



In the first phase, projects and programs must be selected for inclusion on the FPL. *The Council members are the only entities eligible to submit proposals for the FPL.* The Council will select projects and programs for inclusion in the FPL using the review and selection process described in the "Council Member Proposal Submission Guidelines for Comprehensive Plan Funded Priorities List of Projects and Programs." The Council will then publish the draft FPL, accept and respond to public comments, and publish the final FPL as an addendum to the Initial Comprehensive Plan.

After publication of the final FPL, the second phase of the application process begins by requiring the submission of a full grant application or interagency agreement for each individual project or program by the Council member who is designated as the primary recipient. This second phase, the grant application phase, is not competitive. After a project or program has been selected under phase 1, the actual grant awards (with State Council members) or interagency agreements (with Federal agency Council members) are entered into through the administrative process. *The Council members are the only entities eligible to enter into grant awards or interagency agreements.* All State Council member projects or programs selected for funding under the FPL must apply for a grant to implement the project or program described in the proposal. All Federal agency Council member projects or proposals selected for funding under the FPL must work with the Council to create an Interagency Agreement.

Detailed information about the grant application phase process will be published at a later date. Example forms and documents that may be required in the full grant application package are listed below:

- Standard Forms (SF-424 family);
- Council-specific forms;

- Detailed Project Narrative;
- Detailed Budget Narrative;
- Organizational Risk Assessment;
- Council and Government-wide Certifications; and
- Environmental Compliance Documentation, as applicable.

Will D. Spoon,

Program Analyst, Gulf Coast Ecosystem Restoration Council.

[FR Doc. 2015-10357 Filed 5-1-15; 8:45 am]

BILLING CODE 6560-58-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment; Meeting

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), in concurrence with and the Health Resources and Services Administration (HRSA), announces the following meeting of the aforementioned committee:

Times and Dates:

8:30 a.m.–5:30 p.m., May 20, 2015 (CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) meeting).

9 a.m.–4:30 p.m., May 21, 2015 (CHAC and the Presidential Advisory Council on HIV/AIDS (PACHA) joint meeting).

Place: The CHAC meeting will be held at CDC Corporate Square, Building 8, Conference Room 1-ABC, Corporate Boulevard, Atlanta, Georgia 30329; telephone (404) 639-8317. The meeting is also accessible by teleconference: Local (Atlanta, Georgia) number (404) 553-8912, Conference ID: 8317483;

Toll-free number +1 (855) 348-8390, Conference ID: 8317483.

The CHAC/PACHA joint meeting will be held at the W Hotel Atlanta Downtown, 45 Ivan Allen Jr. Boulevard, Salons 5 and 6, Atlanta, Georgia 30308; telephone (404) 582-5800.

Status: Both of the meetings are open to the public, limited only by the space available.

Purpose: This Committee is charged with advising the Director, CDC and the Administrator, HRSA, regarding activities related to prevention and control of HIV/AIDS, Viral Hepatitis and other STDs, the support of health care services to persons living with HIV/AIDS, and education of health professionals and the public about HIV/AIDS, Viral Hepatitis and other STDs.

Matters for Discussion: Agenda items include: (1) Role of STD clinics in Pre-Exposure Prophylaxis (PrEP); (2) Addressing Hepatitis C and HIV among people who inject drugs (PWID); (3) Update from viral hepatitis workgroup; and (4) considerations for the update of the National HIV/AIDS Strategy (joint meeting with PACHA).

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Margie Scott-Cseh, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 1600 Clifton Road, NE., Mailstop E-07, Atlanta, Georgia 30333; telephone (404) 639-8317.

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.

Catherine Ramadei,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-15ADW; Docket No. CDC-2015-0025]

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 proposed information collection request entitled "Employer Perspectives of an Insurer-Sponsored Wellness Grant". This collection is a part of an employer study to understand the impact of integrating wellness programs with traditional occupational safety and health (OSH) programs.

DATES: Written comments must be received on or before July 6, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2015-0025 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

Employer Perspectives of an Insurer-Sponsored Wellness Grant—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91-596, sections 20 and 22 (Section 20-22, Occupational Safety and Health Act of 1970), NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH proposes to conduct a study among employers in Ohio insured by the Ohio Bureau of Workers' Compensation (OHBWC) to (1) assess the effectiveness and cost-benefit of an intervention that funds workplace wellness programs and (2) understand the impact of integrating wellness programs with traditional occupational safety and health (OSH) programs.

Work-related injuries and illnesses are common among US workers and result in pain, disability, and substantial cost to workers and employers. A recent, comprehensive analysis of the economic burden of work-related injuries and illnesses estimated that in 2007 alone medical and indirect costs for work-related injuries and illnesses were \$250 billion. According to the Bureau of Labor Statistics there were 4,609 occupational fatalities in 2011 and approximately 2 million work-related injuries and illnesses that involved some lost work in 2010.

Workers' health is affected not only by workplace safety and health hazards, but also workers' own health behaviors. Reflecting this, two different, yet, complementary approaches exist in the workplace: OSH programs and wellness programs. Both types of programs aim to improve worker health and reduce costs to employers, workers' compensation (WC) insurers, and society. Since 2004, NIOSH has advocated an approach that coordinates wellness programs with OSH programs because emerging evidence suggests that integrating these two fields may have a synergistic effect on worker safety and health.

NIOSH has established an intramural program for protecting and promoting Total Worker Health™. The NIOSH Total Worker Health™ Cross-Sector