section (b)(8) of FOIA, to the extent that such information is based on the institution’s Capital, Assets, Management, Earnings, Liquidity, and Sensitivity (CAMELS) rating, and thus is related to examination reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions (5 U.S.C. 552(b)(8)).

Current Actions: On February 13, 2017, the Board published a notice in the Federal Register (82 FR 10480) requesting public comment for 60 days on the extension, without revision, of the Report of Net Debit Cap. The comment period for this notice expired on April 14, 2017. The Board did not receive any comments.

1. Report Title: Ad Hoc Payments Survey (FR 3054a), Currency Quality Sampling Survey (FR 3054b), Currency Quality Survey (FR 3054c), and Currency Functionality and Perception Survey (FR 3054d).

2. Agency Form Number: FR 3054a, FR 3054b, FR 3054c, and FR 3054d.

3. OMB Control Number: 7100–0332.

4. Frequency: FR 3054a, annually; FR 3054b, annually; FR 3054c, semi-annually; and FR 3054d, quarterly.

Respondents: Financial institutions (or depository institutions), individuals, law enforcement and nonfinancial businesses (banknote equipment manufacturers, or global wholesale bank note dealers).

Estimated Number of Respondents: FR 3054a, 20,000 respondents; FR 3054b, 300 respondents; FR 3054c, 25 respondents; and FR 3054d, 250 respondents.

Estimated Average Hours per Response: FR 3054a, 0.75 hours; FR 3054b, 0.50 hours; FR 3054c, 30 hours; and FR 3054d, 2.50 hours.

Estimated Annual Burden Hours: FR 3054a, 15,000 hours; FR 3054b, 150 hours; FR 3054c, 1,500 hours; and FR 3054d, 2,500 hours.

General Description of Report: The FR 3054a is an annual survey used to obtain information specifically tailored to the Federal Reserve’s operational and fiscal agency responsibilities. The FR 3054a may be conducted independently by the Board or jointly with another government agency, a Reserve Bank, or a private firm. The FR 3054b is an annual survey used to assess the quality of currency in circulation and may be conducted by the Federal Reserve Board, jointly with the Federal Reserve Bank of San Francisco’s Cash Product Office (CPO), the Federal Reserve Bank of Richmond’s Currency Technology Office (CTO), and each Reserve Bank’s cash department. The FR 3054c is a semiannual survey used to determine depository institutions’ and Banknote Equipment Manufacturers’ (BEMs) opinions of currency quality and may be conducted jointly with the CPO and CTO. The FR 3054d is a survey used to assess the functionality of Federal Reserve notes in bank-note handling equipment. The data collected from the FR 3054d are used as inputs for future designs of Federal Reserve notes. The FR 3054d may be conducted jointly with the U.S. Treasury’s Bureau of Engraving and Printing (BEP) and the CTO. The FR 3054a, FR 3054b, FR 3054c, and FR 3054d are sent to financial and nonfinancial businesses.

The Federal Reserve Board may use the data collected from these surveys to determine (1) demand for currency and coin, (2) market preferences regarding currency quality, (3) quality of currency in circulation, (4) features used by the public and bank note authentication equipment to discriminate and authenticate bank notes, and (5) whether changes to Reserve Bank sorting algorithms are necessary to ensure that currency in circulation remains fit for commerce.

Legal Authorization and Confidentiality: The Board’s Legal Division has determined that section 11(d) of the Federal Reserve Act (12 U.S.C. 248(d)) authorizes the Board to “supervise and regulate through the Secretary of the Treasury the issue and retirement of Federal Reserve notes, except for the cancellation and destruction, and accounting with respect to such cancellation and destruction, of notes unfit for circulation, and to prescribe rules and regulations under which such notes may be delivered by the Secretary of the Treasury to the Federal Reserve agents applying therefor.” This provision of the Federal Reserve Act provides the legal authorization for this information collection. The obligation to respond to the FR 3054a, FR 3054b, FR 3054c, and FR 3054d is voluntary.

Because survey questions may differ from survey to survey, it is difficult to determine in advance whether the information collected will be considered confidential. However, information may be exempt from disclosure under exemption 4 of the Freedom of Information Act, (5 U.S.C. 552(b)(4)), if disclosure would likely have the effect of (1) impairing the government’s ability to obtain the necessary information in the future, or (2) causing substantial harm to the competitive position of the respondent. Additionally, should survey responses contain any information of a private nature disclosure of which would constitute “a clearly unwarranted invasion of personal privacy,” such information may be exempt from disclosure under exemption 6, (5 U.S.C. 552(b)(6)). Confidentiality matters should be treated on a case-by-case basis to determine if any of the above exemptions apply.

