by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2012, the Centers for Disease Control and Prevention (CDC) launched the first federally funded, national mass media campaign to educate consumers about the adverse health consequences of tobacco use (the National Tobacco Prevention and Control Public Education Campaign, or ''The Campaign''). The Campaign continued in 2013 and 2014 with advertisements known as ''Tips From Former Smokers.'' Activities for Phase 3 of the campaign are ongoing. To assess the impact of The Campaign in Phases 1–3, CDC obtained OMB approval to conduct a series of longitudinal surveys for smokers and nonsmokers (OMB No. 0920–0923, exp. 3/31/2017).

New media activities for Phase 4 of The Campaign launched in March 2015. To support evaluation of Phase 4 of The Campaign, CDC plans to field 4 new waves of information collection. The surveys will be fielded in English and Spanish and will occur during late 2015 and throughout 2016. Once enrolled in the first wave of data collection, all participants will be re-contacted for follow-up.

The sample for the data collection will originate from two sources: (1) An online longitudinal cohort of smokers and nonsmokers, sampled randomly from postal mailing addresses in the United States (address-based sample, or ABS); and (2) the existing GfK KnowledgePanel, an established long-term online panel of U.S. adults. The ABS-sourced longitudinal cohort will consist of smokers and nonsmokers who have not previously participated in any established online panels to reduce potential panel conditioning bias from previous participation. The new cohort will be recruited by GfK, utilizing similar recruitment methods that are used in the recruitment of KnowledgePanel. The GfK KnowledgePanel will be used in combination with the new ABS-sourced cohort to support larger sample sizes that will allow for more in-depth subgroup analysis, which is a key objective for CDC. All online surveys, regardless of sample source, will be conducted via the GfK KnowledgePanel Web portal for self-administered surveys.

Information will be collected through Web surveys to be self-administered on computers in the respondent's home or in another convenient location. Information will be collected about smokers' and nonsmokers' awareness of and exposure to specific campaign advertisements; knowledge, attitudes, beliefs related to smoking and secondhand smoke; and other marketing exposure. The surveys will also measure behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to nonsmokers' encouragement of smokers to quit smoking, recommendations of cessation services, and attitudes about other tobacco and nicotine products.

It is important to evaluate The Campaign in a context that assesses the dynamic nature of tobacco product marketing and uptake of various tobacco products, particularly since these may affect successful cessation rates. Survey instruments may be updated to include new or revised items on relevant topics, including cigars, noncombustible tobacco products, and other emerging trends in tobacco use.

Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 15,584.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Population Adults Smokers and Nonsmokers, ages 18–54, in the United States.	Screening & Consent Questionnaire	25,000	1	5/60
	Smoker Survey (Wave A)	6,500	1	30/60
	Smoker Survey (Wave B)	4,000	1	30/60
	Smoker Survey (Wave C)	4,000	1	30/60
	Smoker Survey (Wave D)	4,000	1	30/60
	Nonsmoker Survey (Wave A)	2,500	1	30/60
	Nonsmoker Survey (Wave B)	2,000	1	30/60
	Nonsmoker Survey (Wave C)	2,000	1	30/60
	Nonsmoker Survey (Wave D)	2,000	1	30/60

Leroy 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. 2015–15831 Filed 6–26–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–15UX]

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.* 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

Surveillance Data Collections for Ebola Virus Disease in West Africa—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The outbreak of Ebola virus disease (EVD) in West Africa began March 10, 2014. The initial cases were from southern Guinea, near its rural border with Liberia and Sierra Leone. Highly mobile populations contributed to increasing waves of person-to-person transmission of EVD that occurred in multiple countries in West Africa. The Centers for Disease Control and Prevention (CDC) Emergency Operations Center (EOC) was activated on July 9, 2014, to help coordinate technical assistance and control activities and to deploy teams of public health experts to the affected countries. CDC established key public health surveillance and medical treatment objectives in collaboration with West African Ministries of Health, the World Health Organization (WHO), and other key partners.

CDC information collections for EVD case and contact surveillance were previously approved under ''2014 Emergency Response to Ebola in West Africa'' (OMB Control No. 0920–1033, expiration date 4/30/2015). The CDC used such expedited and emergency Paperwork Reduction Act (PRA) clearance procedures to initiate urgently needed information collections in affected countries. These procedures allowed the agency to accomplish its mission on many fronts to quickly prevent public harm, illness, and death from the uncontrolled spread of EVD. As new knowledge about potential routes of Ebola transmission was encountered during case surveillance activities, forms for sexual transmission were developed and are included as part of this information collection effort.

The main goal of this information collection request (ICR) is to receive and maintain Paperwork Reduction Act (PRA) clearance in advance of any Ebola outbreak in West Africa. The CDC seeks to gain a three-year approval to continue the current, and to initiate any new Ebola surveillance data collections without delay. Because it is impossible to predict when and where a new Ebola outbreak may occur, we estimate time burden based on population estimates of 21 countries in the West Africa region. Therefore, CDC provides data collection forms that will be readily available in English, French, Portuguese, and Arabic translations.

