

and granted, EPA's approval of the State of Washington's request to revise its part 142—National Primary Drinking Water Regulations Implementation program to allow electronic reporting will become effective 30 days after today's notice is published, pursuant to CROMERR section 3.1000(f)(4).

**Matthew Leopard,**

*Director, Office of Information Collection.*

[FR Doc. 2015-19577 Filed 8-7-15; 8:45 am]

**BILLING CODE 6560-50-P**

## FEDERAL COMMUNICATIONS COMMISSION

### Radio Broadcasting Services; AM or FM Proposals To Change the Community of License

**AGENCY:** Federal Communications Commission.

**ACTION:** Notice.

**SUMMARY:** The following applicants filed AM or FM proposals to change the community of license: Blue Sky Broadcasting, Station KPND, Facility ID 5992, BPH-20150717AAV, From Sandpoint, ID, To Dear Park, WA; Educational Media Foundation, Station KARQ, Facility ID 90988, BPED-20150706ACR, From San Andreas, CA, To Linden, CA; Educational Media Foundation, Station WDKL, Facility ID 64662, BPH-20150601ACZ, From Grafton, WV, To Loch Lynn Heights, MD; J&W Communications LLC, Station WAOQ, Facility ID 825, BPH-20150515ABK, From Brantley, AL, To Goshen, AL; Lakewood Communications LLC, Station WKSR-FM, Facility ID 27422, BPH-20150702AAL, From Lawrenceburg, TN, To Pulaski, TN; Lazer Licenses, LLC, Station KCAL, Facility ID 55416, BP-20150603AAS, From Redlands, CA, To Grand Terrace, CA; Mississippi College, Station WHJT, Facility ID 43180, BPH-20150618AAS, From Clinton, MS, To Kearney Park, MS; MTD, Inc., Station KNMB, Facility ID 87766, BPH-20150610AAR, From Cloudcroft, NM, To Capitan, NM; Northwest Indy Radio, Station KBSG, Facility ID 174954, BPED-20150610AAD, From Hoquiam, WA, To Raymond, WA; Radio Dalhart, Inc., Station KHJQ, Facility ID 82894, BPH-20150625ACH, From Leakey, TX, To Concan, TX; S and H Broadcasting, LLC, Station KVGH, Facility ID 2316, BPH-20150622AFT, From North Shore, CA, To Bermuda Dunes, CA; Top O' Texas Ed B/Casting Foundation, Station KOGC, Facility ID 174505, BPED-20150611ABM, From Wheeler, TX, To Carter, OK.

**DATES:** The agency must receive comments on or before October 9, 2015.

**ADDRESSES:** Federal Communications Commission, 445 Twelfth Street SW., Washington, DC 20554.

**FOR FURTHER INFORMATION CONTACT:** Tung Bui, 202-418-2700.

**SUPPLEMENTARY INFORMATION:** The full text of these applications is available for inspection and copying during normal business hours in the Commission's Reference Center, 445 12th Street SW., Washington, DC 20554 or electronically via the Media Bureau's Consolidated Data Base System, [http://licensing.fcc.gov/prod/cdbs/pubacc/prod/cdbs\\_pa.htm](http://licensing.fcc.gov/prod/cdbs/pubacc/prod/cdbs_pa.htm).

Federal Communications Commission.

**James D. Bradshaw,**

*Deputy Chief, Audio Division, Media Bureau.*

[FR Doc. 2015-19575 Filed 8-7-15; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-15-15AME]

#### 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](mailto: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

Monitoring and Reporting System for the National Tobacco Control Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) works with states, territories, tribal organizations, and the District of Columbia (collectively referred to as “state-based” programs) to develop, implement, manage, and evaluate tobacco prevention and control programs. Support and guidance for these programs have been provided through cooperative agreement funding and technical assistance administered by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

NCCDPHP cooperative agreements DP15-1509 (National State-Based Tobacco Control Programs) and DP14-1410PPHF14 (Public Health Approaches for Ensuring Quitline Capacity) continue to support efforts since 1999 to build state health department infrastructure and capacity to implement comprehensive tobacco prevention and control programs. Through these cooperative agreements, health departments in all 50 states, the District of Columbia, Puerto Rico and Guam are funded to implement evidence-based environmental, policy, and systems strategies and activities designed to reduce tobacco use, secondhand smoke exposure, tobacco-related disparities and associated disease, disability, and death.

