Counterparty Credit Risk Schedule

Significant additions would be made to the Counterparty Credit Risk Schedule in order to more adequately and accurately capture exposure information related to derivatives and securities financing transactions (''SFTs''). These additions would remediate deficiencies discovered in the current collection related to exposure, including a lack of information regarding collateral, asset types, and total exposure to a given counterparty, and have been carefully evaluated internally and vetted with respondents.

The FDIC proposes: (1) Adding a sub-schedule that collects the derivative exposures at a legal-entity netting-agreement level for the top 25 non-central clearing counterparty (''non-CCP'') and non-G–7 counterparties, as well as all CCPs and the G–7 counterparties, that includes a breakout of collateral into cash and non-cash, and exposures into 14 asset categories; (2) changing the current SFT sub-schedule to collect exposures and collateral separately at a counterparty legal-entity netting-agreement level for the top 25 non-CCP and non-G–7 counterparties, as well as all CCPs and the G–7 counterparties, and adding asset sub-categories for a total of 30 specific asset types; (3) removing all columns with the institution specification of margin period of risk (''MPOR'') under the global market shocks from sub-schedules F.1.a through F.1.e and F.2; (4) removing the column LGD Derived from Unstressed PD on F.2; and (5) adding columns to worksheet F.1.e to collect both gross and net stressed and unstressed current exposure to central clearing counterparties.

Burden Estimates

The FDIC estimates the burden of this collection as follows:

Current

Number of Respondents: 4.
Annual Burden per Respondent: 1,040.
Total Annual Burden: 4,160.

Proposed

Estimated Number of Respondents: 4.
Annual Burden per Respondent: 1,040.
Estimated Total Annual Burden: 4,160 hours.

The FDIC recognizes that the Board has estimated 88,401 hours for bank holding companies to prepare the Summary, Macroscenario, Operational risk, Regulatory capital transitions, Regulatory capital instruments, and Counterparty credit risk schedules submitted for the FR Y–14A. The FDIC believes that the systems covered institutions use to prepare the FR Y–14A reporting templates will also be used to prepare the reporting templates described in this notice. Comments continue to be invited on:

(a) Whether the collection of information is necessary for the proper performance of the functions of the FDIC, including whether the information has practical utility;

(b) The accuracy of the FDIC's estimate of the burden of the 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 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.

Dated at Washington, DC, this 11th day of December.

Robert E. Feldman,

Executive Secretary, Federal Deposit Insurance Corporation.

[FR Doc. 2014–29418 Filed 12–16–14; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 12, 2015.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *Brookfield Financial Holdings, Inc.,* Brookfield, Illinois; to become a bank holding company by acquiring 100 percent of the voting shares of First National Bank of Brookfield, Brookfield, Illinois.

B. Federal Reserve Bank of Minneapolis (Jacquelyn K. Brunmeier, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291:

1. *Border Bancshares Inc.,* Greenbush, Minnesota; to acquire 100 percent of the voting shares of First Advantage Bank, Coon Rapids, Minnesota.

2. *Park Financial Group, Inc.,* Minneapolis, Minnesota; to become a bank holding company by acquiring 100 percent of the voting shares of Park State Bank, Duluth, Minnesota.

Board of Governors of the Federal Reserve System, December 12, 2014.

Margaret McCloskey Shanks,

Deputy Secretary of the Board.

[FR Doc. 2014–29521 Filed 12–16–14; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–0932]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600

Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

Data Collection for Evaluation of Education, Communication, and Training Activities—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) is requesting a revision of a currently approved generic clearance to conduct evaluation research. This will help CDC plan and implement health communication, education, and training activities to improve health and prevent the spread of disease. These activities include communicating with international travelers and other mobile populations, training healthcare providers, and educating public health departments and other federal partners.

The information collection for which the revision is sought is in accordance with DGMQ's mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations, and to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. This mission is supported by delegated legal authorities outlined in the Public Health Service (PHS) Act (42 U.S.C. 264) and in regulations that are codified in 42 Code of Federal Regulations (CFR) parts 70 and 71, and 34.

Since receiving initial approval for this generic, CDC has conducted three information collections. These information collections were in support of an Evaluation of Adapted Health Education Materials for LEP Spanish Speakers and Indigenous Migrants; Evaluation of the TravAlert Electronic Messaging System; and, a project entitled Scan This: Effectiveness of Quick Response Codes for Engaging International Panel Physicians. In order, these projects evaluated materials designed for specific audiences to determine if CDC's methods for communicating key public health messages were translated appropriately for low-English proficiency residents in the United States, were effective in reaching travelers in airports, and were useful in making CDC's immigration medical exam technical instructions more accessible.

Approval of this revision of the generic information collection will allow DGMQ continue to collect in an expedited manner information about the knowledge, attitudes, and behaviors of key audiences (such as refugees, immigrants, migrants, international travelers, travel industry partners, healthcare providers, non-profit agencies, customs brokers and forwarders, schools, state and local health departments) to help improve and inform these activities during both routine and emergency public health events. This generic OMB clearance will help DGMQ continue to refine these efforts in a timely manner, and will be especially valuable for communication activities that must occur quickly in response to public health emergencies.

