performance and ensure that it will be able to take timely action should that performance be deficient.

**B. Annual Reporting Burden**

Based on current research, the number of respondents and estimated average response time per respondent for GSA form 308 is adjusted to more accurately reflect current review and response times. This adjustment also affects the total number of estimated hours, the estimated annualized cost to the public, and the estimated annualized cost to the government.

*Respondents:* 4,604.
*Responses per Respondent:* 24.
*Total Responses:* 110,496
*Hours per Response:* .17.
*Total Burden Hours:* 18,785.

**C. Public Comments**

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate and based on valid assumptions and methodology; and ways to enhance the quality, utility, and clarity of the information to be collected.

*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20406, telephone 202–501–4755. Please cite OMB Control No. 3090–0027, Contract Administration, Quality Assurance (GSA Forms 1678 and 308), in all correspondence.

Dated: June 11, 2015.

**Jeffrey A. Koses,**

*Director, Office of Acquisition Policy, Office of Government-wide Policy.*

[FR Doc. 2015–14722 Filed 6–15–15; 8:45 am]

**BILLING CODE 6820–61–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Board of Scientific Counselors, National Center for Injury Prevention and Control, (BSC, NCIPC)

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, the following meeting of the aforementioned committee:

*Times and Dates:*
8:30 a.m.–5:00 p.m., July 15, 2015 (OPEN)
8:30 a.m.–5:00 p.m., July 16, 2015 (CLOSED)

*Place:* Centers for Disease Control and Prevention, 4770 Buford Highway, Chamblee Campus, Building 106, Conference Room 1–B, Atlanta, GA 30341

*Status:* Portions of the meeting as designated above 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.

*Purpose:* The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as it relates to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals. The board shall provide guidance on the National Center of Injury Prevention and Control's programs and research activities by conducting scientific peer review of intramural research and programs within the National Center for Injury Prevention and Control; by ensuring adherence to Office of Management and Budget requirements for intramural peer review; and by monitoring the overall direction, focus, and success of the National Center for Injury Prevention and Control.

*Matters for Discussion:* The BSC, NCIPC will discuss, research strategies needed to guide the Center's focus, updates on the current research portfolio review and the Pediatric mild-Traumatic Injury Workgroup. There will be 15 minutes allotted for public comments at the end of the open session.

On the second day of the meeting, the BSC, NCIPC will meet to conduct a Secondary Peer Review of extramural research grant applications received in response to five (5) Funding Opportunity Announcements (FOAs): CE15–001, Research Grants for Preventing Violence and Violence Related Injury (R01) Documents; CE15–002, The CDC National Centers of Excellence in Youth Violence Prevention Cycle 1; CE15–003, Evaluating Structural, Economic, Environmental, or Policy Primary Prevention Strategies for Intimate Partner Violence and Sexual Violence; CE15–004, Evaluating Innovative and Promising Strategies to Prevent Suicide among Middle-Aged Men; and CE15–005, Research to Evaluate the CDC Heads Up Initiative in Youth Sports. Applications will be assessed as they relate to the Center's mission and programmatic balance. Recommendations from the secondary review will be voted upon and the application will be forwarded to the Center Director for consideration for funding support.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science and Designated Federal Official, NCIPC, CDC, 4770 Buford Highway, NE., Mailstop F–63, Atlanta, GA 30341, Telephone (770) 488–1430.

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.

**Claudette Grant,**

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

[FR Doc. 2015–14750 Filed 6–15–15; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–15–15AMG; Docket No. CDC–2015–0040]**

### Proposed Data Collection Submitted for Public Comment and Recommendations

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the FoodNet Population Survey which is a telephone-based survey to gather information to estimate the total number of acute diarrheal illnesses in the U.S. and assess the frequency of exposures commonly associated with foodborne illness.

**DATES:** Written comments must be received on or before August 17, 2015.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2015–0040 by any of the following methods:

• *Federal eRulemaking Portal: Regulation.gov.* Follow the instructions for submitting comments.

• *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to Regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to Regulations.gov.

**Please note:** All public comment should be submitted through the Federal eRulemaking portal (*Regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov.*

**SUPPLEMENTARY INFORMATION:**

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited 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) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

FoodNet Population Survey—Existing Collection In Use Without an OMB Control Number—National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Foodborne illnesses represent a significant public health burden in the United States. It is estimated that each year, 48 million Americans (1 in 6) become ill, 128,000 are hospitalized, and 3,000 die as the result of a foodborne illness. Since 1996, the Foodborne Diseases Active Surveillance Network (FoodNet) has conducted active population-based surveillance for *Campylobacter, Cryptosporidium, Cyclospora, Listeria, Salmonella,* Shiga toxin-producing *Escherichia coli* O157 and non-O157, *Shigella, Vibrio,* and *Yersinia* infections. Data from FoodNet serves as the nation's ''report card'' on food safety by monitoring progress toward CDC Healthy People 2020 objectives.

Evaluation of efforts to control foodborne illnesses can only be done effectively if there is an accurate estimate of the total number of illness that occur and if these estimates are recalculated and monitored over time. Estimates of the total burden start with accurate and reliable estimates of the number of acute gastrointestinal illness episodes that occur in the general community. To more precisely estimate this and to describe the frequency of important exposures associated with illness, FoodNet created the Population Survey.

