

function as a communication tool used by many Americans on a day-to-day basis for connecting with friends and strengthening social networks in order to enhance individuals' ability to be prepared for disasters. The app should integrate the concepts of disaster preparedness and community resilience into an app that better prepares individuals for disasters, thereby strengthening national health security—a key priority for HHS. More information about these priority areas can be found at: <http://www.phe.gov>.

Entrants are required to develop an app that enables a Facebook user to invite three Facebook friends to become 'Lifelines,' or points of contact who agree to act as a source of support during disasters. Entrants are encouraged to creatively leverage Facebook's existing networking and geo-locating capabilities to enhance the app's ability to increase personal preparedness, locate potential disaster victims, and streamline information sharing among social networks during disasters.

**Eligibility rules for participating in the competition:** To be eligible to win a prize under this challenge, an individual or entity shall have complied with all requirements under this section titled Eligibility Rules for Participating:

(1) Shall have registered to participate in the competition under the rules promulgated by the Office of the Assistant Secretary for Preparedness and Response;

(2) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States; and

(3) May not be a Federal entity or Federal employee acting within the scope of their employment.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

To be eligible to win a prize under this challenge, registered participants shall be required to sign a liability release in which they agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from

their participation in a competition, whether the injury, death, damage, or loss arises through negligence or otherwise.

As part of the registration process, registered participants shall agree to obtain liability insurance or demonstrate financial responsibility at the time of their entry, in amounts determined by the head of the Office of the Assistant Secretary for Preparedness and, for claims by—

(1) A third party for death, bodily injury, or property damage, or loss resulting from an activity carried out in connection with participation in a competition, with the Federal Government named as an additional insured under the registered participant's insurance policy and registered participants agreeing to indemnify the Federal Government against third party claims for damages arising from or related to competition activities;

(2) The Federal Government for damage or loss to Government property resulting from such an activity.

(3) As a condition for eligibility, participants will be required to sign an indemnification agreement as a part of the contest registration process, agreeing to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

All participants are required to provide written consent to the eligibility rules in this section upon or before submitting an entry. Instructions for providing written consent will be provided during the registration process.

Dates:

- Submission Period for Initial Entries Begins: 12:01 a.m., EDT, August 15th, 2011.

- Submission Period for Initial Entries Ends: 11:59 p.m., EDT, September 15th, 2011.

**Registration process for participants:**

To register for this challenge participants should:

- Access the <http://www.challenge.gov> Web site and search for the "Lifeline Facebook App Challenge".

- For more information on ASPR, visit:

- <http://www.phe.gov>

**Amount of the prize:**

- First prize will receive \$10,000.
- Second prize \$5,000.
- Third prize \$1,000.

**Basis upon which winner will be selected:**

The judging panel will make selections based upon the criteria found in the challenge at <http://www.challenge.gov>

[www.challenge.gov](http://www.challenge.gov) which will post shortly.

## Additional Information

### *Intellectual property:*

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.

### *License:*

Each entrant retains title and full ownership in and to their submission. Entrant expressly reserves all intellectual property rights not expressly granted under this agreement. By participating in the Challenge, each entrant hereby irrevocably grants to the Federal Government (including HHS) a limited, non-exclusive, royalty free, worldwide license and right to use the Submission to the extent necessary to administer the Challenge, and to publicly perform and publicly display the Submission, including without limitation, for advertising and promotional purposes relating to the Challenge.

### *Team entries:*

By submitting a technology product as an entry in response to this Challenge, each team and each team member represents and warrants that,

(a) The technology product, through its creation and its submission as an entry, does not violate any applicable laws.

(b) The technology product, through its creation and its submission as an entry, does not infringe upon or violate intellectual property rights held by any third person or party.

(c) The technology product be section 508 compliant.

**Authority:** 15 U.S.C. 3719.

Dated: August 4, 2011.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response (ASPR).*

[FR Doc. 2011-20296 Filed 8-8-11; 11:15 am]

**BILLING CODE 4150-37-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notification of Single Source Cooperative Agreement Award for the Pasteur Foundation

**AGENCY:** Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Policy and Planning (OPP).

**ACTION:** Notification of Single Source Cooperative Agreement Award for the Pasteur Foundation for Building and Strengthening Core Capacities for Influenza Preparedness and Response in Support of International Health Regulations (2005) Implementation in Selected Countries in Sub-Saharan Africa and Southeast Asia. CFDA#: 93.019

**STATUTORY AUTHORITY:** Sections 301, 307, 1701 and 2811 of the Public Health Service Act, 42 U.S.C. 241, 242l, 300u, 300hh–10.

