimates, see *http://www.census.gov/acs/www/Downloads/data_documentation/Accuracy/MultiyearACSAccuracyofData2012.pdf.*

In the state-by-state listing of SMI and 60 percent of SMI for a four-person family for FFY 2015, LIHEAP grantees must regard ''family'' to be the equivalent of ''household'' with regards to setting their income eligibility criteria. This listing describes the method for adjusting SMI for households of different sizes, as specified in regulations applicable to LIHEAP (45 CFR 96.85(b)). These regulations were published in the **Federal Register** on March 3, 1988, (53 FR 6827) and amended on October 15, 1999 (64 FR 55858).

ESTIMATED STATE MEDIAN INCOME FOR FOUR-PERSON FAMILIES, BY STATE, FOR FEDERAL FISCAL YEAR (FFY) 2015

[For use in the Low Income Home Energy Assistance Program (LIHEAP)]

| States | Estimated state median income for four-person families [1] | 60 percent of estimated state median income for four-person families [2][3] |
|---|---|---|
| Alabama | $65,575 | $39,345 |
| Alaska | 89,082 | 53,449 |
| Arizona | 63,560 | 38,136 |
| Arkansas | 58,947 | 35,368 |
| California | 76,804 | 46,082 |
| Colorado | 85,182 | 51,109 |
| Connecticut | 104,214 | 62,528 |
| Delaware | 85,261 | 51,157 |
| District of Columbia | 100,408 | 60,245 |
| Florida | 65,166 | 39,100 |
| Georgia | 67,885 | 40,731 |
| Hawaii | 85,096 | 51,058 |
| Idaho | 62,088 | 37,253 |
| Illinois | 82,114 | 49,268 |
| Indiana | 71,057 | 42,634 |
| Iowa | 76,955 | 46,173 |
| Kansas | 75,582 | 45,349 |
| Kentucky | 67,026 | 40,216 |
| Louisiana | 69,514 | 41,708 |
| Maine | 77,344 | 46,406 |
| Maryland | 106,452 | 63,871 |
| Massachusetts | 104,545 | 62,727 |
| Michigan | 73,991 | 44,395 |
| Minnesota | 89,824 | 53,894 |
| Mississippi | 56,573 | 33,944 |
| Missouri | 71,915 | 43,149 |
| Montana | 69,557 | 41,734 |
| Nebraska | 74,905 | 44,943 |
| Nevada | 65,832 | 39,499 |
| New Hampshire | 97,547 | 58,528 |
| New Jersey | 105,497 | 63,298 |
| New Mexico | 58,215 | 34,929 |
| New York | 84,381 | 50,629 |
| North Carolina | 66,844 | 40,106 |
| North Dakota | 86,170 | 51,702 |
| Ohio | 75,188 | 45,113 |
| Oklahoma | 64,091 | 38,455 |
| Oregon | 68,929 | 41,357 |
| Pennsylvania | 81,802 | 49,081 |
| Rhode Island | 89,587 | 53,752 |
| South Carolina | 63,212 | 37,927 |
| South Dakota | 73,736 | 44,242 |
| Tennessee | 63,997 | 38,398 |
| Texas | 67,757 | 40,654 |
| Utah | 68,036 | 40,822 |
| Vermont | 81,615 | 48,969 |
| Virginia | 91,442 | 54,865 |
| Washington | 83,863 | 50,318 |
| West Virginia | 66,130 | 39,678 |
| Wisconsin | 80,612 | 48,367 |
| Wyoming | 76,526 | 45,916 |
| Puerto Rico | 28,861 | 17,317 |

[1] These figures were prepared by the U.S. Census Bureau, U.S. Department of Commerce (Census Bureau), from 3-year estimates from the 2010, 2011, and 2012 American Community Surveys (ACSs). These estimates, like those derived from any survey, are subject to two types of error: (1) Non-sampling Error, which consists of random errors that increase the variability of the data and non-random errors that consistently direct the data in a specific direction; and (2) Sampling Error, which consists of the error that arises from the use of probability sampling to create the sample.

[2] These figures were calculated by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Division of Energy Assistance by multiplying the estimated state median income for a four-person family for each state by 60 percent.

