ATP; specifically, Respondent (1) falsified the units and labels of the axes, (2) falsified the labels of the curves, and (3) vertically inverted the curves

d. falsified Figure 5E in the *JBC* 2006 manuscript, representing a competition experiment for the release of tagged GTPγS bound to TGase 3 with the addition of cystamine, when the actual experiment was a competition experiment with the addition of untagged nucleotides.

Dr. Ahvazi has entered into a Voluntary Settlement Agreement (Agreement) and has voluntarily agreed for a period of two (2) years, beginning on October 7, 2014:

(1) To have his U.S. Public Health Service (PHS) research supervised and to notify any employer(s)/institution(s) at which he may participate in PHS funded projects of the terms of his supervision; Respondent agrees that prior to the submission of an application for PHS support for a research project on which the Respondent's participation is proposed and prior to Respondent's participation in any capacity on PHS-supported research, Respondent shall ensure that a plan for supervision of Respondent's duties is submitted to ORI for approval; the supervision plan must be designed to ensure the scientific integrity of Respondent's research; Respondent agrees that he shall not participate in any PHS-supported research until such a supervision plan is submitted to and approved by ORI; Respondent agrees to maintain responsibility for compliance with the agreed upon supervision plan;

(2) that any institution employing him to work on PHS-supported projects shall submit, in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a certification to ORI that the data provided by Respondent are based on actual experiments or are otherwise legitimately derived and that the data, procedures, and methodology are accurately reported in the application, report, manuscript, or abstract; and

(3) to exclude himself voluntarily from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT: Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2014–25887 Filed 10–30–14; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Intent To Award Ebola Response Outbreak Funding to Eligible Ministries of Health and Their Bona Fide Agents

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

ACTION: Notice.

SUMMARY: This notice provides public announcement of CDC's intent to award Ebola appropriations to select Ministries of Health and their bona fide agents for response to the Ebola outbreak funding. This award was proposed in Fiscal Year (FY) 2015 under funding opportunity announcement GH14–1418, ''Protecting and Strengthening Public Health Impact, Systems, Capacity, and Security.''

This notice replaces the Notice of Intent to award Ebola Response outbreak funding to eligible Ministries of Health and their bona fide agents which was published on October 22, 2014 (79 FR 63126, October 22, 2014). CDC is correcting the application date, award dates, amount of funding available, and one of the points of contact.

Catalogue of Federal Domestic Assistance Number (CFDA): 93.318.

Authority: Public Health Service 301(a) and 307 as amended [42 U.S.C 241 and 242*l*].

Multiple awards may be awarded to grantees totaling $300,000 to $1,500,000 per award for the Ebola response outbreak.

Funding is appropriated under the Continuing Appropriations Resolution, 2015, Public Law 113–164, 128 Stat. 1867 (2014).

DATES: Anticipated award date is 12/11/2014.

Application Due Date: 12/1/2014.

Project Number is CDC–RFA–GH14–1418.

ADDRESSES: CDC has waived the Grants.gov electronic submission process for this requirement. Recipients are hereby authorized to submit a paper copy application for (CDC–RFA–GH14–1418) via Express Mail (i.e. FedEx, UPS, or DHL) and send the application via email. Mailed applications must be address to Dionne Bounds, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488–2082, or email at *DBounds@cdc.gov.* The application must include a detailed line-item budget and justification to support the Ebola activities from December 11, 2014 to September 29, 2015. Please download the following to complete the application package: *http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf*—Application Package; *http://www.cdc.gov/od/pgo/funding/docs/CertificationsForm.pdf*—Certifications; *http://www.cdc.gov/od/pgo/funding/grants/Budget_Preparation_Guidelines_8-2-12.docx*—CDC–PGO Budget Guidelines; *http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf*—SF–424A Budget Information.

All applications must be submitted to and received by the Grants Management Officer (GMO) no later than 11:59 p.m. EST on December 1, 2014 and please provide the GMO a PDF version of the application by email to the following email address: *ogsghebolaresponse@cdc.gov* subject line: CDC–RFA–GH14–1418.

Applicants will be provided with the Funding Opportunity Announcement (FOA) and additional application submission guidance via email notification. Applicants may contact the POCs listed with questions regarding the application process.

FOR FURTHER INFORMATION CONTACT:

For programmatic or technical assistance: Kawi Mailutha, Project Officer, Department of Health and Human Services, Centers for Disease Control and Prevention, 1600 Clifton Rd. MS E–29, Atlanta, GA 30333, Telephone: 404–639–8093, E-Mail: *KMailutha@cdc.gov.*

For financial, awards management, or budget assistance: Dionne Bounds, Grants Management Officer, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341, Telephone (770) 488–2082, Email: *DBounds@cdc.gov.*

SUPPLEMENTARY INFORMATION: The purpose of this notice is to solicit applications from eligible Ministries of Health and their bona fide agents to quickly arrest the spread of the Ebola virus in West Africa and contain the disease as quickly as possible. The funding will support the impacted countries and the surrounding countries to combat this health crisis. This funding will target the following countries: Liberia, Sierra Leone, Guinea,

Mauritania, Mali, Senegal, Guinea Bissau, Ghana, Gambia, Cote d'Ivoire, Togo, Benin, Burkina Faso, Niger and Nigeria to support the responses of the CDC to the outbreak of Ebola virus in West Africa. This funding will enable the U.S. to provide unified mobilization to address a crisis of this magnitude. CDC will continue to build partnerships and strengthen existing projects to respond to Ebola. CDC and its partners will help to address the need for surveillance, detection, coordination, response, and increase eligible governments' capacity to respond to the Ebola outbreak.

