

shares of First Alliance Bancshares, Inc., and thereby indirectly retain voting shares of First Alliance Bank, both in Cordova, Tennessee.

B. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *P. Mark Graff, McCook, Nebraska; and Mary C. Graff, Clarendon Heights, Illinois; individually and as co-trustees; and Scott A. Thomas, Mendota Heights, Minnesota, as co-trustee of the Peter M. Graff Qualified Marital Trust; and the Peter M. Graff Qualified Marital Trust, McCook, Nebraska;* to acquire voting shares of Graff Family, Inc., and thereby indirectly acquire voting shares of MNB Financial Group, Inc., and McCook National Bank, both in McCook, Nebraska.

Board of Governors of the Federal Reserve System, September 19, 2014.

Margaret McCloskey Shanks,
Deputy Secretary of the Board.

[FR Doc. 2014-22721 Filed 9-23-14; 8:45 am]

BILLING CODE 6210-01-P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090-0300; Docket No. 2014-0001; Sequence 5]

Information Collection; General Services Administration Acquisition Regulation; Implementation of Information Technology Security Provision; Correction

AGENCY: General Services Administration (GSA).

ACTION: Notice; Correction.

SUMMARY: GSA is issuing a correction to Information Collection 3090-0300; Implementation of Information Technology Security Provision, which was published in the **Federal Register** on September 12, 2014.

DATES: *Effective:* September 24, 2014.

FOR FURTHER INFORMATION CONTACT: Ms. Dana Munson, Procurement Analyst, Office of Acquisition Policy, at (202) 357-9652 or via email at dana.munson@gsa.gov. Please cite OMB Control No: 3090-0300; Correction.

SUPPLEMENTARY INFORMATION: GSA, published a document in the **Federal Register** at 79 FR 54722, on September 12, 2014, inadvertently, GSAR clause 552.237-71 is incorrectly stated.

Correction

In rule FR Doc. 2014-21706 published in the **Federal Register** at 79 FR 54723, September 12, 2014 make the following correction:

On page 54723, in the first column, under the heading “A. Purpose”, correct “Clause 552.237-71” with “Clause 552.239-71”

Dated: September 18, 2014.

Jeffrey Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2014-22737 Filed 9-23-14; 8:45 am]

BILLING CODE 6820-61-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Justification of a Single Source Cooperative Agreement Award for the World Health Organization

AGENCY: Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) intends to fund an unsolicited proposal submitted by the World Health Organization (WHO) to support work towards establishing a regulatory pathway at WHO for prequalification of medical countermeasures to be deployed internationally in an emergency, which includes supporting WHO and potential recipient countries to build regulatory capacity for the import, registration, and emergency use of medical countermeasures. The goals of this Cooperative Agreement are to: (1) Using smallpox vaccines as a case study, complete product review and prequalification of smallpox vaccines included in or pledged to the WHO Smallpox Vaccine Emergency Stockpile for emergency use; (2) Establish general regulatory pathways for emergency use authorization and/or a process for emergency prequalification of emergency medical countermeasures and; (3) Support potential recipient WHO member states in building capacities for the import, registration, and emergency use of medical countermeasures.

This Cooperative Agreement directly supports several federal initiatives focused on strengthening national and international health security, including HHS’s ongoing work within the Global Health Security Initiative (GHSI) to develop an operational framework for the international deployment of medical countermeasures which contemplates the legal, regulatory, and logistical issues to be considered during such a

deployment as noted in the 2013 GHSI Ministerial communique.¹ Additionally, it supports Objective 9 of the Global Health Security Agenda² which calls for improving global access to medical and non-medical countermeasures during health emergencies and the improvement of international deployment capabilities. It also aligns with the HHS Global Health Strategy priority to “develop policy frameworks, agreements and operational plans to facilitate HHS decision-making in response to both single and multiple international requests for emergency assistance, including for the deployment of medical countermeasures and HHS personnel.”³

Period of Performance: October 1, 2014 to September 29, 2017.

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the ASPR Division of Grants Management at asprgrants@hhs.gov.