DGMQ staff will use a variety of data collection methods for this proposed project: Interviews, focus groups, surveys, and pre/post-tests. Depending on the research questions and audiences involved, data may be gathered in-person, by telephone, online, or using some combination of these formats. Data may be collected in quantitative and/or qualitative forms. Numerous audience variables will be assessed under the auspices of this generic OMB clearance. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and information needs and sources. Insights gained from evaluation research will assist in the development, refinement, implementation, and demonstration of outcomes and impact of communication, education, and training activities.

DGMQ estimates that 17,500 respondents and 7,982 hours of burden will be involved in evaluation research activities each year. The information being collected will not impose a cost burden on the respondents beyond that associated with their time to provide the required data.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General Public	Focus Groups Screening form	1,050	1	10/60	175
Healthcare Professionals	Focus Groups Screening form	450	1	10/60	75
General Public	Focus Groups	525	1	90/60	788
Healthcare Professionals	Focus Groups	225	1	90/60	338
General Public	Interview Screening Form	700	1	10/60	117
Healthcare Professionals	Interview Screening Form	300	1	10/60	50
General Public	Interviews	350	1	1	350
Healthcare Professionals Interviews	Interviews	150	1	1	150
General Public	Survey Screening Forms	5,250	1	10/60	875

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Healthcare Professionals	Survey Screening Forms	2,250	1	10/60	375
General Public	Surveys	2,625	1	45/60	1,969
Healthcare Professionals	Surveys	1,125	1	45/60	844
General Public	Pre/Post Tests	1,750	1	45/60	1,313
Healthcare Professionals	Pre/Post Tests	750	1	45/60	563
TOTAL		17,500			7,982

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. 2014–29503 Filed 12–16–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support (OSTLTS) Meeting

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, CDC/Agency for Toxic Substances and Disease Registry (ATSDR), announces the following meeting and Tribal Consultation Session:

Name: Tribal Advisory Committee (TAC) Meeting and 12th Biannual Tribal Consultation Session

Times and Dates:

8:00 a.m.–5:00 p.m., February 10, 2015 (TAC Meeting)

8:00 a.m.–5:00 p.m., February 11, 2015 (12th Biannual Tribal Consultation Session)

Place: The TAC Meeting and Tribal Consultation Session will be held at CDC Headquarters, 1600 Clifton Road, NE., Global Communications Center, Auditorium B3, Atlanta, Georgia 30333.

Status: The meetings are being hosted by CDC/ATSDR in-person only and are open to the public. Attendees must pre-register for the event by Friday, January 23, 2015, at the following link: *http://www.cdc.gov/tribal/meetings.html.*

Purpose: The purpose of these recurring meetings is to advance CDC/ATSDR support for and collaboration with tribes, and to improve the health of tribes through, including but not limited to, assisting in eliminating the health disparities faced by Indian Tribes, ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of Indians; and promoting health equity for all Indian people and communities. To advance these goals, CDC/ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Matters for Discussion: The TAC and CDC leaders will discuss the following public health issue topics: Native specimens, injury prevention and occupational safety, hepatitis C virus, tuberculosis, and communication and engagement with tribes; however, discussion is not limited to these topics.

During the 12th Biannual Tribal Consultation Session, tribes and CDC leaders will engage in a listening session with CDC's director and roundtable discussions with CDC senior leaders, and tribes will have an opportunity to present testimony on tribal health issues.

Tribal leaders are encouraged to submit written testimony by January 23, 2015, to April R. Taylor, Public Health Analyst for the Tribal Support Unit, OSTLTS, via mail to 4770 Buford Highway NE., MS E–70, Atlanta, Georgia 30341 or email to *TribalSupport@cdc.gov.*

Depending on the time available, it may be necessary to limit the time of each presenter.

The agenda is subject to change as priorities dictate.

Information about the TAC, CDC's Tribal Consultation Policy, and previous meetings can be found at the following web link: *http://www.cdc.gov/tribal.*

Contact person for more information: April R. Taylor, Public Health Analyst, CDC/OSTLTS, 4770 Buford Highway NE., MS E–70, Atlanta, Georgia 30341; email: *ARTaylor@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 the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

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

[FR Doc. 2014–29489 Filed 12–16–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Occupational Safety and Health Training Project Grants, PAR10–288, initial review.

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 aforementioned meeting:

Times and Dates:

6:00 p.m.–8:00 p.m., January 13, 2015 (Closed)

8:00 a.m.–8:00 p.m., January 14, 2015 (Closed)

Place: Atlanta Airport Marriott, 4711 Best Road, Atlanta, Georgia 30337, Telephone: (404) 766–7900

Status: The meeting 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.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to ''Occupational Safety and Health Training Project Grants, PAR10–288, initial review.''

Contact Person for More Information: Donald Blackman, Ph.D., Scientific Review Officer, CDC, 2400 Century Center Parkway, NE., 4th Floor, Room 4204, Mailstop E–74, Atlanta, Georgia 30345, *Telephone:* (404) 498–6185, *DYB7@CDC.GOV.*

The Director, Management Analysis and Services Office, has been delegated the