

- Community Reinvestment Act, (12 U.S.C. 2905);
- Competitive Equality Banking Act, (12 U.S.C. 3806);
- Expedited Funds Availability Act, (12 U.S.C. 4008);
- Truth in Lending Act, (15 U.S.C. 1604);
- Fair Credit Reporting Act, (15 U.S.C. 1681s(e));
- Equal Credit Opportunity Act, (15 U.S.C. 1691b);
- Electronic Funds Transfer Act, (15 U.S.C. 1693b & 1693o-2);
- Gramm-Leach-Bliley Act, (15 U.S.C. 6801(b)); and
- Flood Disaster Protection Act of 1973, Section 102 (42 U.S.C. 4012a).

Abstract: The CAC was established to provide information, advice, and recommendations to the Board on policy matters and issues affecting consumers and communities. The Application would be used to obtain information about the experience and qualification of persons seeking to be considered for CAC membership. The proposed Application for Membership would collect a candidate's contact information, current employment, areas of expertise, a resume, which typically includes information about employment history, education, and training, and a statement explaining why they are interested in serving on the CAC and what they believe are their primary qualifications. Candidates could voluntarily elect to provide additional information to support their application, such as copies of publications or letters of recommendation.

Board of Governors of the Federal Reserve System, November 19, 2015.

Robert deV. Frierson,
Secretary of the Board.

[FR Doc. 2015-29917 Filed 11-24-15; 8:45 am]

BILLING CODE 6210-01-P

FEDERAL RESERVE SYSTEM

Government in the Sunshine Meeting Notice

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 8:30 a.m. on Monday, November 30, 2015.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th Street entrance between Constitution Avenue and C Streets NW., Washington, DC 20551.

STATUS: Open.

On the day of the meeting, you will be able to view the meeting via webcast from a link available on the Board's

public Web site. *You do not need to register to view the webcast of the meeting.* A link to the meeting documentation will also be available approximately 20 minutes before the start of the meeting. Both links may be accessed from the Board's public Web site at www.federalreserve.gov.

If you plan to attend the open meeting in person, we ask that you notify us in advance and provide your name, date of birth, and social security number (SSN) or passport number. You may provide this information by calling 202-452-2474 or you may *register online*. You may pre-register until close of business on Friday, November 27, 2015. You also will be asked to provide identifying information, including a photo ID, before being admitted to the Board meeting. The Public Affairs Office must approve the use of cameras; please call 202-452-2955 for further information. If you need an accommodation for a disability, please contact Penelope Beattie on 202-452-3982. For the hearing impaired only, please use the Telecommunication Device for the Deaf (TDD) on 202-263-4869.

Privacy Act Notice: The information you provide will be used to assist us in prescreening you to ensure the security of the Board's premises and personnel. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act Notice for BGFRS-32, including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk or where the security or confidentiality of your information has been compromised. We are authorized to collect your information by 12 U.S.C §§ 243 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your SSN so that we can keep accurate records, because other people may have the same name and birth date. In addition, we use your SSN when we make requests for information about you from law enforcement and other regulatory agency databases. Furnishing the information requested is voluntary; however, your failure to provide any of the information requested may result in disapproval of your request for access to the Board's premises. You may be subject to a fine or imprisonment under 18 U.S.C § 1001 for any false statements you make in your request to enter the Board's premises.

MATTERS TO BE CONSIDERED:

Discussion Agenda

1. Implementation of the Dodd-Frank Act amendments to the emergency

lending authority under Section 13(3) of the Federal Reserve Act.

Notes: 1. The staff memo to the Board will be made available to attendees on the day of the meeting in paper and the background material will be made available on a compact disc (CD). If you require a paper copy of the entire document, please call Penelope Beattie on 202-452-3982. The documentation will not be available until about 20 minutes before the start of the meeting.

