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

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery—NEW—Centers for Disease Control and Prevention (CDC).

As part of a Federal Government-wide effort to streamline the process to seek feedback from the public on service delivery, the CDC has submitted a Generic Information Collection Request (Generic ICR): ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery '' to OMB for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et. seq*.).

To request additional information, please contact Leroy A. Richardson, Centers for Disease Control and Prevention, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

Abstract: The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: the target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

The Agency received no comments in response to the 60-day notice published in the **Federal Register** on April 30, 2014 (79 FR 24432).

This is a new collection of information. Respondents will be screened and selected from Individuals and Households, Businesses, Organizations, and/or State, Local or Tribal Government. Below we provide CDC's projected annualized estimate for the next three years. There is no cost to respondents other than their time. The estimated annualized burden hours for this data collection activity are 3,850.

ESTIMATED ANNUAL REPORTING BURDEN

Type of Collection	Number of respondents	Annual frequency per response	Hours per response
Online Surveys	1,500	1	30/60
Focus Groups	800	1	2
In-person Surveys	1,000	1	30/60
Usability testing	1,500	1	30/60
Customer comment cards	1,000	1	15/60

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. 2014–28192 Filed 11–28–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–0765]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call Daniel Holcomb., the CDC Reports Clearance Officer, at (404) 639–5960 or send an email to *omb@cdc.gov.* Send written comments to 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.

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

Proposed Project

Fellowship Management System, OMB No. 0920–0765, expires 02/28/2015—Revision—Division of Scientific Education and Professional Development (DSEPD), Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Office of Public Health Scientific Services (OPHSS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Scientific Education and Professional Development (DSEPD) requests an additional three years to continue CDC's use of the Fellowship Management System (FMS) for its electronic application, host site, and directory processes that allow individuals to apply to fellowships online, allow public health agencies to submit fellowship assignment proposals online, and track applicant and alumni information.

FMS was established to support making revisions to questions and instructions to accurately reflect evolving fellowship eligibility requirements, provide clarification of existing questions, and accommodate changing needs of the fellowship programs. This information collection request is a request for revisions to the current FMS. Revisions include features added that support the electronic submission (via file upload features) of transcripts and letters of recommendation in lieu of postal delivery; selected questions refined and new questions added to align with current fellowship eligibility requirements; and wordings of questions and instructions clarified in response to user feedback from current fellows, host sites, and alumni.

The mission of DSEPD is to improve health outcomes through a competent, sustainable, and empowered public health workforce. Professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related professionals seek opportunities, through CDC fellowships, to broaden their knowledge, skills, and experience to improve the science and practice of public health. CDC fellows are assigned to state, tribal, local, and territorial public health agencies; federal government agencies, including CDC and HHS operational divisions, such as Centers for Medicare & Medicaid Services; and to nongovernmental organizations, including academic institutions, tribal organizations, and private public health organizations.

FMS provides an efficient and effective electronic mechanism for collecting and processing fellowship application data and fellowship host site assignment proposals; selecting qualified candidates; matching selected fellowship host site assignments with applicants; maintaining a current alumni database; generating reports; and documenting the impact of fellowships on alumni careers. FMS optimizes CDC's ability to provide continuous fellowship service delivery that builds and sustains public health capacity and helps to save lives and protect people from health threats. This proposed revision allows CDC to continue to use standardized electronic tools for streamlined collection of fellowship applications and fellowship assignment proposals, in the process collecting alumni information that will be used to document the impact of public health fellowships on career paths and on the science and practice of public health.

This request reflects a change in burden due to evolving fellowship requirements, increases in nonfederal respondents, and increases in information voluntarily submitted. The respondent types and burden hours for each data collection included in this request are limited to nonfederal applicants, alumni, and employees of public health agencies. The Preventive Medicine Residency and Fellowship (PMR/F) changed its program eligibility; applications for PMR/F are limited to only current CDC employees while host sites are limited to only nonfederal public health agencies. This request also reflects the elimination of the all data collections for two discontinued fellowships: The Public Health Prevention Service and The CDC Experience Applied Epidemiology Fellowship programs. Decreased burden associated with discontinuation of information collection from these fellowships is offset by increases in the number of respondents across all data collections, and increases in information submitted voluntarily by applicants in the past year when compared to amount of information submitted in previous years.

The annual burden table has been updated to reflect the number of respondents from non-federal fellowship applicants, public health agencies, and fellowship alumni.