There are no costs to the respondents other than their time. The total annualized time burden requested is 428,750 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public	Viral Hemorrhagic Fever Case Investigation Short Form (English).	15,476	1	10/60
General Public	Viral Hemorrhagic Fever Case Investigation Short Form (French).	10,122	1	10/60
General Public	Viral Hemorrhagic Fever Case Investigation Short Form (Portuguese).	176	1	10/60
General Public	Viral Hemorrhagic Fever Case Investigation Short Form (Arabic).	1,226	1	10/60
General Public	Viral Hemorrhagic Fever Case Investigation Form (English)	1,720	1	20/60
General Public	Viral Hemorrhagic Fever Case Investigation Form (French)	1,125	1	20/60
General Public	Viral Hemorrhagic Fever Case Investigation Form (Portuguese).	19	1	20/60
General Public	Viral Hemorrhagic Fever Case Investigation Form (Arabic) ..	136	1	20/60
General Public	Viral Hemorrhagic Fever Contact Listing Form (English)	171,960	1	15/60
General Public	Viral Hemorrhagic Fever Contact Listing Form (French)	112,470	1	15/60
General Public	Viral Hemorrhagic Fever Contact Listing Form (Portuguese)	1,950	1	15/60
General Public	Viral Hemorrhagic Fever Contact Listing Form (Arabic)	13,620	1	15/60
General Public	Viral Hemorrhagic Fever Contact Tracing Follow-Up Form (English).	171,960	1	63/60
General Public	Viral Hemorrhagic Fever Contact Tracing Follow-Up Form (French).	112,470	1	63/60
General Public	Viral Hemorrhagic Fever Contact Tracing Follow-Up Form (Portuguese).	1,950	1	63/60
General Public	Viral Hemorrhagic Fever Contact Tracing Follow-Up Form (Arabic).	13,620	1	63/60
General Public	Ebola Virus Disease Case Contact Questionnaire (English)	171,960	1	5/60
General Public	Ebola Virus Disease Case Contact Questionnaire (French)	112,470	1	5/60
General Public	Ebola Virus Disease Case Contact Questionnaire (Portuguese).	1,950	1	5/60
General Public	Ebola Virus Disease Case Contact Questionnaire (Arabic) ..	13,620	1	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (English).	3,439	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (French).	2,249	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (Portuguese).	39	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (Arabic).	273	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (English).	2,455	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (French).	1,687	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (Portuguese).	29	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (Arabic).	204	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Investigation Questionnaire (Liberia).	52	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report (Sierra Leone).	73	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (English).	3,439	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (French).	2,249	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (Portuguese).	39	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (Arabic).	273	1	30/60

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. 2015–15832 Filed 6–26–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.568]

Reallotment of Federal Fiscal Year 2014 Funds for the Low Income Home Energy Assistance Program (LIHEAP)

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of determination concerning funds available for reallotment.

SUMMARY: Notice is hereby given of a preliminary determination that funds from the Federal Fiscal Year (FY) 2014 Low Income Home Energy Assistance Program (LIHEAP) are available for reallotment to states, territories, tribes, and tribal organizations that receive FY 2015 direct LIHEAP grants. No subgrantees or other entities may apply for these funds. Section 2607(b)(1) of the Low Income Home Energy Assistance Act (the Act), (42 U.S.C. 8626(b)(1)) requires that, if the Secretary of the U.S. Department of Health and Human Services (HHS) determines that, as of September 1 of any fiscal year, an amount in excess of 10 percent of the amount awarded to a grantee for that fiscal year (excluding Leveraging, REACH, and reallotted funds) will not be used by the grantee during that fiscal year, then the Secretary must notify the grantee and publish a notice in the **Federal Register** that such funds may be reallotted to LIHEAP grantees during the following fiscal year. If reallotted, the LIHEAP block grant allocation formula will be used to distribute the funds. No funds may be allotted to entities that are not direct LIHEAP grantees during FY 2015.

DATES: The comment period expires July 29, 2015.

FOR FURTHER INFORMATION CONTACT: Lauren Christopher, Director, Division of Energy Assistance, Office of Community Services, 370 L'Enfant Promenade SW., Washington, DC 20447; telephone (202) 401–4870; email: *lauren.christopher@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: It has been determined that $4,352,881 may be available for reallotment during FY 2015. This determination is based on carryover and reallotment reports from West Virginia; Pueblo of Laguna; Delaware Tribe of Indians; Colorado River Indian Tribes of the Colorado River Indian Reservation; Five Sandoval Indian Pueblos, Inc.; and Kodiak Area Native Association, which were submitted to the Office of Community Services (OCS) as required by regulations applicable to LIHEAP at 45 CFR 96.82.

The statute allows grantees who have funds unobligated at the end of the fiscal year for which they are awarded to request that they be allowed to carry over up to 10 percent of their allotments to the next fiscal year. Funds in excess of this amount must be returned to HHS and are subject to reallotment under section 2607(b)(1) of the Act (42 U.S.C. 8626(b)(1)). The amount described in this notice was reported as unobligated FY 2014 funds in excess of the amount that these grantees could carry over to FY 2015.

OCS notified each of the grantees and confirmed that the FY 2014 funds indicated in the chart may be reallotted. In accordance with section 2607(b)(3) of the Act (42 U.S.C. 8626(b)(3)), comments will be accepted for a period of 30 days from the date of publication