

guidance and expectations contained in recent supervisory letters, notably SR Letter 15–18. SR Letter 15–18 outlines expectations regarding a firm's risk management infrastructure and strength of associated processes.

In order to capture the information surrounding the risk management infrastructure and processes as outlined in SR Letter 15–18, the Board proposes adding two sub-schedules to the FR Y–14A Schedule E (Operational Risk) and modifying the supporting documentation requirements for this schedule effective with the reports as-of December 31, 2016. First, new sub-schedule E.2, Material Risk Identification, would collect information on a firm's material operational risks included in loss projections based on their risk management framework, a component of risk management emphasized in SR Letter 15–18. Second, new sub-schedule E.3, Operational Risk Scenarios, would collect a firm's operational risk scenarios included in the BHC Baseline and BHC Stress projections, a fundamental element of the framework. Finally, the Board recommends updating the requirements for supporting documentation and modifying certain terminology, definitions, and references to align with SR Letter 15–18.

Certain information related to the previous methodology are no longer necessary to collect given the aforementioned change in guidance, resulting in the proposed removal of these items and updating of associated terminology. Sub-schedule E.1 (BHC Operational Risk Historical Capital) would be removed as this schedule pertains to Advanced Measurement Approaches (AMA) methodology and these data are no longer necessary. This change in methodology also results in the removal of two associated columns on the FR Y–14A Schedule A.6 (Operational Risk Scenario Inputs and Projections): Type of Data and Brief Description. References to previous methodology would be updated, including changing the name of a column on the FR Y–14A Schedule A.6 (Operational Risk Scenario Inputs and Projections) from Units of Measure to Risk Segment. These changes would also be effective with the report as-of December 31, 2016.

#### *Proposed Revisions to the FR Y–14Q*

The proposed revision to the FR Y–14Q consists of adding an item to more accurately collect information that is currently derived. This proposed change would allow for more accurate and consistent reporting of information with

minimal anticipated burden on respondents.

#### **Schedule B (Securities)**

For reports as-of December 31, 2016, the Board proposes adding a new column to the FR Y–14Q Schedule B.1 (Securities 1—Main Schedule) to collect the price of the security to more accurately collect price information and thereby enhance supervisory modeling. Because this information is believed to be readily available, the Board estimates this revision would impose minimal additional burden while improving the ability to use these data.

#### *Proposed Revisions to the FR Y–14M*

#### **Schedule D (Credit Card)**

For reports as-of December 31, 2016, the Board proposes modifying the definition of Item 62, Gross Charge-off Amount—Current month to reflect the intended method of reporting the item and in response to industry comments. The definition would be modified to indicate that all gross charge-offs must be reported regardless of whether they are from purchased or impaired loans by eliminating the reference to allowance for loan and lease losses (ALLL).

Board of Governors of the Federal Reserve System, July 25, 2016.

**Robert deV. Frierson,**

*Secretary of the Board.*

[FR Doc. 2016–17876 Filed 7–27–16; 8:45 am]

**BILLING CODE 6210–01–P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

#### **Board of Scientific Counselors, Office of Public Health Preparedness and Response; Meetings**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

*Time and Date:* 3 p.m.–5 p.m., EDT, August 19, 2016.

*Place:* Web conference via Adobe Connect.

*Link:* <https://ophpr-bsc.adobeconnect.com/august2016/>.

*Dial-In Number:* (877)327–8109.

*Participant Code:* 2108386.

*Status:* This meeting is open to the public.

*Purpose:* This Board is charged with providing advice and guidance to the Secretary, HHS, the Assistant Secretary

for Health (ASH), the Director, CDC, and the Director, Office of Public Health Preparedness and Response (OPHPR), concerning strategies and goals for the programs and research within OPHPR, monitoring the overall strategic direction and focus of the OPHPR Divisions and Offices, and administration and oversight of peer review of OPHPR scientific programs.

For additional information about the Board, please visit: <http://www.cdc.gov/ophpr/science/counselors.htm>.