2. This meeting will be recorded for the benefit of those unable to attend. The webcast recording and a transcript of the meeting will be available after the meeting on the Board's public Web site <http://www.federalreserve.gov/aboutthefed/boardmeetings/> or if you prefer, a CD recording of the meeting will be available for listening in the Board's Freedom of Information Office, and copies can be ordered for \$4 per disc by calling 202-452-3684 or by writing to: Freedom of Information Office, Board of Governors of the Federal Reserve System, Washington, DC 20551.

FOR MORE INFORMATION PLEASE CONTACT:

Michelle Smith, Director, or Dave Skidmore, Assistant to the Board, Office of Board Members at 202-452-2955.

SUPPLEMENTARY INFORMATION: You may access the Board's public Web site at www.federalreserve.gov for an electronic announcement. (The Web site also includes procedural and other information about the open meeting.)

Dated: November 23, 2015.

Robert deV. Frierson,
Secretary of the Board.

[FR Doc. 2015-30167 Filed 11-23-15; 4:15 pm]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 80 FR 5874-58485, dated September 29, 2015) is amended to reflect the reorganization of the Division of Global Health Protection, Center for Global Health, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and the mission and function statements for the *Division of Global Health Protection (CWL)* and insert the following:

Division of Global Health Protection (CWL). The Division of Global Health Protection (DGHP) protects the health and well-being of Americans and populations around the world. DGHP builds public health capacity in countries and international settings to prevent disease, disability, and death from communicable and noncommunicable diseases (NCDs). DGHP helps to ensure global health protection and security through supporting the implementation of the International Health Regulations (IHR); developing and supporting in-country programs including Global Health Security (GHS) programs, Global Disease Detection (GDD) Centers, Field Epidemiology Training Programs (FETPs), and National Public Health Institutes (NPHIs); detecting emerging health threats; advancing NCD prevention and control; and by preparing for and responding to public health emergencies. DGHP works with partners to build strong, transparent, sustained public health systems through training, consultation, capacity building, and technical assistance in applied epidemiology, public health surveillance, policy development, informatics and health information systems, evaluation, operational and implementation research, and laboratory systems. Specifically, it: (1) Provides country-based and international coordination for disease detection, IHR implementation and public health emergency response; (2) leads the agency's global efforts to address the public health emergency continuum from prevention to detection to response through post-emergency health systems recovery; (3) provides epidemic intelligence and response capacity for early warning about international disease threats, and coordinates with partners throughout the U.S. government (USG) as well as international partners to provide rapid response; (4) provides resources and assists in developing country-level epidemiology, laboratory and other capacity to ensure country emergency preparedness and response to outbreaks and incidents of local and international importance; (5) in coordination and communication with other CDC Centers, Institute, or Offices (CIOs), leads CDC activities on global NCDs; and (6) collaborates with other divisions in CDC, Federal agencies, international

agencies, partner countries and non-governmental organizations assisting Ministries of Health (MoHs) to build public health capacity for addressing communicable diseases and NCDs.

Office of the Director (CWL1). The DGHP Office of the Director (OD) provides leadership, management, and oversight for all division activities. Specifically, it: (1) Develops the division's overall strategy and division policies on planning, evaluation, management and operations; (2) provides coordination of budgeting and liaison with the Center for Global Health (CGH) and the Office of Financial Resources (OFR) on budget development and execution; (3) ensures that CGH strategies are executed by the division and aligned with overall CDC goals; (4) ensures division activities in the field are well coordinated with the CDC Country Office and supports a "one-CDC" approach at the country level; (5) ensures scientific quality, ethics and regulatory compliance; (6) evaluates strategies, focus, and prioritization of branch research, program and budget activities; (7) coordinates division policy and communication activities; (8) develops and promotes partnerships with both national and international organizations, including other USG agencies, in support of division activities; (9) ensures coordination of the division's overall activities within the division as well as with subject matter experts across CDC; (10) fosters an integrated and collaborative approach to research, program, and policy activities; (11) provides scientific leadership within the division on the evaluation of high impact global health protection strategies and the dissemination of data on these strategies; (12) facilitates CDC headquarters and international human resources activities including recruitment, hiring, orienting, deploying, and assisting with relocation of qualified staff; (13) provides workforce management and career development services for headquarters and international staff; (14) serves as CDC's lead for supporting and facilitating CDC's response to international outbreaks; (15) develops and implements in coordination with other CDC CIOs and USG partners, information technology solutions for emergency preparedness information management, surveillance, and executive decision support to enhance the effectiveness of public health emergency detection and response around the globe; (16) coordinates international aspects of CDC's public

