ACTION: Notice; correction.

SUMMARY: EPA issued a notice in the **Federal Register** of June 10, 2015, concerning amendments to terminate uses in certain pesticide registrations. This document corrects errors in the sections titled ''DATES'' and ''What action is the agency taking?''.

FOR FURTHER INFORMATION CONTACT: Ricardo Jones, Pesticide Re-evaluation Division (7508P), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave. NW., Washington, DC 20460–0001; telephone number: (703) 347–0493; email address: *jones.ricardo@epa.gov.*

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this action apply to me?

The Agency included in the June 10, 2015, notice a list of those who may be potentially affected by this action.

B. How can I get copies of this document and other related information?

The docket for this action, identified by docket identification (ID) number EPA–HQ–OPP–2015–0317, is available at *http://www.regulations.gov* or at the Office of Pesticide Programs Regulatory Public Docket (OPP Docket) in the Environmental Protection Agency Docket Center (EPA/DC), West William Jefferson Clinton Bldg., Rm. 3334, 1301 Constitution Ave. NW., Washington, DC 20460–0001. The Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Public Reading Room is (202) 566–1744, and the telephone number for the OPP Docket is (703) 305–5805. Please review the visitor instructions and additional information about the docket available at *http://www.epa.gov/dockets.*

II. What does this correction do?

The notice (FR Doc. 2015–14092) published in the **Federal Register** of June 10, 2015 (80 FR 32947) (FRL–9928–01) is corrected as follows:

1. On page 32947, second column, under the heading ''Dates'', correct paragraph one to add: ''chloroxylenol'' before the word ''registrations'' wherever it appears.

2. On page 32947, second column, under the heading ''Dates'', after paragraph one, correct to add a new paragraph that reads as follows: ''Unless a request is withdrawn by January 6, 2016, for clothianidin registrations for which the registrant has not requested a waiver of the 180–day comment period, EPA expects to issue orders terminating these uses. The Agency will consider withdrawal requests postmarked no later than January 6, 2016. Comments must be received on or before January 6, 2016, for those clothianidin registrations where the 180–day comment period has not been waived.''

3. On page 32948, first column, paragraph two of Unit II is corrected to read as follows:

''Unless a request is withdrawn by the chloroxylenol registrant by July 10, 2015, EPA expects to issue orders terminating the uses described in Table 1 of the June 10, 2015, document for the active ingredient chloroxylenol. Users of these pesticides or anyone else desiring the retention of a use should contact the applicable registrant directly during this 30–day period. Unless a request is withdrawn by the clothianidin registrant by January 6, 2016, EPA expects to issue orders terminating the uses described in Table 1 of the June 10, 2015, document for the active ingredient clothianidin. Users of these pesticides or anyone else desiring the retention of a use should contact the applicable registrant directly during this 180–day period.''

Authority: 7 U.S.C. 136 *et seq.*

Dated: July 6, 2015.

Michael Goodis,

Acting Director, Pesticide Re-Evaluation Division, Office of Pesticide Programs.

[FR Doc. 2015–17042 Filed 7–10–15; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

AGENCY: Federal Election Commission.

DATE & TIME: Thursday, July 16, 2015 at 10:00 a.m.

PLACE: 999 E Street NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes for June 18, 2015
Draft Advisory Opinion 2015–02: Grand Trunk Western Railroad Company—Illinois Central Railroad Company PAC
Draft Advisory Opinion 2015–03: Democracy Rules, Inc.
Draft Advisory Opinion 2015–04: Collective Actions PAC
Proposed Directive 74 on the Timely Resolution of Enforcement Matters
Notice to Respondents of Information Sharing by the Commission
Proposed Statement of Policy Regarding the Public Disclosure of Closed Enforcement Files
Policy on Third-Party Appearances Before the Commission to Discuss Advisory Opinions
Draft Notice of Disposition on REG 2014–06: Candidate Debates
Draft Notice of Availability on REG 2015–03: Contributions from Corporations and Other Organizations to Political Committees
Draft Notice of Availability on REG 2015–04: Independent Spending by Corporations, Labor Organizations, Foreign Nationals, and Certain Political Committees
Revised Meeting Dates for September—December 2015
Management and Administrative Matters

Individuals who plan to attend and require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Shawn Woodhead Werth, Secretary and Clerk, at (202) 694–1040, at least 72 hours prior to the meeting date.

PERSON TO CONTACT FOR INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

Shawn Woodhead Werth,

Secretary and Clerk of the Commission.

[FR Doc. 2015–17275 Filed 7–9–15; 4:15 pm]

BILLING CODE 6715–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day–15–15TG]

Agency Forms Undergoing Paperwork Reduction Act Review

The Agency for Toxic Substances and Disease Registry (ATSDR) 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

Promotion of the National ALS Registry to Non-referral Centers—New—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

ATSDR is requesting a two-year OMB approval for the information collection project entitled ''Promotion of the National ALS Registry to Non-referral Centers''. ATSDR is authorized by the Public Health Law No: 110–373, ALS Registry Act to (1) develop a system to collect data on amyotrophic lateral sclerosis (ALS) and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, or progress to ALS; and (2) establish a national registry for the collection and storage of such data to develop a population-based registry of cases.

