

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (English).	3,439	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (French).	2,249	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (Portuguese).	39	1	30/60
General Public	Ebola Outbreak Response Sexual Transmission Adult Case Investigation Form (Arabic).	273	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (English).	2,455	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (French).	1,687	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (Portuguese).	29	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report—West Africa (CDC–WHO) (Arabic).	204	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Investigation Questionnaire (Liberia).	52	1	30/60
Healthcare Workers or Proxy	Healthcare Worker Ebola Virus Disease Exposure Report (Sierra Leone).	73	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (English).	3,439	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (French).	2,249	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (Portuguese).	39	1	30/60
Healthcare Workers or Proxy	Health Facility Assessment and Case Finding Survey (Arabic).	273	1	30/60

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.568]

Reallotment of Federal Fiscal Year 2014 Funds for the Low Income Home Energy Assistance Program (LIHEAP)

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of determination concerning funds available for reallotment.

SUMMARY: Notice is hereby given of a preliminary determination that funds from the Federal Fiscal Year (FY) 2014 Low Income Home Energy Assistance Program (LIHEAP) are available for reallotment to states, territories, tribes, and tribal organizations that receive FY 2015 direct LIHEAP grants. No

subgrantees or other entities may apply for these funds. Section 2607(b)(1) of the Low Income Home Energy Assistance Act (the Act), (42 U.S.C. 8626(b)(1)) requires that, if the Secretary of the U.S. Department of Health and Human Services (HHS) determines that, as of September 1 of any fiscal year, an amount in excess of 10 percent of the amount awarded to a grantee for that fiscal year (excluding Leveraging, REACH, and reallotted funds) will not be used by the grantee during that fiscal year, then the Secretary must notify the grantee and publish a notice in the **Federal Register** that such funds may be reallotted to LIHEAP grantees during the following fiscal year. If reallotted, the LIHEAP block grant allocation formula will be used to distribute the funds. No funds may be allotted to entities that are not direct LIHEAP grantees during FY 2015.

DATES: The comment period expires July 29, 2015.

FOR FURTHER INFORMATION CONTACT:

Lauren Christopher, Director, Division of Energy Assistance, Office of Community Services, 370 L'Enfant Promenade SW., Washington, DC 20447; telephone (202) 401–4870; email: lauren.christopher@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: It has been determined that \$4,352,881 may be

available for reallotment during FY 2015. This determination is based on carryover and reallotment reports from West Virginia; Pueblo of Laguna; Delaware Tribe of Indians; Colorado River Indian Tribes of the Colorado River Indian Reservation; Five Sandoval Indian Pueblos, Inc.; and Kodiak Area Native Association, which were submitted to the Office of Community Services (OCS) as required by regulations applicable to LIHEAP at 45 CFR 96.82.

The statute allows grantees who have funds unobligated at the end of the fiscal year for which they are awarded to request that they be allowed to carry over up to 10 percent of their allotments to the next fiscal year. Funds in excess of this amount must be returned to HHS and are subject to reallotment under section 2607(b)(1) of the Act (42 U.S.C. 8626(b)(1)). The amount described in this notice was reported as unobligated FY 2014 funds in excess of the amount that these grantees could carry over to FY 2015.

OCS notified each of the grantees and confirmed that the FY 2014 funds indicated in the chart may be reallotted. In accordance with section 2607(b)(3) of the Act (42 U.S.C. 8626(b)(3)), comments will be accepted for a period of 30 days from the date of publication

of this notice. Comments may be submitted to: Jeannie L. Chaffin, Director, Office of Community Services, 370 L'Enfant Promenade SW., 5th Floor—West, Washington, DC 20447.

After considering any comments submitted, the Chief Executive Officers will be notified of the final allotment amount. This decision will be published in the **Federal Register**.

If funds are reallocated, they will be allocated in accordance with section 2604 of the Act (42 U.S.C. 8623) and must be treated by LIHEAP grantees receiving them as an amount appropriated for FY 2015. As FY 2015 funds, they will be subject to all requirements of the Act, including section 2607(b)(2) (42 U.S.C. 8626(b)(2)), which requires that a grantee obligate at least 90 percent of its total block grant allocation for a fiscal year by the end of the fiscal year for which the funds are appropriated, that is, by September 30, 2015.

ESTIMATED REALLOTMENT AMOUNTS OF FY 2014 LIHEAP FUNDS

Grantee name	FY 2014 reallocation amount
Pueblo of Laguna	\$27,708
Delaware Tribe of Indians	8,841
Colorado River Indian Tribes of the Colorado River Indian Reservation	12,667
Five Sandoval Indian Pueblos, Inc	13,243
Kodiak Area Native Association	1,070
West Virginia	4,289,352
Total	4,352,881

Statutory Authority: 42 U.S.C. 8626.

Mary M. Wayland,
Senior Grants Policy Specialist, Office of Administration, Division of Grants Policy.

[FR Doc. 2015-15859 Filed 6-26-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Grants to States for Access and Visitation.

OMB No.: 0970-0204.

Description: On an annual basis, States must provide OCSE with data on programs that the Grants to States for Access and Visitation Program has funded. These program reporting requirements include, but are not limited to, the collection of data on the number of parents served, types of services delivered, program outcomes, client socio economic data, referrals sources, and other relevant data.

Respondents: State Child Access and Visitation Programs and State and/or Local Service Providers.

ANNUAL BURDEN ESTIMATES

<i>Instrument:</i> State and Local Child Access Program Survey	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
<i>Part I:</i> 54 states/jurisdictions	54	1	16	864
<i>Part II:</i> 300 local service grantees (estimated)	331	1	16	5296

Estimated Total Annual Burden Hours: 6,160.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for

the Administration for Children and Families.

Robert Sargis,
Reports Clearance Officer.

[FR Doc. 2015-15889 Filed 6-26-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2015-D-2104]

Assessment of Radiofrequency-Induced Heating in the Magnetic Resonance Environment for Multi-Configuration Passive Medical Devices; Draft Guidance for Industry and Food and Drug Administration Staff; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of the draft guidance entitled "Assessment of Radiofrequency-Induced Heating in the Magnetic Resonance (MR) Environment for Multi-Configuration Passive Medical

Devices." The purpose of this guidance is to provide an assessment paradigm for radiofrequency (RF)-induced heating on, or near, multi-component, or multi-configuration, passive medical devices in the magnetic resonance environment. This draft guidance is not final nor is it in effect at this time.

DATES: Although you can comment on any guidance at any time (see 21 CFR 10.115(g)(5)), to ensure that the Agency considers your comment of this draft guidance before it begins work on the final version of the guidance, submit either electronic or written comments on the draft guidance by August 28, 2015.

ADDRESSES: An electronic copy of the guidance document is available for download from the Internet. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance. Submit written requests for a single hard copy of the draft guidance document entitled "Assessment of Radiofrequency-Induced Heating in the Magnetic Resonance (MR) Environment for Multi-Configuration Passive Medical Devices" to the Office of the Center Director, Guidance and Policy Development, Center for Devices and Radiological Health, Food and Drug