A. Federal Reserve Bank of St. Louis (Yvonne Sparks, Community Development Officer) P.O. Box 442, St. Louis, Missouri 63166–2034:

1. *Pulaski Financial Corp.,* St. Louis, Missouri; to become a bank holding company through the conversion of its wholly owned subsidiary, Pulaski Bank, Creve Coeur, Missouri, from a federal savings bank to a national association charter.

In connection with this proposal, Applicant also has applied to engage in lending activities, pursuant to section 225.28(b)(2).

Board of Governors of the Federal Reserve System, May 20, 2015.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2015–12625 Filed 5–22–15; 8:45 am]

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 1745–17459, dated April 1, 2015) is amended to reflect the reorganization of the Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention.

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

Delete item (8) of the functional statement for the *Office of the Director (CGE1), Division of Strategic National Stockpile (CGE), Office of Public Health Preparedness and Response (CG),* and renumber remaining items accordingly.

Delete in its entirety the mission statement for the *Division of State and Local Readiness (CGC)* and insert the following:

Division of State and Local Readiness (CGC): The Division of State and Local Readiness provides program support, technical assistance, guidance, technical integration and capacity building of preparedness planning across the public health, healthcare, and emergency management sectors and fiscal oversight to state, local, tribal and territorial public health department grantees for the development, monitoring and evaluation of public health capabilities, plans, infrastructure and systems to prepare for and respond to terrorism, outbreaks of disease, natural disasters and other public health emergencies.

After the title and functional statement for the *Field Services Branch (CGCD), Division of State and Local Readiness (CGC), Office of Public Health Preparedness and Response (CGA),* insert the following:

Public Health and Health Systems Capacity Building Branch (CGCE). (1) Facilitates the improvement of the preparedness and response capabilities of the nation's public health and healthcare system in collaboration with Hospital Preparedness Program/Assistant Secretary for Preparedness and Response (HPP/ASPR) to strengthen the intersect between public health, healthcare systems, and emergency management at the state and local level, specifically, this branch strives to improve medical countermeasure planning at the state and local level; (2) creates a system for assuring coordination, collaboration, and communication between HPP/ASPR and the Division of State and Local Readiness, CDC; (3) improves states and local healthcare systems planning and response through development of guidance, tools, program monitoring, technical assistance, and training; (4) improves the delivery of technical assistance to the public health and healthcare sector; (5) serves as an agent of information to improve awardee access to healthcare preparedness tools and expertise; (6) assures healthcare system preparedness in the top 10 Urban Areas Security Initiative (UASI) regions covered by executive order 13527; (7) facilitates the enhancement of healthcare preparedness at the state/local public health department level to have a national impact; (8) provides health communications guidance and products before, during, and after an event to assist state/local public health departments and the healthcare systems in developing risk communicating strategies and messages; and (9) collaborates with the Division of Strategic National Stockpile, Response and Logistics Branches during exercises or upon a federal deployment of DSNS assets.

James Seligman,

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

[FR Doc. 2015–12513 Filed 5–22–15; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Trafficking Victim Assistance Program Data.

OMB No.: 0970—NEW.

Description: The Trafficking Victims Protection Act of 2000 (TVPA), as amended, authorizes the Secretary of Health and Human Services to expand benefits and services to foreign nationals in the United States who are victims of severe forms of trafficking in persons. Such benefits and services may include services to assist potential victims of trafficking. (Section 107(b)(1)(B) of the TVPA, 22 U.S.C. 7105(b)(1)(B)).

ORR intends award cooperative agreements in fiscal year 2015 to approximately three organizations that will ensure national coverage. The awarded organization must provide comprehensive case management and referrals to qualified persons, either directly through its own organization or by partnering with other organizations through contracts or both.

Persons qualified for services under this grant are victims of a severe form of trafficking in persons who have received certification from ORR; potential victims of a severe form of trafficking who are actively seeking to achieve ORR certification; and minor dependent children of foreign victims of severe forms of trafficking in persons or potential victims of trafficking.

To help measure each grant project's performance and the success of the program in assisting participants, and to assist grantees to assess and improve their projects over the course of the project period, ORR proposes to collect information from TVAP grant project participants through the grantees on a monthly, quarterly, or annual basis, including participant demographics (age, sex, and country of origin), type of trafficking experienced (sex, labor, or both), and immigration status during participation.

This information will help ORR assess the project's performance in assisting victims of trafficking and will better enable TVAP grantees to meet the program objectives and to monitor and evaluate the quality of case management services provided by any subcontractors. ORR will also include aggregate information in reports to Congress to help inform strategies and

policies to assist victims of human trafficking.

Respondents: Individual participants in TVAP projects.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Request for Information	1250	1	.25	312.5

Estimated Total Annual Burden Hours: 312.5.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. Email address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed 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 proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2015–12591 Filed 5–22–15; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–N–1819]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Spousal Influence on Consumer Understanding of and Response to Direct-to-Consumer Prescription Drug Advertisements

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by June 25, 2015.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–7285, or emailed to *oira_submission@omb.eop.gov.* All comments should be identified with the OMB control number 0910–NEW and title ''Spousal Influence on Consumer Understanding of and Response to Direct-to-Consumer (DTC) Prescription Drug Advertisements''. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Spousal Influence on Consumer Understanding of and Response to Direct-to-Consumer Prescription Drug Advertisements—(OMB Control Number 0910–NEW)

Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)) authorizes FDA to conduct research relating to health information. Section 1003(d)(2)(C) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 393(d)(2)(C)) authorizes FDA to conduct research relating to drugs and other FDA regulated products in carrying out the provisions of the FD&C Act.

Consumers are often thought of as individual targets for prescription drug advertisements (ads), as if they are always exposed to DTC ads individually and subsequently make judgments about advertised products on their own. However, judgments about prescription drugs portrayed in DTC television ads are likely made in social contexts much of the time. For example, a potential consumer and his or her spouse (*e.g.,* marital or domestic partner) may view an ad together and discuss drug benefits, side effects, and risks. These social interactions may result in unique reactions relative to consumers who view DTC prescription drug television ads alone. For example, spouses may influence their partner by expressing concern about risks and side effects that might occur, or pressuring their partner to consider the drug despite its risks and side effects. These outcomes have important public health implications. The Office of Prescription Drug Promotion plans to examine differences between consumers viewing prescription drug ads with a spouse versus alone through empirical research.

The main study will be preceded by pretesting designed to delineate the procedures and measures used in the main study. Pretest and main study participants will be couples who are married or in a marital-like living arrangement in which one member (consumer) has asthma and the other does not (spouse). All participants will be 18 years of age or older and married or cohabiting for 6 months or longer. We will exclude individuals who work in