health preparedness and emergency response activities in collaboration with the Office of Public Health Preparedness and Response (OPHPR) and other CDC organizational units involved in chemical, biological, radiological and nuclear hazard preparedness and emergency response activities; and (17) provides early warning on disease threats via CDC's event based surveillance and other epidemic intelligence activities conducted in partnership with USG agencies, WHO, MoHs, and other international and public health and security partners to assure IHR compliance.

Emergency Response and Recovery Branch (CWLb). The Emergency Response and Recovery Branch applies public health and epidemiologic science to mitigate the impact of disasters, complex humanitarian emergencies, and other emergencies on populations and to support the recovery of health systems in these settings. Specifically, it: (1) Coordinates, supervises, and monitors CDC's work in international emergency settings and in refugee or displaced populations in collaboration with other USG agencies (e.g., Office of Foreign Disaster Assistance and Department of State), United Nations agencies, and non-governmental organizations; (2) provides direct technical assistance to refugees, internally displaced persons, and emergency-affected populations in the field, focusing on rapid health and nutrition assessments, public health surveillance, assessment of public health threats and prioritization of public health interventions, epidemic investigations, communicable disease prevention and control, program implementation, and program evaluation; (3) develops and implements operational research projects aimed at developing the most effective public health interventions for populations in emergency settings; (4) plans, implements, and evaluates training courses and workshops to help strengthen CDC technical capacity in emergency and post-emergency public health, as well as that of other USG agencies, international, non-governmental and other organizations, and schools of public health; (5) develops technical guidelines on public health issues associated with international complex humanitarian emergencies; (6) serves as the CDC liaison to maintain strong working relationships with other international, bilateral, and non-governmental relief organizations involved with humanitarian emergencies; (7) aids in health systems recovery after acute or

protracted emergencies; (8) maintains a Global Rapid Response Team to enhance CDC's emergency response capacity and strengthen the global emergency workforce; (9) leads CGH's global water, sanitation and hygiene programs; and (10) coordinates and serves as the lead for emergency preparedness activities related to development of emergency operations centers with subject matter expertise from OPHPR.

Workforce and Institute Development Branch (CWLC). The Workforce and Institute Development Branch collaborates with MoHs and other partners to strengthen public health systems through human and institutional capacity development. Specifically, it: (1) Leads the agency in working with MoHs to determine institutional and manpower needs for capacity in field epidemiology, surveillance, public health management, and other essential public health functions, operations and services; (2) designs, implements, and evaluates long-term career development programs in field epidemiology, public health management, and related disciplines for district, regional, and national health agencies; (3) plans, implements, coordinates, supports, and evaluates the FETP and Improving Public Health Management for Actions (IMPACT) program in partnership with MoHs and CDC Country Offices; (4) plans, supports, implements and coordinates the training and capacity building needs for specific programs such as high-impact diseases (HIV, TB, malaria), NCDs, one health, and laboratory capacity building; (5) sustains international, regional, and global networks of FETP and IMPACT programs and graduates; (6) provides CDC leadership on the establishment and strengthening of NPHIs worldwide; (7) engages subject matter experts to provide technical assistance targeted to NPHI priorities; and (8) develops tools to measure NPHI needs and assess progress in NPHI development.

