

Adolescent and School Health (DASH) under strategy 4 (School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men) of PS13–1308: *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. This information collection will provide data and reports for the three funded LEAs, and will allow each LEA to identify areas of the partnerships with CBOs and HWCs that are working well and other areas that will need additional improvement. In addition, the findings will allow CDC to determine the potential impact of currently recommended strategies and make changes to those recommendations if necessary.

This information collection system involves administration of a web-based questionnaire to no more than 60 total staff members who work for up to 60 CBOs and HWCs that are participating in the HIV/STD prevention project with the three LEAs (Broward County Public Schools in Broward County, Florida; Los Angeles Unified School District in

Los Angeles, California; and San Francisco Unified School District in San Francisco, California) funded by CDC cooperative agreement PS13–1308. These LEAs represent all funded LEAs under Strategy 4 of PS13–1308. The questionnaire will include questions on the following topics: Services offered by the organization and the organization's relationships with the school district and participating schools in the LEA.

The Web-based instrument will be administered in 2015 and again in 2016 and 2018. These data collection points coincide with the initiation of project activities, the mid-way point, and endpoint of the PS13–1308 cooperative agreement. Although some respondents may participate in the data collection in multiple years, this is not a longitudinal design and individual staff member responses will not be tracked across the years. No personally identifiable information will be collected and data will only be reported in the aggregate to protect the CBOs and HWCs being represented.

All respondents will receive informed consent forms prior to participation in the information collection. The consent form explains the study and also explains that participants may choose not to complete the Web-based questionnaire with no penalty and no impact on their job or relationship with 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. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TO RESPONDENTS

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

**Leroy A. Richardson,**  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–15–15DH]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy

of the information collection plan and instruments, call (404) 639–7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Division of Community Health (DCH) Awardee Training Needs Assessment—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) established the Division of Community Health (DCH) to support multi-sector, community-based programs that promote healthy living. To support these efforts, DCH announced two new cooperative agreement programs in 2014, as authorized by the Public Health Service

Act. Both programs will apply public health strategies to reduce tobacco use and exposure, improve nutrition, increase physical activity, and improve access to opportunities for chronic disease prevention, risk reduction, and management.

The Partnerships to Improve Community Health (PICH) program (Funding Opportunity Announcement (FOA) DP14-1417) will promote the use of evidence- and practice-based strategies to create or strengthen healthy environments that make it easier for people to make healthy choices and take charge of their health. The 39 PICH awardees include both state and local governmental agencies and nongovernmental organizations. Awardees will work through multi-sector community coalitions of businesses, schools, nonprofit organizations, and other community organizations. Projects will serve three types of geographic areas: Large cities and urban counties, small cities and counties, and American Indian tribes.

The new Racial and Ethnic Approaches to Community Health (REACH) cooperative agreement (FOA DP14-1419PPHF14) builds on previous REACH program activities that began in 1999 with a focus on racial and ethnic communities experiencing health disparities. The 49 new REACH awardees include local governmental agencies, community-based

nongovernmental organizations, tribes and tribal organizations, Urban Indian Health Programs, and tribal and intertribal consortia. Of these awardees, 17 are receiving funds for basic implementation activities, and 32 are receiving funds to immediately expand their scope of work to improve health and reduce health disparities. REACH is financed in part by the Prevention and Public Health Fund of the Affordable Care Act.

CDC proposes to collect information needed to assess and prioritize the training needs of PICH and REACH awardees and key collaborators. A DCH Training Needs Assessment survey will be conducted at two points in time: once near the beginning of the project period (approximately third quarter of 2015) and again in the second year of the project period (last quarter of 2016). The first administration of the survey will provide an initial assessment of awardee needs at program start-up. The second administration of the needs assessment will identify any new or modified training needs that arise as awardees progress in their cooperative agreement activities. Questions within the needs assessment focus on awardee preferences for training modalities as well as facilitators and barriers to training access.

Respondents will be staff members and coalition members associated with the 88 DCH awardees. Information will

be requested from four individuals affiliated with each award: The principal investigator or program manager, the lead evaluation staff member, the lead media/communications staff member, and a coalition member. The maximum number of respondents is 352 (88 awardees x 4 respondents/awardee). Because the REACH and PICH awards aim to promote collaborative, multi-sector efforts, respondents will be associated with both private sector entities and state, local, and tribal government entities.

The same survey instrument will be administered to all respondents, however the estimated burden per response varies according to the respondent's project role and responsibilities. Information will be collected using a Web-based platform. Data collection and management will be conducted by a contractor on behalf of CDC. A telephone interview option is available for respondents who prefer this mode of participation.

Findings will enable DCH to develop appropriate training activities that best support awardees' community efforts to fulfill their funded objectives.

OMB approval is requested for two years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 237.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response
<b>Private Sector Respondents Associated with PICH or REACH Awards:</b>			
Principal Investigator .....	24	1	50/60
Program Manager .....	23	1	50/60
Evaluation Lead .....	47	1	30/60
Media/Communication Lead .....	47	1	20/60
Coalition Member .....	88	1	1
<b>State/Local/Tribal Government Sector Respondents Associated with PICH or REACH Awards:</b>			
Principal Investigator .....	21	1	50/60
Program Manager .....	20	1	50/60
Evaluation Lead .....	41	1	30/60
Media/Communication Lead .....	41	1	20/60

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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 Special Interest Project (SIP) 15-004, Utilizing a Targeted Media Campaign and Community Health Workers to Increase Breast and Cervical Cancer Screening Among Muslim Women.

*Time and Date:* 11:00 a.m.–5:00 p.m., May 14, 2015 (Closed).

*Place:* Teleconference.