*Matters for Discussion:* The meeting will cover administrative updates; updates from the Director, OPHPR; status updates on BSC recommendations from the April 11–12, 2016 BSC Meeting; and deliberation on potential topics for the October 25–26, 2016 BSC Meeting. Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Dometa Ouisley, Office of Science and Public Health Practice, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop D–44, Atlanta, Georgia 30333, Telephone: (404) 639–7450; Facsimile: (404)639–7977; Email: [OPHPR.BSC.Questions@cdc.gov](mailto:OPHPR.BSC.Questions@cdc.gov).

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 Agency for Toxic Substances and Disease Registry.

**Catherine Ramadei,**

*Acting Director, Management Analysis and Service Office, Centers for Disease Control and Prevention.*

[FR Doc. 2016–17826 Filed 7–27–16; 8:45 am]

**BILLING CODE 4163–18–P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

#### **National Center for Injury Prevention and Control (NCIPC), Board of Scientific Counselors, National Center for Injury Prevention and Control, (BSC, NCIPC)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announce the following meeting of the aforementioned committee.

*Times and Dates:* 1:00 p.m.–4:45 p.m. EDT, September 7, 2016 (OPEN); 8:30

a.m.–3:30 p.m. EDT, September 8, 2016 (OPEN).

*Place:* Centers for Disease Control and Prevention, Thomas R. Harkins Global Communication Center, Building 19, Auditorium B–3, 1600 Clifton Road NE., Atlanta, Georgia 30333. This meeting is also accessible by teleconference.

*Dial-In Number:* 1–877–937–9818, Participant Code: 7551384 Link to Adobe Connect: <https://violenceprevention.adobeconnect.com/bcs2/>.

*Status:* This meeting is open to the public limited only by the space and ports available. The meeting room accommodates 200 participants and there will be 100 ports available. There will be public comment periods at the end of each meeting day; September 7, 2016 from 4:05 p.m.–4:35 p.m. and September 8, 2016 from 1:45 p.m.–2:00 p.m.

*Purpose:* The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in preventing and suppressing communicable and non-communicable diseases and other preventable conditions and in promoting health and well-being; and (3) conduct and assist in research and control activities related to injury.

The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as it relates to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of

research portfolios, and (5) review of program proposals.

*Matters for Discussion:* The Board of Scientific Counselors will discuss science matters to include research strategies needed to guide the Center's focus, as well as an update from the BSC, Pediatric Mild Traumatic Brain Injury (TBI) Work Group on its considerations for the Pediatric TBI Guideline project. The workgroup report on the protocol and systematic review of the acute identification, diagnosis, and management of children with mild Traumatic Brain Injury guideline will be posted to the BSC Web site prior to the meeting; <http://www.cdc.gov/injury/bsc/index.html>.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway, NE., Mailstop F–63, Atlanta, GA 30341, Telephone (770) 488–1430; Email: [ncipcbcs@cdc.gov](mailto:ncipcbcs@cdc.gov).

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.

**Catherine Ramadei,**

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

[FR Doc. 2016–17797 Filed 7–27–16; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Request for Nominations of Candidates To Serve on the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC)**

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for possible membership on the ACD, CDC. ACD, CDC consists of 15 experts in fields related to health policy, public health, global health, preparedness, preventive medicine, the faith-based and community-based sector, and allied fields, who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). The committee advises the HHS Secretary and the CDC Director

concerning policy and broad strategies that will enable CDC to fulfill its mission of protecting health through health promotion, prevention, and preparedness. The committee recommends ways to prioritize CDC's activities, improve results, and address health disparities. It also provides guidance to help CDC work more effectively with its various private and public sector constituents to make health protection a practical reality.

Nominations are being sought for individuals who have the expertise and qualifications necessary to contribute to accomplishment of the committee's objectives. Nominees will be selected by the HHS Secretary or designee from authorities knowledgeable in the fields of public health as well as from the general public. Federal employees will not be considered for membership. Members may be invited to serve for terms of up to four years.

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Consideration will be given to a broad representation of geographic areas. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for ACD, CDC membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in July 2017 or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current *curriculum vitae*, including complete contact information (name,