As part of routine monitoring, assessing progress, and ensuring accountability, cooperative agreement awardees will report information about their work plan objectives, activities, and performance measures. Each awardee will submit an Annual Work Plan Progress Report using an Excel-

based Work Plan Tool. The estimated burden per response is three hours for each Annual Work Plan Progress report. In addition, each awardee will submit an Annual Budget Progress Report using an Excel-based Budget Tool. The estimated burden per response is two hours for each Annual Budget Progress Report.

In Year one, each awardee will have additional burden related to initial population of the reporting tools. Initial population of the Work Plan Tool is estimated to be six hours per response, and initial population of the Budget

Tool is estimated to be four hours per response. Initial population of the tools is a one-time activity which is annualized over the three years of the information collection request. Due to annualization, the 53 awardees are represented as 18 awardees (53/3) in the burden table. After completing the initial population of the tools, pertinent information only needs to be updated for each annual report. The same instruments will be used for all information collection and reporting.

Awardees will upload their information to [www.grants.gov](http://www.grants.gov) on an

annual basis to satisfy routine cooperative agreement reporting requirements. CDC will use the information collected to monitor each awardee's progress and to identify facilitators and challenges to program implementation and achievement of outcomes.

OMB approval is requested for three years. Participation in the information collection is required as a condition of funding. There are no costs to respondents other than their time. The total estimated annualized burden hours are 445.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Tobacco Control Managers .....	Initial Population of the Work Plan Tool	18	1	6
	Annual Work Plan Progress Report .....	53	1	3
	Initial Population of the Budget Tool .....	18	1	4
	Annual Budget Progress Report .....	53	1	2

**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. 2015-19579 Filed 8-7-15; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA-2015-N-0001]

**Joint Meeting of the Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee; Notice of Meeting**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of two public advisory committees of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

*Names of Committees:* Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee.

*General Function of the Committees:* To provide advice and recommendations to the Agency on FDA's regulatory issues.

*Date and Time:* The meeting will be held on September 10, 2015, from 8 a.m. to 5 p.m.

*Location:* FDA White Oak Campus, 10903 New Hampshire Ave., Bldg. 31 Conference Center, the Great Room (Rm. 1503), Silver Spring, MD 20993-0002. Answers to commonly asked questions including information regarding special accommodations due to a disability, visitor parking, and transportation may be accessed at: <http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm408555.htm>.

*Contact Person:* Stephanie L. Begansky, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, Rm. 2417, Silver Spring, MD 20993-0002, 301-796-9001, FAX: 301-847-8533, email: [AADPAC@fda.hhs.gov](mailto:AADPAC@fda.hhs.gov), or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area). A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at <http://www.fda.gov/AdvisoryCommittees/default.htm> and scroll down to the appropriate advisory committee meeting link, or call the advisory committee information line to learn about possible modifications before coming to the meeting.

*Agenda:* The committees will be asked to discuss new drug application (NDA) 206830, oxycodone immediate-release tablets, submitted by Purdue Pharma, with the proposed indication of the management of moderate to severe pain where the use of an opioid analgesic is appropriate. It has been formulated with the intent to provide abuse-deterrent properties. The pharmacokinetic data demonstrate that there is a significant food effect resulting in a significant delay in absorption and peak plasma concentration of oxycodone when taken with food. The applicant proposes to address this finding by labeling the product to be taken on an empty stomach, but patients may have difficulty complying with these instructions as the product is dosed every 4 to 6 hours as needed. The committees will be asked to discuss the potential safety risks and the potential effects on efficacy associated with the delayed peak concentration when taken with food, and the feasibility of labeling to be taken an empty stomach as a means to mitigate the potential risks. The committees will also be asked to consider whether the potential public health benefit of the product's abuse-deterrent properties are sufficient to outweigh the risk to patients who are prescribed the product for the management of pain.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the