Epidemiology, Informatics, Surveillance and Lab Branch (CWLD). The Epidemiology, Informatics, Surveillance, and Lab Branch provides scientific leadership in epidemiology, informatics, surveillance, and laboratory capacity. Specifically, it: (1) Provides leadership, guidance, and technical assistance support and resources for global infectious disease surveillance, applied epidemiology, informatics, and laboratory research; (2) provides resources and assists in developing country-level epidemiologic, informatics, surveillance, laboratory, and other capacity to ensure country

emergency preparedness and response to outbreaks and incidents of local and international interest; (3) provides program support, resources, and technical assistance to GDD Centers and other programs; (4) coordinates and supports research and other scientific projects to estimate disease burden and assess disease prevention interventions; (5) in collaboration and coordination with CIO partners, supports and facilitates emerging infectious disease detection and response, pandemic influenza preparedness, zoonotic disease investigation, laboratory system strengthening and biosafety, and other global health protection activities; (6) in collaboration with subject matter experts and with public and private sector laboratory organizations, provides technical assistance, consultation and training to CDC country offices and other international partners to develop and maintain international public health laboratories; (7) in collaboration with other divisions and CIOs, defines and promotes public health laboratory quality standards and practices; (8) develops and conducts training to facilitate timely transfer of newly emerging laboratory, informatics and other technology; (9) coordinates CDC's support to WHO's Integrated Disease Surveillance and Response strategy; (10) conducts surveillance activities in overseas sites to serve as early warning detection platforms for disease outbreaks; and (11) serves as a principal point of coordination for USG interagency partners involved in international disease surveillance and situational awareness activities.

Country Strategy and Implementation Branch (CWLE). The Country Strategy and Implementation Branch drives progress on country planning and DGHP program implementation in collaboration with CDC in-country offices. Specifically, it: (1) Serves as DGHP's principal country experts and drives DGHP strategy for each country; (2) facilitates regional and country level program and budget planning; (3) serves as a resource for country point-of-contacts for questions regarding in-country activities and dynamics and management of budgets and cooperative agreements; (4) serves as the WHO Collaborating Center for Implementation of National IHR Surveillance and Response Capacities; (5) provides leadership and coordination of CDC's relationships with WHO for IHR international capacity development activities; (6) in the context of IHR, assesses, coordinates, implements, and measures the effectiveness of international public health

preparedness activities in partnership with WHO, MoHs, and USG security, development, and disaster response agencies; (7) manages the implementation of CDC's GHS program and ensures that CDC's activities align with interagency goals and partner country priorities; (8) leads development of integrated country plans and budgets in collaboration with all DGHP branches and programs, such as GDD and FETP, and CDC-wide experts; (9) provides operations support to facilitate effective delivery of DGHP programs; (10) serves as a key linkage between DGHP headquarters and DGHP country offices coordinating calls and liaising with interagency and intra-agency partners; (11) manages CDC's relationships and develops partnerships with USG security (e.g., National Security Council, Department of Defense, Department of State) and development agencies (e.g., USAID) engaged in GHS activities; (12) develops strategies to improve the technical skills and problem-solving abilities of country program managers and locally employed staff who work in the management and operations area; (13) provides short term and long-term consultation and technical assistance for management and operations issues to DGHP country offices; and (14) provides long-term management and operations support for smaller countries.

Global Noncommunicable Disease Branch (CWLK). The Global Noncommunicable Disease Branch collaborates with partners to provide vision and direction to prevent premature deaths and disabilities due to NCDs, injuries, and environmental health hazards. Specifically, it: (1) Strengthens surveillance, monitoring, evaluation, and information systems to prevent and control global NCDs, injuries, and environmental health hazards; (2) expands the evidence base, and develops and disseminates technical packages, about effective prevention and control interventions; (3) enhances workforce capacity for integrated, systematic training and technical exchange on global NCDs, injuries, and environmental health hazards; (4) leverages external partnerships and resources; (5) liaises and coordinates with other CDC CIOs engaged in global NCD activities and supports CDC's technical expertise to advance global NCD priorities; and (6) increases NCD awareness and support through strategic communication outreach.