There is no cost to respondents other than their time. The total estimated annual burden hours are 4,390.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Fellowship applicants	FMS Application Module	1,961	1	105/60
Fellowship alumni *	FMS Alumni Directory	1,382	1	15/60
Public Health Agency or Organization Staff	FMS Host Site Module	408	1	90/60

* Some alumni are deceased or cannot be located. Response burden assumes response from an individual responding alumnus, on average, every 3 years (which is likely an overestimate of frequency).

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. 2014–28193 Filed 11–28–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Fee Schedule for Reference Biological Standards and Biological Preparations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: General notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces that HHS/CDC has reviewed and updated its fee schedule for reference biological standards and biological preparations required by OMB Circular A–25, User Charges. This notice also announces current contact information to obtain information on the availability of these products and the fees for these products.

DATES: These fees are effective January 2, 2015.

FOR FURTHER INFORMATION CONTACT: To obtain information on the current inventory of reference biological standards and biological preparations and the current fee schedule, please contact the Division of Scientific Resources, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop C–17, Atlanta, Georgia 30329; telephone 404–639–3466. Someone will be available to answer your inquiry between 8:00 a.m. and 4:30 p.m. Eastern Time, Monday through Friday, except on Federal holidays.

SUPPLEMENTARY INFORMATION: On July 22, 2013 HHS/CDC published a Direct Final Rule (DFR) titled ''Distribution of Reference Biological Standards and Biological Preparations (78 FR 43817). In the DFR, HHS/CDC updated the agency name, location, and contact information for persons interested in obtaining reference biological standards and biological preparations.

On August 5, 2013, HHS/CDC published a General Notice (78 FR 47319) to inform the public that HHS/CDC has reviewed and updated its fee schedule per the requirements in OMB Circular A–25 (User Charges) and to provide contact information to obtain a current inventory of products and an up-to-date fee schedule of charges (see **FOR FURTHER INFORMATION CONTACT**).

OMB Circular A–25 (User Charges) requires that agencies review user charges for agency programs every two years. This review should include any adjustment to reflect changes in costs or market value. HHS/CDC has conducted a review of the fees charged for reference biological standards and biological preparations. Based on this review, some reagents are being removed from our inventory because they are obsolete. No prices have increased or decreased at this time.

HHS/CDC prepares reference biological standards and biological preparations under the authority of 42 CFR Part 7. These regulations describe how private entities may obtain reference biological standards and biological preparations from HHS/CDC and how charges for these standards and preparations are determined. Persons interested in these products should contact the Division of Scientific Resources, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop C–17, Atlanta, Georgia 30329; telephone 404–639–3466, for the current inventory and fee schedule. Due to the changing inventory of the unique biological standards or biological preparations, some of which are prepared only upon request, it is best to contact HHS/CDC to determine the availability of a particular product.

Dated: November 25, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2014–28226 Filed 11–28–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 79 FR 32739–32740, dated June 7, 2014) is amended to reflect the reorganization of the National Center for Immunization and Respiratory Diseases.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and the mission and function statements for the Immunization Services Division (CVGB) and insert the following:

Immunization Services Division (CVGB). The Immunization Services Division (ISD) protects individuals and communities from vaccine-preventable diseases through provision of federal funds and contracts to purchase and distribute vaccine, provision of technical and financial support of immunization programs, provider and public education, and evaluation and research.

Office of the Director (CVGB1). (1) Coordinates the division's program, policy, scientific activities and provides leadership for domestic programmatic activities; (2) links strategies and priorities of the primarily program-focused ISD branches with other NCIRD divisions working in the area of domestic immunizations and vaccine-preventable diseases; (3) facilitates development and ongoing implementation of vaccine coverage surveillance, health services and economic research, and program evaluation across the ISD branches; (4) interfaces with other CDC CIOs working in the area of immunizations and vaccine preventable diseases; (5) provides guidance for the protection of research subjects, OMB/PRA compliance, and scientific review and clearance of manuscripts and other written materials produced by ISD branches; (6) provides leadership for domestic adult immunizations in the ISD; (7) provides leadership across the branches with respect to linking preparedness and response elements to the overall influenza prevention and control strategy, and interfaces with other parts of CDC with this strategy; (8) represents ISD in other preparedness activities with vaccines as countermeasures; (9) in close coordination with NCIRD's Office of Policy, provides policy support to the ISD; (10) as appropriate, works through the NCIRD Office of Policy to serve as liaison to other policy offices, other government agencies, and external partners on policy, program, legislative, and budgetary issues related to ISD; (11) conducts policy analysis; (12) advises ISD leadership on policy and partnership issues and supports Center efforts in the management of Congressional and government relations; (13) manages cross-cutting policy issues within ISD and, as appropriate, with other policy offices within the Center and CDC; (14)