Commission, 701 Pennsylvania Avenue NW., 123, Washington, DC 20004–2608, telephone number 202–380–0725 (Note: This is not a toll-free number).

Written comments may be submitted to the Commission and will be made part of the permanent record of the Commission. Comments must be received by 5:00 p.m. Eastern Standard Time (EST), Friday, March 6, 2015 and may be provided by email to *daniel.dayton@worldwar1centennial.org.* Requests to comment at the meeting must be received by 5:00 p.m. Eastern Standard Time (EST), Friday, March 6, 2015. Written presentations may be provided to Mr. Dayton at *daniel.dayton@worldwar1centennial.org* until Friday, March 6, 2015. Please contact Mr. Dayton at the email address above to obtain meeting materials.

SUPPLEMENTARY INFORMATION:

Background

The World War One Centennial Commission was established by Public Law 112–272, as a commission to ensure a suitable observance of the centennial of World War I, to provide for the designation of memorials to the service of members of the United States Armed Forces in World War I, and for other purposes. Under this authority, the Committee will plan, develop, and execute programs, projects, and activities to commemorate the centennial of World War I, encourage private organizations and State and local governments to organize and participate in activities commemorating the centennial of World War I, facilitate and coordinate activities throughout the United States relating to the centennial of World War I, serve as a clearinghouse for the collection and dissemination of information about events and plans for the centennial of World War I, and develop recommendations for Congress and the President for commemorating the centennial of World War I. The Commission does not have an appropriation and is operated solely on donated funds.

Contact Daniel S. Dayton at *daniel.dayton@worldwar1centennial.org* to register to comment in person during the meeting's 30 minute public comment period. Registered speakers/organizations will be allowed 5 minutes and will need to provide written copies of their presentations.

Agenda: Thursday, March 12, 2015.

Old Business:

- Approval of minutes of previous meetings.
- Public Comment Period.

New Business:

- Introduction of Ex-Offico and Advisory Members.
- Report on the French Centenary.
- Discussion of recommendations to be made to the Congress and the President.
- World War 1 Washington Memorial Report.
- Fund Raising Report.
- Education Report.
- Kansas City Memorial Day invitation.

Dated: February 23, 2015.

Daniel S. Dayton,

Designated Federal Official, World War I Centennial Commission.

[FR Doc. 2015–04247 Filed 2–27–15; 8:45 am]

BILLING CODE 6820–95–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee for Dose Reconstruction Reviews (SDRR), Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

Notice of Cancellation: A notice was published in the **Federal Register** on January 30, 2015, Volume 80, Number 20, Page 5117, announcing an Audio Conference Call of the ABRWH–SDRR on February 27, 2015. This meeting was canceled due to a lack of quorum for the meeting. Notice will be provided when the meeting is rescheduled in accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463).

Contact Person for More Information: Theodore Katz, Designated Federal Officer, NIOSH, CDC, 1600 Clifton Road, Mailstop E–20, Atlanta Georgia 30333, Telephone (513) 533–6800, Toll Free 1 (800) CDC–INFO, Email *ocas@cdc.gov*.

This notice is published less than the required 15 days prior to the start of the announced meeting, in accordance with Section 102–3.150(b) of the GSA Final Rule (2001) that allows for exceptions to the meeting notification time requirement. Section 102–3.150(b) states the following: ''In exceptional circumstances, the agency or an independent Presidential advisory committee may give less than 15 calendar days'' notice, provided that the reasons for doing so are included in the advisory committee meeting notice published in the **Federal Register**.''

In this case, the agency is giving less than 15 days' notice due to the inability to have quorum for the meeting.

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.

Elaine L. Baker,

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

[FR Doc. 2015–04210 Filed 2–27–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Notice for Extension of Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: IHS Customer Service Satisfaction and Similar Surveys

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public to take this opportunity to comment on the ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 et. seq.). This collection was developed as part of a Federal Government-wide effort to streamline the process for seeking feedback from the public on service delivery. This notice announces our intent to submit this collection to the Office of Management and Budget (OMB) for approval and solicits comments on specific aspects for the proposed information collection. A copy of the draft supporting statement is available at *www.regulations.gov* (see Docket ID [IHS–2015–0002]).

DATES: Consideration will be given to all comments received by May 1, 2015.

ADDRESSES: Submit comments to Tamara Clay by one of the following methods:

- *Mail:* Tamara Clay, Information Collection Clearance Officer, Indian Health Service, 801 Thompson Avenue,

TMP, STE 450–30, Rockville, MD 20852.

- *Phone:* 301–443–4750.
- *Email: Tamara.Clay@ihs.gov.*
- *Fax:* 301–443–4750.

Comments submitted in response to this notice will be made available to the public by publishing them in the 30 day **Federal Register** notice for this information collection. For this reason, please do not include information of a confidential nature, such as sensitive personal information or proprietary information. If comments are submitted via email, the email address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. Please note that responses to this public comment request containing any routine notice about the confidentiality of the communication will be treated as public comments that may be made available to the public notwithstanding the inclusion of the routine notice.

FOR FURTHER INFORMATION CONTACT: Tamara Clay through:

- *Mail:* Tamara Clay, Information Collection Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP, STE 450–30, Rockville, MD 20852.
- *Phone:* 301–443–4750.
- *Email: Tamara.Clay@ihs.gov.*
- *Fax:* 301–443–4750.

SUPPLEMENTARY INFORMATION: *Title:* Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: IHS Customer Service Satisfaction and Similar Surveys.

