*Frequency:* On occasion.

*Reporters:* Banking organization, including U.S. intermediate holding companies (IHCs), with aggregate trading assets and trading liabilities equal to (1) 10 percent or more of quarter-end total assets or (2) $1 billion or more.

*Estimated annual reporting hours:* Prior written approvals reporting: 28,800 hours; policies and procedures recordkeeping: 2,880 hours; trading and hedging strategy recordkeeping: 480 hours; internal models recordkeeping: 3,840 hours; section 4(b) backtesting and stress testing: 1,920 hours; sections 5(c) and 9(c) backtesting and stress testing: 3,120 hours; securitizations backtesting and stress testing: 14,400 hours; disclosure policy backtesting and stress testing: 1,200 hours; quantitative disclosure: 1,920 hours; qualitative disclosure: 360 hours.

*Estimated average hours per response:* Prior written approvals reporting: 960 hours; policies and procedures recordkeeping: 96 hours; trading and hedging strategy recordkeeping: 16 hours; internal models recordkeeping: 128 hours; section 4(b) backtesting and stress testing: 16 hours; sections 5(c) and 9(c) backtesting and stress testing: 104 hours; securitizations backtesting and stress testing: 120 hours; disclosure policy backtesting and stress testing: 40 hours; quantitative disclosure: 16 hours; qualitative disclosure: 12 hours.

*Number of respondents:* 30.

*General description of report:* This information collection is mandatory pursuant to 12 U.S.C. 324 and 12 U.S.C. 1844(c), section 165 of the Dodd-Frank Act (12 U.S.C. 5365), and section 252.153(b)(2) of Regulation YY (12 CFR 252.153(b)(2)). Information collected pursuant to the reporting requirements of the FR 4201 (specifically, information related to seeking regulatory approval for the use of certain incremental and comprehensive risk models and methodologies under sections 217.208 and 217.209) is exempt from disclosure pursuant to exemption (b)(8) of the Freedom of Information Act (FOIA) (5 U.S.C § 552(b)(8)), and exemption (b)(4) of FOIA (5 U.S.C. 552(b)(4)). Exemption (b)(8) applies because the reported information is contained in or related to examination reports. Exemption (b)(4) applies because the information provided to obtain regulatory approval of the incremental or comprehensive risk models is confidential business information the release of which could cause substantial competitive harm to the reporting company. The recordkeeping requirements of the FR 4201 require banking organizations to maintain documentation regarding certain policies and procedures, trading and hedging strategies, and internal models. These documents would remain on the premises of the banking organizations and accordingly would not generally be subject to a FOIA request. To the extent these documents are provided to the regulators, they would be exempt under exemption (b)(8), and may be exempt under exemption (b)(4). Exemption (b)(4) protects from disclosure ''trade secrets and commercial or financial information obtained from a person and privileged or confidential.'' The disclosure requirements of the FR 4201 do not raise any confidentiality issues because they require banking organizations to make certain disclosures public.

*Abstract:* The market risk rule is an integral part of the Board's regulatory capital framework. The collection of information permits the Federal Reserve to monitor the market risk profile of banking organizations that it regulates and evaluate the impact and competitive implications of the market risk rule on those banking organizations and the industry as a whole. The collection of information provides the most current statistical data available to identify areas of market risk on which to focus for onsite and offsite examinations and allows the Federal Reserve to assess and monitor the levels and components of each reporting institution's risk-based capital requirements for market risk and the adequacy of the institution's capital under the market risk rule. Finally, the collection of information contained in the market risk rule is necessary to ensure capital adequacy of banking organizations according to their level of market risk and assists banking organizations in implementing and validating the market risk framework.

*Current Actions:* The Federal Reserve proposes to collect financial information for U.S. Intermediate Holding Companies (IHCs) of foreign banking organizations (FBOs) for the regulatory report forms listed above, beginning with the reporting period ending on September 30, 2016, to implement the enhanced prudential standards for FBOs adopted pursuant to Subparts L, M, N, and O of Regulation YY to indicate and to certify to the Federal Reserve Board their compliance with those requirements.

With regard to the FR Y–14 series of reports, the IHC would be required to complete the FR Y–14 reports in the same manner as a BHC, and would be subject to requirements to report historical data with respect to its U.S. bank and nonbank operations. The reporting instructions provide IHCs with the submission dates for each of the FR Y–14 reports, including the onboarding filing delays that apply to certain schedules, and the requirements for reporting historical data for the FR Y–14Q Retail and PPNR schedules. IHCs will also receive this information in an onboarding memo. The historical data are necessary for the Board to perform a supervisory assessment of the capital plans of IHCs and to conduct supervisory stress tests. The Federal Reserve expects to address requirements for the Market Shock exercise, as they would apply to IHCs with significant trading activity, in a separate proposal.