ATSDR implemented the National ALS Registry (Registry) in 2009 using an algorithm applied to national administrative databases. A self-registration component was launched in October 2010.

The primary goal of the Registry is to obtain more complete information on the likely prevalence of ALS and to better describe the demographic characteristics (age, race, sex, and geographic location) of those with ALS. The secondary goal of the registry is to collect additional information on potential risk factors for ALS including, but not limited to, family history of ALS, smoking history, and military service.

The Registry's case ascertainment methodology required validation; therefore, ATSDR established State and Metropolitan ALS Surveillance Projects (Surveillance Projects). In order to avoid biasing results from the Surveillance Projects' evaluation of the Registry's completeness, staff were instructed to not promote the Registry during the surveillance period.

The proposed project is a new component to be added to the existing Registry and ALS Surveillance Projects to increase self-enrollment rates of those with ALS. According to the Morbidity and Mortality Weekly Report (MMWR) published in 2014, the proportion of cases identified via self-registration was lower than those identified in the administrative data for the period October 2010–December 2011. On-going self-registration is critical because not all persons with ALS can be identified through the algorithm, and only self-registering persons with ALS can complete the risk-factor surveys. Therefore, efforts to increase Registry awareness among non-referral center neurology practices/neurologists is needed to increase self-enrollment of persons with ALS.

This new information collection aims to evaluate educational and promotional outreach activities among select non-referral/non-specialty center neurology practices and is a result of the need to promote the Registry among neurologists who do not work at major ALS referral centers. The following objectives are set for this project:

(1) To implement a pilot project to conduct educational and promotional outreach activities at non-referral center neurology practices in the U.S., to inform neurologists and their staff about the Registry;

(2) To encourage neurologists to inform their patients about the Registry, and to increase persons with ALS self-enrollment in the Registry through the web portal via the use of existing Registry brochures, pamphlets, and factsheets; and

(3) To examine the effectiveness of educational and promotional outreach activities by reviewing persons with ALS self-enrollment rates before, during, and after the project period.

By increasing self-enrollment rates, ATSDR will be able to produce more accurate estimates of prevalence of ALS, and collect risk-factor survey data from a more representative sample of persons with ALS nationwide which will allow ATSDR to fulfill its congressional mandate under the ALS Registry Act.

To achieve these objectives, a four group educational and promotional outreach project respondents has been designed.

Data for the study will be gathered by means of initial eligibility phone calls and follow-up phone calls and mailings, for neurologists who do or would diagnose/care for patients with ALS. Train-the trainer sessions will be conducted to educate neurologists about the Registry and key informant interviews with neurologists will be done to better understand their knowledge, attitudes, and beliefs about the Registry, and to gather additional information about the currently deployed Registry materials.

Participation is voluntary. The total annual burden hours for the proposed project is 344. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Neurologist Support Staff	Initial Phone Call	1,900	1	6/60
Neurologist Support Staff	Fax to Determine Provider Status	380	1	1/60
Neurologist Support Staff	Follow-up Phone Call 1 (One-Week Post Mailing).	950	1	3/60
Neurologist Support Staff	Follow-up Phone Call 2 (Three Months Post Mailing).	950	1	3/60
Neurologist Support Staff	Fax to Determine if Mailing was Received	190	1	1/60
Neurologist/Neurologist Support Staff	Train-the-trainer Invitation Phone Call	60	1	6/60
Neurologist/Neurologist Support Staff	Key Informant Interview Invitation Phone Call	64	1	6/60
Neurologist/Neurologist Support Staff	Train-the-trainer	21	1	1

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Neurologist	Key Informant Interview	16	1	1

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.

[FR Doc. 2015–17011 Filed 7–10–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–0920–0573; Docket No. CDC–2015–0054]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed revisions of the National HIV Surveillance System (NHSS) information collection. This data collection provides the primary population-based data used to describe the epidemiology of HIV in the United States.

DATES: Written comments must be received on or before September 11, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2015–0054 by any of the following methods:

- *Federal eRulemaking Portal:* Regulation.gov. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov,* including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov.*

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited 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) 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.

Proposed Project

National HIV Surveillance System (NHSS) (OMB Control No. 0920–0573, Expiration 02/29/2016)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is authorized under Sections 304 and 306 of the Public Health Service Act (42 U.S.C. 242b and 242k) to collect information on cases of human immunodeficiency virus (HIV) and indicators of HIV disease and HIV disease progression including AIDS. Data collected as part of the National HIV Surveillance System (NHSS) are the primary data used to monitor the extent and characteristics of the HIV burden in the United States. HIV surveillance data are used to describe trends in HIV incidence and prevalence and characteristics of infected persons. HIV surveillance data are used widely at the federal, state, and local levels for planning and evaluating prevention programs and health-care services, and allocate funding for prevention and care.

As science, technology, and our understanding of HIV have evolved, the NHSS has been updated periodically. CDC, in collaboration with health departments in the 50 states, the District of Columbia, and U.S. dependent areas, conducts national surveillance for cases of HIV infection that includes critical data across the spectrum of HIV disease