SUPPLEMENTARY INFORMATION: The Division of International Health Security within the Office of Policy and Planning in ASPR is the program office for this award.

Procedures for Providing Public Input: All written comments must be submitted no later than 15 days after posting of this announcement. Please submit comments to asprgrants@hhs.gov.

Authority: 301 42 U.S.C. 241.

Dated: September 18, 2014.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2014-22773 Filed 9-23-14; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30-Day 14-14AEH]

Agency Forms Undergoing Paperwork Reduction Act Review

The Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the following information collection request to the Office of Management and

¹ 2013 Global Health Security Initiative Ministerial Meeting Communique [online]. Available from: <http://www.ghsi.ca/english/statements.asp>.

² The Global Health Security Agenda. Available from: <http://www.globalhealth.gov/global-health-topics/global-health-security/ghsagenda.html>.

³ HHS Global Health Strategy Objectives [online]. Available from: <http://www.globalhealth.gov/global-programs-and-initiatives/global-health-strategy/strategy-objectives/>.

Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of Chemical Exposures (ACE) Investigations—New—Agency for Toxic Substances and Disease Registry (ATSDR)

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is requesting a three-year generic clearance for the Assessment of Chemical Exposures (ACE) Investigations to assist state, regional, local, or tribal health departments after toxic substance spills or chemical incidents. ACE

investigations are a component of the National Toxic Substance Incidents Program (NTSIP). The NTSIP was introduced in 2010 as a comprehensive agency approach to toxic substance incident surveillance, prevention, and response. This three-part program includes a proposal for state-based surveillance for toxic substance releases, a national database of toxic substance incidents combining data from many sources, and the ACE investigations.

The ACE Investigations focus on performing rapid epidemiological assessments to assist state, regional, local, or tribal health departments (the requesting agencies) to respond to or prepare for acute chemical releases. The main objectives for performing these rapid assessments are to:

1. Characterize exposure and acute health effects of respondents exposed to toxic substances from discrete, chemical releases and determine their health statuses;
2. identify needs (i.e. medical and basic) of those exposed during the releases to aid in planning interventions in the community;
3. assess the impact of the incidents on health services use and share lessons learned for use in hospital, local, and state planning for chemical incidents; and
4. identify cohorts that may be followed and assessed for persistent health effects resulting from acute releases.

Because each chemical incident is different, it is not possible to predict in advance exactly what type of and how many respondents will need to be consented and interviewed to effectively evaluate the incident. Respondents typically include, but are not limited to emergency responders such as police, fire, hazardous material technicians, emergency medical services, and personnel at hospitals where patients from the incident were treated. Incidents may occur at businesses or in the community setting; therefore, respondents may also include business owners, managers, workers, customers, community residents, pet owners, and those passing through the affected area.

Data will be collected by the multi-disciplinary ACE team consisting of staff from ATSDR, the Centers for Disease Control and Prevention (CDC), and the requesting agencies. ATSDR has

developed a series of sample survey forms that can be quickly tailored in the field to collect data that will meet the goals of the investigation. They will be administered based on time permitted and urgency. For example, it is preferable to administer the general survey to as many respondents as possible. However, if there are time constraints, the shorter Rapid Response Registry form or the household survey may be administered instead. The individual surveys collect information about exposure, acute health effects, health services use, medical history, needs resulting from the incident, communication during the release, health impact on children and pets, and demographic data. Hospital personnel are asked about the surge, response and communication, decontamination, and lessons learned. Medical chart abstractions may also be done to collect more detailed patient information. Similarly, veterinary chart abstractions may be performed if data about the health effects experienced by pets is needed to supplement human data.

Depending on the situation, respondents may incur reporting burden during face-to-face interviews, telephone interviews, written surveys, mailed surveys, or on-line surveys. For ACE Investigations, respondents to surveys and interviews will incur reporting burden; the staff from state, local, or tribal health agencies, will incur recordkeeping burden if they work with ATSDR and CDC staff on medical and veterinary chart abstractions. In rare situations, an investigation might involve the collection and laboratory analysis of clinical specimens.