However, many IHCs may have difficulty reporting historical data prior to formation of the IHC because of the structural reorganizations associated with complying with the IHC requirement. In addition, the ability of IHCs to report historical data may differ because compliance burdens may vary in complexity across IHCs. The Federal Reserve invites comment on the ability of IHCs to report historical data, including, but not limited to

- a description, with supporting detail, of any challenges that IHCs may face in providing historical data;
- specific compliance burdens for IHCs, such as issues related to systems integration or data retention policies; and
- whether an IHC would be able to report historical data if granted an extension of time, and if so, how much additional time would be needed.

Board of Governors of the Federal Reserve System, February 2, 2016.

**Robert deV. Frierson,**

*Secretary of the Board.*

[FR Doc. 2016–02230 Filed 2–4–16; 8:45 am]

**BILLING CODE 6210–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–16–16MM; Docket No. CDC–2016–0019]**

### 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 information collection project entitled *Performance Monitoring of ''Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations.''* CDC seeks to collect information to monitor performance of three awardees working on teen pregnancy prevention project and to determine training and technical assistance needs to address any performance issues.

**DATES:** Written comments must be received on or before April 5, 2016.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2016–0019 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**

Performance Monitoring of ''Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations''—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

In 2014, the US rate of 24.2 births per 1,000 women aged 15–19 was the highest of all Western industrialized countries. Access to reproductive health services and the most effective types of contraception have been shown to reduce the likelihood that teens become pregnant. Nevertheless, reviews of recent research and teen pregnancy prevention projects, including a collaborative project implemented by CDC and the HHS Office of Adolescent Health (2010–2015), demonstrate that many health centers serving adolescents do not engage in youth-friendly best practices that may enhance access to care and to the most effective types of contraception. Furthermore, youth at highest risk of experiencing a teen pregnancy are often not connected to the reproductive health care that they need, even when they are part of a population that is known to be at high risk for a teen pregnancy. Significant racial, ethnic and geographic disparities in teen birth rates persist and continue to be a focus of public health efforts.

To address these challenges, CDC is providing funding to three organizations to strengthen partnerships and processes that improve reproductive health services for teens. CDC's awardees will work with approximately 35 publicly funded health centers to implement organizational changes and provider training based on best practices in adolescent reproductive health care. In addition, awardees will work with approximately 30 youth-serving organizations (YSO) to provide staff training and develop systematic approaches to identifying youth who are at risk for a teen pregnancy and referring those youth to reproductive health care services. Finally, awardees will develop communication campaigns that increase awareness of the partner health centers' services for teens. Activities are expected to result in changes to health center and YSO partners' policies, to staff practices, and to youth health care seeking and teen pregnancy prevention behaviors.

Although similar activities have been implemented in a variety of teen pregnancy prevention projects, the proposed combination of efforts, and the incorporation of youth-friendly best practices, have not been previously implemented or evaluated. CDC therefore plans to collect information needed to assess these efforts. Information will be collected from the CDC awardees, the health center and YSO partner organizations, and the youth served by the health center partner organizations. CDC will use the information to determine the types of training and technical assistance that are needed, to monitor whether awardees meet objectives related to health center and YSO partners' policies and staff practices, to support a data-driven quality improvement process for adolescent sexual and reproductive health care services and referrals, and to assess whether the project model was effective in increasing the utilization of services by youth.

OMB approval is requested for three years. Participation in the organizational

assessment activities is required for awardees and partner organizations. Participation in the Health Center Youth Survey is voluntary for youth and will not involve the collection of identifiable personal information. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) | Total burden (in hrs.) |
|---|---|---|---|---|---|
| Awardee | Training and Technical Assistance Tool | 3 | 12 | 2 | 72 |
| | Quarterly Performance Measure Reporting Tool. | 3 | 3 | 2 | 18 |
| | Annual Performance Measure Reporting Tool. | 3 | 1 | 6 | 18 |
| Health Center Project Coordinator | Quarterly Performance Measure Reporting Tool. | 35 | 3 | 2 | 210 |
| | Annual Performance Measure Reporting Tool. | 35 | 1 | 4 | 140 |
| | Health Center Organizational Assessment. | 35 | 1 | 2 | 70 |
| Health Center Providers | Health Center Provider Survey | 175 | 1 | 30/60 | 88 |
| Youth | Health Center Youth Survey | 1,750 | 1 | 15/60 | 438 |
| YSO Project Coordinator | Quarterly Performance Measure Reporting Tool. | 30 | 3 | 1 | 90 |
| | Annual Performance Measure Reporting Tool. | 30 | 1 | 75/60 | 38 |
| | Youth Serving Organization (YSO) Organizational Assessment. | 30 | 1 | 1 | 30 |
| YSO Staff | YSO Staff Survey | 450 | 1 | 30/60 | 225 |
| Total | | | | | 1,437 |

**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. 2016–02173 Filed 2–4–16; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–16–0980; Docket No. CDC–2016–0018]**

### 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 the proposed revision of the information collection project entitled *National Environmental Assessment Reporting System (NEARS),* formerly known as the *National Voluntary Environmental Assessment Information System (NVEAIS).* The NEARS collects data on foodborne illness outbreaks and environmental assessments routinely conducted by food safety programs during outbreak investigations.

**DATES:** Written comments must be received on or before April 5, 2016.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2016–0018 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