Abstract: The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. Qualitative feedback is information that provides useful insights on perceptions and opinions, but is not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the agency's services will be unavailable.

The agency will only submit a collection for approval under this generic clearance if it meets the following conditions:

- The collections are voluntary;
- The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
- The collections are non-controversial and do not raise issues of concern to other Federal agencies;
- Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
- Personally identifiable information is collected only to the extent necessary and is not retained;
- Information gathered will be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency;
- Information gathered will not be used for the purpose of substantially informing influential policy decisions; and
- Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study.

Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

As a general matter, information collections will not result in any new system of records containing privacy information and will not ask questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

Current Actions: Extension of approval for a collection of information.

Type of Review: Extension.

Affected Public: Individuals and households, businesses and organizations, and Tribal governments.

Estimated Number of Respondents: 105,000.

Below are projected annual average estimates for the next three years:

Average Expected Annual Number of Activities: 100.

Average Number of Respondents per Activity: 1,050.

Annual Responses: 105,000.

Frequency of Response: Once per request.

Average Minutes per Response: 10.

Burden Hours: 17,500.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. Comments are invited on: (a) Whether the 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 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.

All written comments will be available for public inspection on Regulations.gov.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Comment Due Date: Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: February 20, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015–04112 Filed 2–27–15; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Announcement of Requirements and Registration for ''A Wearable Alcohol Biosensor'' Challenge

Authority: 15 U.S.C. 3719.

Award Approving Official: Dr. Lawrence A. Tabak, Principal Deputy Director, National Institutes of Health (NIH).

SUMMARY: Through the ''A Wearable Alcohol Biosensor'' Challenge (the ''Challenge''), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health (NIH), is searching for a wearable or otherwise discreet device capable of measuring blood alcohol level in real time. The advent of alcohol biosensors that can be worn discreetly and used by individuals in the course of their daily lives will advance the mission of NIAAA in the arenas of research, treatment, and rehabilitation. NIAAA has supported academic and small business grants and contracts to advance the development and use of alcohol biosensors in the past. Current technological developments in electronics, miniaturization, wireless technology, and biophysical techniques of alcohol detection in humans increase the likelihood of successful development of a useful alcohol biosensor in the near future. The NIH believes that this challenge will stimulate investment from public and private sectors in the development of functional alcohol biosensors that will be appealing to individuals, treatment providers, and researchers.

DATES:

Submission period begins March 2, 2015, 9:00 a.m. ET.

Submission period ends: December 1, 2015.

Judging period: January 2016.

Winners announced: On or after February 15, 2016.

The NIH will announce any changes to this timeline by amending this **Federal Register** notice.

FOR FURTHER INFORMATION CONTACT: M. Katherine Jung, Ph.D., Program Director, Division of Metabolism and Health Effects, National Institute on Alcohol Abuse and Alcoholism, Phone: 301–443–8744, Email *Kathy.jung@nih.gov.* F.L. Dammann, M.P.A., Management Analyst and Special Assistant to the Executive, National Institute on Alcohol Abuse and Alcoholism, Phone: 301–480–9433, Email: *fl.dammann@nih.gov.*

SUPPLEMENTARY INFORMATION:

Subject of Challenge

Current technologies for real time monitoring of alcohol consumption, used in criminal justice applications, have performed adequately, but have disadvantages for broader use.

NIAAA seeks the design and production of a wearable device to monitor blood alcohol levels in real time. The device should be inconspicuous, low profile, and appealing to the wearer. The design can take the form of jewelry, clothing, or any other format located in contact with the human body. A non-invasive technology is preferred.

Current technology for continuous alcohol monitoring takes a reading every 30 minutes. We are seeking a solution that improves on this interval and most closely approximates real time monitoring and data collection. The device should be able to quantitate blood alcohol level, interpret and store the data, or transmit it to a smartphone or other device by wireless transmission. Data storage and transmission must be completely secure in order to protect the privacy of the individual. The device should have the ability to verify standardization at regular intervals and to indicate loss of functionality. The power source should be dependable and rechargeable. A form of subject identification would be an added benefit. The device can be removable.

This is a *reduction to practice* challenge that requires written documentation and a working prototype of the submitted solution.

NIAAA is open to a range of design forms which can accomplish the above tasks.

Statutory Authority of the Funding Source

This Challenge is consistent with and advances the mission of NIAAA, as described in 42 U.S.C. 285n, to conduct and support biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of alcohol abuse and the treatment of alcoholism, and to conduct a study of alternative approaches for alcoholism and alcohol abuse treatment and rehabilitation.

Eligibility Rules for the Challenge

1. To Participate

This Challenge is open to any ''Solver'' where ''Solver'' is defined as an individual, a group of individuals (*i.e.,* a team), or an entity. Whether singly or as part of a group or entity, individuals younger than 18 participating in the Challenge must provide parental consent and must abide by the Children's Online Privacy Protection Act.

2. To Win

To be eligible to win a prize under this Challenge, the Solver—

1. Shall have registered to participate in the Challenge at *www.challenge.gov.*

2. Shall have complied with all the requirements under this section on Eligibility.

3. In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States; and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States. Note: Non-U.S. citizens and nonpermanent residents can participate as a member of a team that otherwise satisfies the eligibility criteria but will not be eligible to win a monetary prize (in whole or in part); however, their participation as part of a winning team, if applicable, may be recognized when results are announced.

4. In the case of an individual, he/she may not be an employee of the NIH; an individual involved in formulation of the Challenge and/or serving on the technical evaluation panel; any other individual involved with the design,