**AMOUNT OF SINGLE SOURCE AWARD:** \$1,800,000.

**PROJECT PERIOD:** September 30, 2011 to September 29, 2014.

**SUMMARY:** In FY2011, HHS/ASPR/OPP plans to provide a Single Source Cooperative Agreement Award to the Pasteur Foundation to build and strengthen core capacities for influenza preparedness and response in support of International Health Regulations (2005) implementation in Sub-Saharan Africa and Southeast Asia.

ASPR, in close coordination with the HHS Centers for Disease Control and Prevention (CDC), will collaborate with the Pasteur Institute and Pasteur Institute affiliates in Cameroon, Central African Republic, and Senegal in Africa, and Cambodia in Asia to develop and implement activities for preparedness and response for pandemic influenza with applicability to other emerging respiratory infections and public health threats in general. The project will focus on building upon existing routine health systems to further develop IHR (2005) core capacities including communication (IHR National Focal Point communication), workforce development, and surveillance and laboratory diagnostics. This work will be performed in the context of Article 44 of the IHR (2005), which directs State Parties to collaborate with each other to detect, assess, and respond to events, and to develop, strengthen, and maintain core public health capacities for surveillance and response.

#### Single Source Justification

In the recent past, ASPR and Pasteur Institute collaborated on developing epidemiological surveillance capacity for influenza-like illness (ILI) in five countries in Africa and three countries in Asia as the basis for developing the capacities to detect influenza viruses with epidemic or pandemic potential. As a result of this project and the collaboration with other international partners, eighty surveillance sites were established among the eight countries,

the laboratories in Cameroon and Cambodia became National Reference Laboratories for avian influenza, and all eight laboratories in the host-countries became WHO National Influenza Centers.

In Southeast Asia, the International Network of Pasteur Institutes is strategically positioned to study the natural history of Highly Pathogenic Avian Influenza (HPAI H5N1). Cambodia and its affiliated Pasteur Institute are important partners in the region that can act as a hub for training and sharing of technical expertise as its National Influenza Center can identify and isolate HPAI H5N1 strains and has experience in Influenza-Like Illness (ILI) and Severe Acute Respiratory Infections (SARI) surveillance.

In Sub-Saharan Africa, Cameroon has built a surveillance system and the *Centre Pasteur of Cameroun* under the Ministry of Health has been designated by WHO as a National Influenza Center. Moreover, the *Centre Pasteur du Cameroun* is also the National IHR Focal Point, making it a key partner for IHR (2005) implementation. The Pasteur Institute of Bangui in the Central African Republic (CAR) is recognized by WHO as a National Influenza Center. This is the only organization capable of performing influenza diagnostics in the country, which was able to detect the first case of H1N1 in 2010. This recognition will be leveraged to further strengthen and interlink the current surveillance network for highly pathogenic avian influenza H5N1. A solid partnership between Cameroon and CAR is particularly important as this is a region in Sub-Saharan Africa where the virus has been detected. In Senegal, the Pasteur Institute of Dakar has set up the influenza surveillance sentinel system, is reporting to the Ministry of Health, and is hosting the National Influenza Center. Senegal has a leading role in the West African region on influenza, and with its involvement in regional CDC's Field Epidemiology Training Program, could become an important leader with regard to IHR (2005) implementation. In addition, Senegal is the one of the two countries in Africa that currently has the potential to develop influenza vaccine manufacturing technology in the short-to medium-term, if supported by international partners, including ASPR.

In making this award, ASPR will capitalize on the Pasteur Institute International Network and its access to francophone countries in Africa and with a strong French influence in Asia. Based on the lessons learned from previous collaborations, this new investment will allow HHS to contribute

to build international capacity in collaboration with a prestigious international partner by sharing experiences, strategies, and best practices, and other technical resources in helping developing countries improve their capabilities for pandemic influenza and implement IHR core capacities.

In summary, the Pasteur Institute's strong collaborative relationships with foreign governments, programmatic support, and familiarity with host-country involvement in influenza preparedness will be critical for the viability of this cooperative agreement. This collaboration will support HHS efforts to continue building capacity abroad with the ultimate intent of detecting, stopping, slowing or otherwise limiting the spread of a pandemic to the United States, ultimately enhancing the health security of the American population.

**ADDITIONAL INFORMATION:** The agency program contact is Dr. Maria Julia Marinissen, who can be contacted at 202-205-4214 or [Maria.Marinissen@hhs.gov](mailto:Maria.Marinissen@hhs.gov).

Dated: August 5, 2011.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

[FR Doc. 2011-20312 Filed 8-9-11; 8:45 am]

**BILLING CODE 4150-37-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-11-11JQ]

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

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including