Current Actions: On February 13, 2017, the Board published a notice in the Federal Register (82 FR 10480) requesting public comment for 60 days on the extension, without revision, of the Ad Hoc Payments Survey (FR 3054a), Currency Quality Sampling Survey (FR 3054b), Currency Quality Survey (FR 3054c), and Currency Functionality and Perception Survey (FR 3054d). The comment period for this notice expired on April 14, 2017. The Board did not receive any comments.

Board of Governors of the Federal Reserve System, May 9, 2017.

Ann E. Misback,
Secretary of the Board.

[FR Doc. 2017–09692 Filed 5–12–17; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Secondary Review

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 a meeting for the secondary review of applications in response to Funding Opportunity Announcements (FOAs), CE17–001, Research Using Linked Data to Understand Motor Vehicle Injury Among Older Adults; and CE17–002, Development and Evaluation of Sports Concussion Prevention Strategies.

Time and Date: 8:00 a.m.–5:00 p.m., EDT, June 8, 2017 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the secondary review, discussion, and evaluation of applications received in response to FOAs “Research Using Linked Data to Understand Motor Vehicle Injury
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve as Members of the Community Preventive Services Task Force (CPSTF)

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) announces the opening of the nomination period for individuals qualified to serve as members of the Community Preventive Services Task Force (CPSTF) to serve 5-year terms starting in 2018 or 2019.

DATES: Nomination packages must be received by 11:59 p.m. EDT on Monday, July 3, 2017. Complete nomination packages must be submitted by the deadline in order to be considered.

ADDRESS: Nomination packages should be submitted electronically to cpstf@cdc.gov or by U.S. mail to the address provided below in FOR FURTHER INFORMATION CONTACT.

FOR FURTHER INFORMATION CONTACT: Donyelle Russ, Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS E–69, Atlanta, Georgia 30329. Phone (404) 498–3971, email: cpstf@cdc.gov.

The submission process and qualification requirements, the selection process, and the time commitment of Task Force members are described below in SUPPLEMENTARY INFORMATION.

SUPPLEMENTARY INFORMATION:

Background of the CPSTF

The CPSTF was established in 1996 by the U.S. Department of Health and Human Services (HHS) to identify population health interventions that are scientifically proven to save lives, increase life spans, and improve quality of life. The CPSTF produces recommendations (and identifies evidence gaps) to help inform the decision-making of federal, state, and local health departments, other government agencies, communities, healthcare providers and organizations, employers, schools and research organizations.

The CPSTF (http://www.thecommunityguide.org/about/task-force-members.html), is an independent, nonpartisan, nonfederal, unpaid panel of public health and prevention experts that is statutorily mandated to provide evidence-based findings and recommendations about community preventive services, programs, and policies to improve health (Public Health Service Act § 399U(a)). Its members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention. The CPSTF members are appointed by the CDC Director and serve five year terms, with extensions possible in order to maintain a full scope of expertise, complete specific work, and ensure consistency of CPSTF methods and recommendations. CDC provides “ongoing administrative, research, and technical support for the operations of the Task Force” as directed by the Public Health Service Act § 399U(c).

The CPSTF bases its recommendations on rigorous, replicable systematic reviews of the scientific literature, which do all of the following:

- Evaluate the strength and limitations of published scientific studies about community-based health promotion and disease prevention programs, services, and policies;
- Assess whether the programs, services, and policies are effective in promoting health and preventing disease, injury, and disability;
- Examine the applicability of these programs, services, and policies to varied populations and settings; and
- Conduct economic analyses of recommended interventions.

These systematic reviews are conducted, with CPSTF oversight, by scientists and subject matter experts from the CDC in collaboration with a wide range of government, academic, policy, and practice-based partners. CPSTF findings and recommendations and the systematic reviews on which they are based are available at http://www.thecommunityguide.org/index.html.

Nomination Submissions

Nomination packages must be submitted electronically, and should include:

(1) The nominee’s current curriculum vitae;
(2) A brief biographic sketch of the nominee;
(3) The nominee’s contact information, including mailing address, email address, and telephone number; and
(4) A brief explanation of how the nominee meets the qualification requirements and how he/she would contribute to the CPSTF.

The information provided should also attest to the nominee’s willingness to serve as a member of the CPSTF and specify availability (i.e., calendar year 2018 or 2019 or either).

CDC will later ask for detailed information that will permit evaluation of possible significant conflicts of interest, as appropriate and applicable.

To obtain diverse perspectives, CDC encourages nominations of all races, genders, ages and persons living with disabilities. Interested individuals may self-nominate. Organizations and individuals may nominate one or more persons qualified for membership on the CPSTF. Federal employees are not eligible to be CPSTF members. Individuals nominated prior to this round, who continue to have interest in serving on the CPSTF, can be re-nominated.

Qualification Requirements

To qualify for the CPSTF and support its mission, a nominee must, at a minimum, demonstrate knowledge, experience, and national leadership in the following areas:

- The critical evaluation of research or policy, and/or in the methods of evidence review; and
- Research, evaluation, or implementation of community and/or health system-based programs, policies,