the main stage at the end of the conference.

Eligibility Rules for Participating in the Competition: To be eligible to win a prize under this challenge, an individual or entity—

(1) Shall have registered to participate in the competition under the rules promulgated by the Office of the National Coordinator for Health Information Technology.

(2) Shall have complied with all the requirements under this section.

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States.

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of Office of the National Coordinator for Health IT.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Entrants must agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

Entrants must also agree to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

Registration Process for Participants: To register for this Challenge, participants can access *http://www.challenge.gov* and search for ''Data Supporting Decisions Challenge.''

Prize:

- Total: $35,000 in prizes
- First Place: $20,000
- Second Place: $10,000
- Third Place: $5,000

Payment of the Prize: Prize will be paid by contractor.

Basis upon Which Winner Will Be Selected: The review panel will make selections based upon the following criteria:

Phase I (Proposal)

- Strength of use case for consumers
- How well solution will address use case
- Proposed use of data
- Quality of data sources

Phase II (Visualization Tools)

- Utility for consumers
- Interactivity and customization by user
- Use of data sources
- Visual appeal

In order for an entry to be eligible to win this Challenge, it must meet the following requirements:

1. Acceptable platforms—The tool must be designed for use with existing web, mobile web, electronic health record, or other platform.

2. Section 508 Compliance—Contestants must acknowledge that they understand that, as a pre-requisite to any subsequent acquisition by FAR contract or other method, they are required to make their proposed solution compliant with Section 508 accessibility and usability requirements at their own expense. Any electronic information technology that is ultimately obtained by HHS for its use, development, or maintenance must meet Section 508 accessibility and usability standards. Past experience has demonstrated that it can be costly for solution-providers to ''retrofit'' solutions if remediation is later needed. The HHS Section 508 Evaluation Product Assessment Template, available at *http://www.hhs.gov/od/vendors/index.html*, provides a useful roadmap for developers to review. It is a simple, web-based checklist utilized by HHS officials to allow vendors to document how their products do or do not meet the various Section 508 requirements.

3. No HHS or ONC logo—The app must not use HHS' or ONC's logos or official seals in the Submission, and must not claim endorsement.

4. Functionality/Accuracy—A Submission may be disqualified if it fails to function as expressed in the description provided by the user, or if it provides inaccurate or incomplete information.

5. Security—Submissions must be free of malware. Contestant agrees that ONC may conduct testing on the app to determine whether malware or other security threats may be present. ONC may disqualify the Submission if, in ONC's judgment, the app may damage government or others' equipment or operating environment.

Additional Information: General Conditions: ONC reserves the right to cancel, suspend, and/or modify the Contest, or any part of it, for any reason, at ONC's sole discretion.

Intellectual Property:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.
- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty-free, worldwide license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

Dated: April 3, 2014.

Karen DeSalvo,

National Coordinator for Health Information Technology.

[FR Doc. 2014–07985 Filed 4–9–14; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–14SR]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600

Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

''A Professional Development Needs Assessment to Improve Implementation of HIV/STD, Teen Pregnancy Prevention Services''—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2010, young people aged 13–24 accounted for 21% of all new HIV infections in the United States. Nearly half of the 19 million new sexually transmitted diseases (STD) reported each year are among young people aged 15–24. Young people who share certain demographic characteristics are disproportionately affected by HIV infection and other STD. Black and Latino young men who have sex with men (YMSM), homeless youth, and youth enrolled in alternative schools are particularly vulnerable.

The Nation's schools can play a critical role in addressing these epidemics. After the family, schools are one of the primary entities responsible for the development of young people.

To address these needs and disparities, the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health (DASH) through FOA PS–13–1308 is funding 19 state education agencies (SEA) and 17 local education agencies (LEA) to do HIV/STD teen pregnancy prevention in the education setting. Under the same cooperative agreement six Non-Governmental organizations (NGOs) are being funded to provide professional development, training and technical assistance to these 36 agencies in the major approach areas of Exemplary Sexual Health Education, Sexual Health Services and Safe and Supportive Environments. In addition, a contractor is being funded to provide assistance with the development and offering of professional development training and technical assistance.

This information collection is sponsored by CDC as part of the capacity building for grantees funded under the cooperative agreement. CDC has provided guidance and facilitation in the development of the survey tool that the contractor will use. This ensures efficiency and effectiveness and will minimize the need for multiple data collection activities by CDC and ETR as the contractor.

SEA and LEA will be providing professional development training and technical assistance to school districts and schools. Time is very limited to access school personnel and it is critical that this training and technical assistance be provided in the most effective and efficient manner. To meet these needs, DASH has funded a contractor, ETR Associates, through contract # 200–2013–F–57593 to develop a training plan designed to raise the capacity of all funded agencies in the area of professional development. The contract requires a needs assessment to gauge the skill level and needs of the funded agencies.

