localized, clinically recurrent prostate cancer after failure of primary external beam radiation therapy.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm.* Scroll down to the appropriate advisory committee meeting link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before September 16, 2014. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before September 8, 2014. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by September 11, 2014.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact James Clark at *James.Clark@fda.hhs.gov,* or 301–796–5293 at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: August 1, 2014.

Jill Hartzler Warner,

Associate Commissioner for Special Medical Programs.

[FR Doc. 2014–18616 Filed 8–5–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than October 6, 2014.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Information/Referral and Professional Training Surveys

(OMB No. 0915–xxxx)—[New]

Abstract: These surveys are designed to collect information from recipients of information/referral services and professional training provided by the following two HRSA-funded programs: (1) Traumatic Brain Injury (TBI) State Implementation Partnership Grants and (2) Protection and Advocacy for TBI Grants. Additionally, grant recipients administering these surveys will submit a summary report aggregating the responses from these two surveys.

The authority for this program is the Public Health Service Act, Title XII, Section 1252, as amended (42 U.S.C. 300d–52). Per the authorizing legislation, the intent of these programs is to improve access to rehabilitation and other services regarding traumatic brain injury. The HRSA State Implementation Partnership Grants and State Protection and Advocacy Grants support this charge by providing information to individuals with TBI and their families about TBI, and making referrals to local providers equipped to meet the unique needs of each survivor. Additionally, these grant programs train providers in various settings to identify and effectively serve individuals with TBI and their families.

Individuals with TBI present with a host of different symptoms, which exist with varying levels of severity. Comprehensive, appropriate care often requires a variety of services such as physical rehabilitation, speech rehabilitation, cognitive rehabilitation, special education accommodations, vocational skills coaching, and independent living skills training. These services are often located across many state/local agencies and providers. For this reason, individuals with TBI and their family members often have difficulty identifying local providers with the skills and expertise to deliver services that will promote recovery and maximize independence.

Need and Proposed Use of the Information: HRSA proposes that the data collection surveys be administered by grant recipients to individuals with TBI, their family members, and professional providers for two categories of activities—information/referral services and professional training. These surveys were developed to capture the following: (1) The effectiveness of information and referral services provided to individuals with TBI and their family members, and (2) the effectiveness of training about TBI for professionals who may encounter

individuals with TBI in their work roles. In addition to providing uniform data across these grant programs, the data will help determine what efforts might improve outreach and provision of services for future projects. Grantees will report the data to HRSA in an annual summary report.

Likely Respondents: Individuals with TBI, their family members, and professional providers in various settings will be the likely respondents for these surveys. Recipients of both the State Implementation Partnership Grants and the Protection and Advocacy Grants programs will be the respondents for the summary report.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. 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. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
INITIAL Survey for Individuals with TBI and/or their Family Members Receiving Information and Referral Services from Grant Recipients	7850	1	7850	0.25	1963
FOLLOW-UP Survey for Individuals with TBI and/or their Family Members receiving Information and Referral Services from Grant Recipients	3925	1	3925	0.25	981
INITIAL Survey for Participants in Training Sessions provided by Grant Recipients	13370	1	13370	0.25	3343
FOLLOW-UP Survey for Participants in Training Sessions Provided by Grant Recipients	6685	1	6685	0.25	1671
Summary Report from Grant Recipients	77	1	77	16	1232
Total	31,907		31,907		9190

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: July 28, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18551 Filed 8–5–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Area Health Education Centers (AHEC) Program: Request for Single-Case Deviation

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Exception from Competition Requirements to Extend Duration of Grant for Remaining Project Period.

SUMMARY: The Health Resources and Services Administration (HRSA)'s Bureau of Health Workforce is issuing a single-case deviation from competition requirements for the Virginia Health Workforce Development Authority (VHWDA) Area Health Education Center (AHEC) Point of Service Maintenance and Enhancement (POSME) Award (Grant #U77HP26289) to extend the duration of the grant, through August 31, 2017.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Virginia Health Workforce Development Authority (VHWDA).

Amount of Funding Requested through Remaining 3-Year Project Period: $2,640,543. The estimated award for fiscal year 2014 is approximately $800,000.

Authority: Section 751 of the Public Health Service Act (42 U.S.C. 294a), as amended by Section 5403 of the Patient Protection and Affordable Care Act, Public Law 111–148.

CFDA Number: 93.107.

Remaining Project Period: September 1, 2014, through August 31, 2017.

Justification: The VHWDA is uniquely qualified to carry out the programmatic activities as described in the approved AHEC work plan for Virginia.

The mission of the VHWDA, as defined in the Code of Virginia, is ''to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed and culturally competent quality workforce.[1] The mission of the Authority is accomplished by: (i) Providing the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation; (ii) serving as the advisory board and setting priorities for the Virginia Area Health Education Centers Program . . .'' The VHWDA's authorizing legislation also includes specific language allowing it to serve as a consortium of medical schools in order to meet the AHEC Program eligibility requirement as outlined in Section 751(b) of the Public Health Service Act.[2]

There will be no significant change in the scope or objectives of the originally approved project. The same geographic area and population will be served as stated in the original grant. This project timeline is consistent with all other AHEC Program awardees. A full

[1] VA. CODE ANN. § 32.1–122.7:2 (2010).

[2] 42 U.S.C. 294a(b).