Overseas Business Operations Branch (CWLH). The Overseas Business Operations Branch oversees management and operations activities in

support of DGHP country offices. Specifically, it: (1) Coordinates all DGHP procurement and extramural activities in compliance with federal appropriations law, congressional intent, and global health policies; (2) facilitates and manages the development, clearance, and award of all new and ongoing DGHP field grants, cooperative agreements, and contracts; (3) provides technical assistance and guidance to country offices and DGHP branches on budget and extramural issues including assisting programs in determining the appropriate funding mechanism to support DGHP activities; (4) provides training and tools to DGHP country programs to improve budget and cooperative agreement management; (5) manages DGHP country budgets including conducting budget planning exercises, spend plan development and reporting, annual close-out processes, and analyses to inform country planning; (6) provides funding and budgetary data for regular reports including HHS and OMB reports, GAO and IG audits, country program reviews, and other requests for data; (7) liaises and collaborates with CDC financial and procurement-related units and offices including OFR and the Information Technology Services Office; (8) collaborates with other DGHP branches, other CDC and HHS programs and offices, other USG agencies, and other national and international organizations on overseas management and operations priorities; (9) develops strategies to improve the technical skills and problem-solving abilities of country program managers and locally employed staff who work in the budget and finance area; (10) provides short-term and long-term consultation and technical assistance for management and operations issues to DGHP country offices; (11) facilitates overseas purchasing and property management activities; (12) monitors risk management of country operations and extramural awards; (13) oversees property, facilities, motor pool, and records management; and (14) coordinates other logistics needs for DGHP overseas operations.

James Seligman,

Acting Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2015-29914 Filed 11-24-15; 8:45 am]

BILLING CODE 4160-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-16-15AUJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and 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

Paul Coverdell National Acute Stroke Program (PCNASP)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Stroke is the fifth leading cause of death in the United States and results in approximately 130,000 deaths per year. Stroke outcomes depend upon the rapid recognition of signs and symptoms of stroke, prompt transport to a treatment facility, and early rehabilitation. Improving outcomes requires a coordinated systems approach involving pre-hospital care, emergency department and hospital care, rehabilitation, prevention of complications, and ongoing secondary prevention.

Through the Paul Coverdell National Acute Stroke Program (PCNASP), CDC has been continuously working to measure and improve acute stroke care using well-known quality improvement strategies coupled with frequent evaluation of results. PCNASP awardees are state health departments who work with participating hospitals and EMS agencies in their jurisdictions to improve quality of care for stroke patients.

Nine awardees were funded under five-year cooperative agreements effective July 1, 2015. Awardees and their selected hospital partners will systematically collect and report data on stroke care data across the continuum of care which includes pre-hospital (EMS), in-hospital, and post-hospital phases of care. In addition, PCNASP awardees will also request information from hospitals that admit and treat stroke patients in awardees' jurisdictions. This information is needed to understand the capacity and infrastructure of the systems for acute stroke care.

Hospitals will transmit pre-hospital and post-hospital information to their awardee quarterly. The average burden per response is 15 minutes for pre-hospital and post-hospital information transmission. There is no burden for hospitals to transmit in-hospital data, because awardees use their own processes to extract in-hospital data from hospitals' electronic systems. Each hospital will collect and transmit hospital inventory information to its PCNASP awardee annually. This average burden per response is 30 minutes.

The average burden per response for awardees to transmit pre-hospital, in-hospital, and post-hospital data to CDC will vary between 30-90 minutes. The burden will be 30 minutes each for independent submission of information relating to the pre-hospital, in-hospital, and post-hospital phases of patient care. Alternatively, the burden will be 90 minutes for awardees who transmit pre-, in-, and post-hospital data as one