[3] To adjust for different sizes of households for LIHEAP purposes, 45 CFR 96.85 calls for multiplying 60 percent of a state's estimated median income for a four-person family by the following percentages: 52 percent for a one-person household, 68 percent for a two-person household, 84 percent for a three-person household, 100 percent for a four-person household, 116 percent for a five-person household, and 132 percent for a six-person household. For each additional household member above six people, 45 CFR 96.85 calls for adding 3 percentage points to the percentage for a six-person household (132 percent) and multiplying the new percentage by 60 percent of the median income for a four-person family.

**Note:** FFY 2015 covers the period of October 1, 2014, through September 30, 2015. The estimated median income for four-person families living in the United States for this period is $76,365. Grantees that use SMI for LIHEAP may, at their option, employ such estimates at any time between the date of this publication and the later of October 1, 2014 or the beginning of their fiscal year.

**Statutory Authority:** 45 CFR 96.85(b) and 42 U.S.C. 8624(b)(2)(B)(ii).

Dated: July 15, 2014.

**Jeannie L. Chaffin,**

*Director, Office of Community Services.*

[FR Doc. 2014–17063 Filed 7–18–14; 8:45 a.m.]

**BILLING CODE 4184–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**[Docket No. FDA–2013–N–1151]**

**Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Experimental Study of Direct-to-Consumer Promotion Directed at Adolescents**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Fax written comments on the collection of information by August 20, 2014.

**ADDRESSES:** To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–7285, or emailed to *oira_submission@omb.eop.gov.* All comments should be identified with the OMB control number 0910–NEW and title, ''Experimental Study of Direct-to-Consumer (DTC) Promotion Directed at Adolescents.'' Also include the FDA 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, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

**Experimental Study of Direct-to-Consumer (DTC) Promotion Directed at Adolescents—(OMB Control Number 0910—NEW)**

Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)) authorizes FDA to conduct research relating to health information. Section 1003(d)(2)(C) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 393(d)(2)(C) authorizes FDA to conduct research relating to drugs and other FDA regulated products in carrying out the provisions of the FD&C Act.

Sponsors for several prescription drug classes market their products directly to vulnerable groups, including adolescents. Such DTC marketing to adolescents raises a variety of potential concerns. Adolescents are a unique audience for DTC drug marketing because their cognitive abilities are different than those of adults, and they are usually dependent on adults for health insurance coverage, health care provider access, and prescription drug payment. Despite this uniqueness, research regarding how adolescents use risk and benefit information for health-related decisions is limited. If considered at all in healthcare communication research, age is typically treated as simply another segment of the audience (Ref. 1), and researchers fail to consider how *information processing* (how people understand information) in response to advertisement (ad) exposure might differ among adolescents versus older viewers.

The FD&C Act requires manufacturers, packers, and distributors that advertise prescription drugs to disclose certain information about a product's uses and risks to potential consumers in all advertisements.

Consumers must consider tradeoffs with regard to the product's risks and benefits in deciding whether to ask their health care professionals about the product. Presenting technically factual information is important, but other factors can also affect potential consumers. Information processing capacity, the relevance and vividness of the information, and contextual factors such as family dynamics likely affect how adolescent consumers weigh the potential risks and benefits of using a product.

Despite the lack of previous research specific to DTC drug marketing to adolescents, existing theoretical and empirical data make a strong case for treating adolescence as a unique life stage during which vulnerabilities that can affect informed decisionmaking must be taken into account. Well-known theories of adolescent development have long pointed to developmental changes that occur during the transitional period as an individual moves from childhood to young adulthood (Ref. 2). For instance, Erikson (Refs. 3, 4) describes an often turbulent psychosocial crisis that occurs as adolescents strive to develop their unique identity. Piaget (Refs. 5, 6) and Kohlberg (Ref. 7) describe changes in stages relative to cognitive processing and reasoning that occur in this period, as the adolescent becomes increasingly capable of more abstract thinking. Different cognitive, social and emotional, and developmental processes in the adolescent brain mature simultaneously and at different rates, affecting decisionmaking by age. All of these factors can influence how adolescents perceive and process information as well as weigh risks and benefits.

The need for understanding how adolescents weigh risks and benefits is particularly critical given the potential adverse events associated with use of the drug classes that are marketed directly to adolescents. Suicide and suicidal ideation has been associated with some of these classes, including a commonly used class of acne medications. The risk and benefit information needs to be clearly presented in ways that adolescents can understand. Interpretation of more