The FoodNet Population Survey is a survey of persons residing in the surveillance area. Data are collected on the prevalence and severity of acute gastrointestinal illness in the general population, describe common symptoms associated with diarrhea, and determine the proportion of persons with diarrhea who seek medical care. The survey also collects data on exposures (*e.g.* food, water, animal contact) commonly associated with foodborne illness. Information about food exposures in the general public has proved invaluable during outbreak investigations. The ability to compare exposures reported by outbreak cases to the 'background' exposure in the general population allows investigators to more quickly pinpoint a source and enact control measures.

To date, five 12-month cycles of the survey have been completed: 1996–1997, 1998–1999, 2000–2001, 2002–2003, and 2006–2007. Data has been shared with participating state health departments and multiple programs at CDC, is available to the public through a summary report posted to the FoodNet Web site, and also available via individual data requests. More than two dozen manuscripts highlighting population survey data have been published.

CDC seeks approval for an OMB Control number to continue this important work. There is no cost to the respondents other than their time.

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.) |
|---|---|---|---|---|---|
| U.S. General Population | Population Survey | 18,000 | 1 | 20/60 | 6,000 |
| Total | | | | | 6,000 |

**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. 2015–14709 Filed 6–15–15; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Healthcare Infection Control Practices Advisory Committee (HICPAC)

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) announce the following meeting for the aforementioned committee:

*Times and Dates:*

9:00 a.m.–5:00 p.m., July 16, 2015
9:00 a.m.–12:00 p.m., July 17, 2015

*Place:* CDC, 1600 Clifton Rd., Global Communications Center, Building 19, Auditorium B, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available. Please register for the meeting at *www.cdc.gov/hicpac.*

*Purpose:* The Committee is charged with providing advice and guidance to the Director, Division of Healthcare Quality Promotion, the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), the Director, CDC, and the Secretary, Health and Human Services regarding (1) the practice of healthcare infection prevention and control; (2) strategies for surveillance, prevention, and control of infections, antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of CDC guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

*Matters for Discussion:* The agenda will include updates on CDC's activities for prevention and control of healthcare associated infections (HAIs), updates on hospital antimicrobial stewardship activities, an update on Draft Guideline to Prevent Surgical Site Infections, infection control practice improvements, and environmental infection control.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Erin Stone, M.S., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, l600 Clifton Road NE., Mailstop A–07, Atlanta, Georgia 30333 Telephone (404) 639–4045. Email: *hicpac@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 CDC and the Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

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

[FR Doc. 2015–14751 Filed 6–15–15; 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 80 FR 30076, dated May 26, 2015) is amended to reflect the reorganization of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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 *National Personal Protective Technology Laboratory (CCL)* and insert the following:

*The National Personal Protective Technology (NPPTL) (CCL)* prevents work-related injury, illness and death by advancing the state of knowledge and application of personal protective technologies (PPT) including instrumentation, respiratory protective devices (RPD), and a diversity of personal protective equipment (PPE) used for the protection of American workers. To accomplish this mission, NPPTL leads and coordinates the National Institute for Occupational Safety and Health's (NIOSH) programs, projects, and policies related to PPT across the Institute. NPPTL: (1) Identifies the need for research, conducts and coordinates research to support the development of new technologies, performance, quality and reliability standards, Federal regulations, safety and health criteria, and Institute policy; (2) conducts a variety of laboratory and field investigations relating to the development and evaluation of innovative technologies; (3) directs, implements, and provides national guidance related to conformity assessment programs and functions (*e.g.* inspection, testing, certification, quality assurance, surveillance); (4) provides national leadership serving on national and international PPT consensus standard setting committees; (5) develops and promulgates standards and regulations; (6) produces and disseminates scientific reports and national guidance documents including research, laboratory and field studies, safety and health investigations, scientific criteria, and national guidance; (7) designs and implements information technology functions including national or program databases, trusted sources for public information and social marketing; and (8) coordinates program support functions including budget, facilities, growth initiatives, and communications, and scientific support functions such as Committee on Personal Protective Equipment and Institute of Medicine evaluations, special projects, non-respiratory PPE conformity assessment, and federal and consensus standards across NIOSH.

*Research Branch (CCLE).* (1) Conducts hypothesis testing-based PPT research with an emphasis on respiratory protection, protective clothing, and ensemble research; (2) encourages and conducts research related to innovative technologies to improve the use and usability of existing and new PPT products; (3) conducts laboratory and field research projects to measure performance, quality, reliability, and efficacy of the materials, components, and sub-systems used in PPT as well as complete equipment systems, especially for new or emerging hazards, and recommends criteria to improve the selection, care, maintenance, and use of PPT; (4) investigates emerging hazards and personal exposures to identify worker PPT needs and technology gaps; (5) conducts research to identify and recommend effective integration strategies and evidence-based test methods for PPT for use in PPT standards; (6) recommends performance, quality, reliability, and efficacy criteria; (7) studies and improves human/technology interfaces to better understand and mitigate barriers to effective PPT selection, care, maintenance, and use; (8) conducts laboratory and field-based research into the biomechanical, physiological, and psychological stressors and worker responses to PPT; (9) conducts research, developing interventions, and identifies innovative methods (*e.g.,* new software tools, information technology, social marketing, training methods, practices,