The contractor, ETR, will conduct an organizational needs assessment so that a plan can be developed to allow the contractor to tailor their training and technical assistance activities to the specific needs of the service providers (SEA/LEA).

Findings from this assessment will be used by ETR, funded NGOs, and CDC–DASH to plan for and implement professional development training and provide technical assistance in the most effective and efficient manner based on need and current theory. The CDC will be able to refine its approach to conceptualizing and providing professional development training and technical assistance to all grantees in the most cost-effective manner possible.

This activity is being done to obtain the information needed to develop appropriate tools such as job aids, resources, and training to increase the effectiveness of local and state education agencies that will be providing professional development around HIV prevention in schools and school districts. These resources will contribute to efficient and effective HIV prevention throughout the four remaining years of the cooperative agreement.

This needs assessment is being administered on-line to 36 organizations (local and state education agencies [LEA/SEA])in order to craft plans for the training and technical assistance needed for them as well as for the priority schools and school districts they work with as part of cooperative agreement. It is voluntary and no personally identifiable information will be collected. The total estimated burden for one administration of this needs assessment is 36 hours (36 respondents × 1 hour/response). It is expected that this needs assessment would be administered three times in a five year period to address changing and emerging needs for training and technical assistance.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
LEA/SEA grantees	CDC DASH 1308 Training and Technical Assistance Needs Assessment.	36	1	1	36
Total					

LeRoy 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. 2014–08013 Filed 4–9–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–14OE]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Monitoring and Reporting System for the Rape Prevention and Education Program Awardees—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Sexual violence is a major public health problem. According CDC's National Intimate Partner and Sexual Violence Survey (NISVS, OMB# 0920–0822), in the United States, nearly 1 in 5 women and 1 in 71 men have been raped in their lifetime, while 1 in 2 women and 1 in 5 men have experienced severe sexual violence victimization other than rape at some point in their lives, with the majority of victimization starting early in life. According to NISVS, approximately 80% of female victims experienced their first rape before the age of 25 and almost half experienced the first rape before age 18. Among male victims, 28% were first raped when they were 10 year old or younger. NISVS also found that early sexual victimization increases women's risk of adult victimization: Approximately 35% of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.

State health departments and the community-based organizations funded to implement sexual violence prevention strategies have variable, often low, levels of capacity and infrastructure to engage in program improvement and systematically collect data about sexual violence as well as the prevention strategies they are implementing. Historically, some health departments and funded community-based organizations have not had adequate resources to support a full-time staff person to deliver and implement prevention strategies. Additionally, while sexual violence prevention practitioners have undergone a sea change and expanded their focus from raising awareness of the problem to implementing primary prevention strategies, improved implementation based on best-available practices in prevention is still needed.

CDC, through the Rape Prevention and Education (RPE) Program, supports sexual violence prevention by implementing primary prevention strategies using a public health approach and effective prevention principles. The current cooperative agreement will advance this goal by supporting RPE funded organizations to implement sexual violence prevention strategies that adhere to general principles of effective prevention strategies. These principles include: Addressing modifiable risk and protective factors for perpetration and victimization, addressing multiple levels of the social ecology, emphasizing primary prevention, having sufficient dosage or intensity, being culturally relevant, being developed and implemented with stakeholders and based on best available evidence. Additionally, it aims to improve program evaluation infrastructure and capacity at the state level.

In order to accomplish these goals, the program strategy involves the focused implementation of three main components:

- Component 1—Implementation and program evaluation of sexual violence (SV) prevention strategies using a public health approach (this includes expectations that program evaluation activities are conducted at the state level.
- Component 2—Provision of Training and Technical Assistance to RPE funded organizations on the implementation of SV prevention strategies.
- Component 3—Participation in program support activities.

The primary outcome of interest is the improved ability of RPE funded organizations to use the public health approach and effective prevention principles to implement and evaluate sexual violence prevention strategies.

CDC seeks a 3-year Office of Management and Budget (OMB) approval to collect information electronically from awardees funded under the RPE cooperative agreement. Information will be collected from RPE awardees through an electronic data management information system; the Rape Prevention and Education Management Information System (RPE–MIS). The RPE–MIS will be used to collect information about the staffing resources dedicated by each awardee, as well as partnerships with external organizations. The RPE–MIS requires awardees to define their program objectives in action-oriented SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed) format, identify their target population and associated strategies citing the best available evidence and data sources, establish the link between their objectives, chosen strategies and the target population, and provide quantifiable performance measures associated with the chosen strategies. Information collected through the RPE–MIS will be used to inform performance monitoring, and program evaluation.

Anticipated respondents are a maximum of 55 awardees for the RPE Program. All respondents will be state and territorial health departments or designated personnel from their partner sexual assault coalitions. The time commitments for data entry and training are greatest during the initial population of the RPE–MIS, typically in the first six months of implementation. Estimated burden for the first-time population of the RPE–MIS is fifteen hours. Annual Reporting is estimated at three hours per respondent.