Award Information

Type of Award: Cooperative Agreement.

Approximate Total Current Fiscal Year Funding: $10,000,000.

Anticipated Number of Awards: Multiple.

Fiscal Year Funds: 2015.

Anticipated Award Date: December 11, 2014.

Application Selection Process: Funding will be awarded to applicant based on results from the technical review recommendation.

Dated: October 28, 2014.

Ron A. Otten,

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

[FR Doc. 2014–25920 Filed 10–28–14; 11:15 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1615–FN]

Medicare Program; Approval of Request for an Exception to the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final notice.

SUMMARY: This final notice announces our decision to approve the request from Lake Pointe Medical Center for an exception to the prohibition against expansion of facility capacity.

DATES: *Effective Date:* This notice is effective on October 31, 2014.

FOR FURTHER INFORMATION CONTACT: Patricia Taft, (410) 786–4561 or Teresa Walden, (410) 786–3755.

SUPPLEMENTARY INFORMATION:

I. Background

Unless the requirements of an applicable exception are satisfied, section 1877 of the Social Security Act (the Act), also known as the physician self-referral law—(1) prohibits a physician from making referrals for certain ''designated health services'' (DHS) payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership or compensation); and (2) prohibits the entity from filing claims with Medicare (or billing any individual, third party payer, or other entity) for those DHS furnished as a result of a prohibited referral. Section 1877(d)(3) of the Act provides an exception, known as the ''whole hospital exception,'' for physician ownership or investment interests held in a hospital located outside of Puerto Rico, provided that the referring physician is authorized to perform services at the hospital and the ownership or investment interest is in the hospital itself (and not merely in a subdivision of the hospital). Section 1877(d)(2) of the Act provides an exception for physician ownership or investment interests in rural providers (the ''rural provider exception''). In order for an entity to qualify for the rural provider exception, the DHS must be furnished in a rural area (as defined in section 1886(d)(2) of the Act) and substantially all the DHS furnished by the entity must be furnished to individuals residing in a rural area.

Section 6001(a)(3) of the Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (hereafter referred to together as ''the Affordable Care Act'') amended the whole hospital and rural provider exceptions to the physician self-referral prohibition to impose additional restrictions on physician ownership and investment in hospitals and rural providers. Since March 23, 2010, a physician-owned hospital that seeks to avail itself of either exception is prohibited from expanding facility capacity unless it qualifies as an ''applicable hospital'' or ''high Medicaid facility'' (as defined in sections 1877(i)(3)(E), (F) of the Act and 42 CFR 411.362(c)(2), (3) of our regulations) and has been granted an exception to the facility expansion prohibition by the Secretary. Section 1877(i)(3)(A)(ii) of the Act provides that individuals and entities in the community in which the provider requesting the exception is located must have an opportunity to provide input with respect to the provider's application for the exception. Section 1877(i)(3)(H) of the Act states that the Secretary shall publish in the **Federal Register** the final decision with respect to an application for an exception to the prohibition against facility expansion not later than 60 days after receiving a complete application.

For further information on the physician-owned hospital expansion exception process, visit our Web site at: *http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Physician_Owned_Hospitals.html.*

II. Exception Approval Process

On November 30, 2011, we published a final rule in the **Federal Register** (76 FR 74122, 74517 through 74525) that, among other things, finalized § 411.362(c), which specified the process for submitting, commenting on, and reviewing a request for an exception to the prohibition on expansion of facility capacity. We specified that prior to our review of the request, we will solicit community input on the request for an exception by publishing a notice of the request in the **Federal Register** (see § 411.362(c)(5)). We also stated that individuals and entities in the hospital's community have 30 days to submit comments on the request. Community input must take the form of written comments and may include documentation demonstrating that the physician-owned hospital requesting the exception does or does not qualify as an ''applicable hospital'' or ''high Medicaid facility,'' as such terms are defined in § 411.362(c)(2) and (3). Although we gave examples of community input, such as documentation demonstrating that the hospital does not satisfy one or more of the data criteria or that the hospital discriminates against beneficiaries of Federal health care programs, we noted that these were examples only and that we would not restrict the type of community input that may be submitted (76 FR 74522). If we receive timely comments from the community, we will notify the hospital, and the hospital has 30 days after such notice to submit a rebuttal statement (§ 411.362(c)(5)(ii)).

A request for an exception to the facility expansion prohibition is considered complete and ready for CMS review if no comments from the community are received by the close of the 30-day comment period. If we receive timely comments from the community, we consider the request to be complete 30 days after the hospital is notified of the comments. If we grant the request for an exception to the prohibition on expansion of facility