In the past, ACE investigations have been performed in response to requests for assistance from state, regional, local, or tribal health departments under OMB No. 0920-0008, which expired July 31, 2014. The number of participants surveyed ranged from 30-715, averaging about 250 participants per investigation. In the future, ATSDR anticipates up to four ACE investigations per year. Therefore, the total annualized estimated burden will be 589 hours per year.

Participation in ACE investigations is voluntary and there are no anticipated costs to 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.)
Residents, first responders, business owners, employees, customers.	General Survey	800	1	30/60
	Rapid Response Registry Form	50	1	7/60
Residents	Household Survey	110	1	15/60
Hospital staff	Hospital Survey	40	1	30/60
Staff from state, local, or tribal health agencies.	Medical Chart Abstraction Form	250	1	30/60
	Veterinary Chart Abstraction Form	30	1	20/60

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. 2014-22691 Filed 9-23-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Performance Review Board Members

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) is publishing the names of the Performance Review Board Members who are reviewing performance for Fiscal Year 2014.

FOR FURTHER INFORMATION CONTACT: Sharon O'Brien, Deputy Director, Executive and Scientific Resources Office, Human Capital and Resources Management Office, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mailstop K-15, Atlanta, Georgia 30341, Telephone (770) 488-1781.

SUPPLEMENTARY INFORMATION: Title 5, U.S.C. 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95-454, requires that the appointment of Performance Review Board Members be published in the **Federal Register**. The following persons will serve on the CDC Performance Review Boards or Panels, which will oversee the evaluation of performance appraisals of Senior Executive Service members for the Fiscal Year 2014 review period:
 Christine Branche, Co-Chair
 James Seligman, Co-Chair

Barbara Bowman
 Janet Collins
 Hazel Dean
 Jane Gentleman
 Joseph Henderson
 Jeffrey Napier
 Jennifer Parker
 Tom Sinks
 Kalwant Smagh
 James Stephens

Dated: September 19, 2014.

Ron A. Otten,
Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2014-22714 Filed 9-23-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2014-N-1287]

Announcement of Requirements and Registration for the 2014 Food and Drug Administration Food Safety Challenge

Authority: 15 U.S.C. 3719.

AGENCY: Food and Drug Administration, HHS.

Award Approving Official: Erik Mettler, Deputy Associate Commissioner, Food and Drug Administration/Office of Foods and Veterinary Medicine.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the 2014 FDA Food Safety Challenge, a prize competition under the America COMPETES Reauthorization Act of 2010. The 2014 FDA Food Safety Challenge is an effort to advance breakthroughs in foodborne pathogen detection, specifically with the goal of accelerating the detection of *Salmonella* in fresh produce. As FDA's food safety program incorporates preventive control measures through the implementation of

the FDA Food Safety Modernization Act, quicker detection of these harmful bacteria will help to prevent foodborne illnesses.

DATES:

1. Phase I submission period: September 23 to November 9, 2014.
2. Phase II judging of submissions and selection of finalists: November 10, 2014, to January 6, 2015.
3. Phase III field accelerator, inclusive of finalist mentorship, boot camp, and demo day: January 8 to March 5, 2015.
4. Phase IV final judging: March 5 to March 11, 2015.
5. Winner(s) announced: March 12, 2015.

FOR FURTHER INFORMATION CONTACT: Chad P. Nelson, Office of Foods and Veterinary Medicine, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 301-796-4643.

SUPPLEMENTARY INFORMATION:

I. Background

While the American food supply is among the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that 1 in 6 Americans is sickened by foodborne illness annually, resulting in about 3,000 deaths each year. It is estimated that the overall negative economic impact of foodborne illness in the United States, including medical costs, quality-of-life losses, lost productivity, and lost-life expectancy, may be as high as \$77 billion per year. *Salmonella* represents the leading cause of deaths and of hospitalizations related to foodborne illness. Contaminated produce is responsible for nearly half of foodborne illnesses and almost a quarter of foodborne-related deaths.

The 2014 FDA Food Safety Challenge is a call to scientists, academics, entrepreneurs, and innovators from all disciplines to submit concepts applying novel and/or advanced methodologies to foster revolutionary improvements in foodborne pathogen detection.