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Seating at the public meeting will be limited, and attendance will be “first-come, first-served,” on a space-available basis. The public meeting will also be webcast for those who are unable to participate in person. Details about the public meeting, including how to register, will be posted at the NTIS DMF Web page, <http://dmf.ntis.gov/>. The NTIS DMF Web page also has information about how to subscribe to the NTIS email distribution list to receive announcements from NTIS about the progress of the establishment of the certification program. To subscribe to this free service, you may provide an email address to jhounsell@ntis.gov.

Dated: February 25, 2014.

Bruce Borzino,
Director.

[FR Doc. 2014-04584 Filed 2-28-14; 8:45 am]

BILLING CODE 3510-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 101

[Docket No. FDA-1994-P-0314 (Formerly Docket No. 94P-0168)]

Food Labeling: Serving Sizes; Reference Amount and Serving Size Declaration for Hard Candies, Breath Mints

AGENCY: Food and Drug Administration, HHS.

ACTION: Proposed rule; withdrawal.

SUMMARY: The Food and Drug Administration (FDA or we) is withdrawing a proposed rule entitled “Food Labeling; Serving Sizes; Reference Amount and Serving Size Declaration for Hard Candies, Breath Mints” that published in the **Federal Register** of December 30, 1997 (62 FR 67775). We are taking this action because we are issuing a proposed rule on the serving sizes of foods in general that is published elsewhere in this issue of the **Federal Register**.

DATES: The proposed rule that published on December 30, 1997 (62 FR 67775), is withdrawn as of March 3, 2014.

FOR FURTHER INFORMATION CONTACT: Mark Kantor, Center for Food Safety and Applied Nutrition (HFS-830), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 240-402-1450.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of December 30, 1997, FDA published a proposed rule entitled “Food Labeling; Serving Sizes; Reference Amount and Serving Size Declaration for Hard Candies, Breath Mints” (the 1997 breath mints proposed rule). The 1997 breath mints proposed rule would change the label serving size for the product category “Hard candies, breath mints” so that the serving size for all breath mint products would be one unit. The 1997 breath mints proposed rule was published, in part, in response to a citizen petition (Docket No. FDA-1994-P-0314 (formerly Docket No. 94P-0168)) that requested a serving size for breath mints that more accurately reflected the amount customarily consumed per eating occasion. Specifically, the petition requested that FDA create a separate product category with a 0.5-gram (g) reference amount for small breath mints (weighing 0.5 g or less). The petition concluded that the serving size for small breath mints should be “1 mint.” The 1997 breath mints proposed rule also would amend the current rounding requirements for calories as described in 21 CFR 101.9(c)(1), which states that the caloric content per serving must be expressed to the nearest 5-calorie increment up to and including 50 calories, and 10-calorie increment above 50 calories, except that amounts less than 5 calories may be expressed as zero. The 1997 breath mints proposed rule would allow the declaration of calorie amounts of less than 5 calories on the Nutrition Facts label, provided that the number of calories declared on the Nutrition Facts label is consistent with the number of calories declared in any claim about the amount of calories made under 21 CFR 101.13(i).

In the **Federal Register** of April 4, 2005 (70 FR 17010), we issued an advance notice of proposed rulemaking (ANPRM) entitled “Food Labeling; Serving Sizes of Products That Can Reasonably Be Consumed At One Eating Occasion; Updating of Reference Amounts Customarily Consumed; Approaches for Recommending Smaller Portion Sizes.” The ANPRM requested

comment on whether we should amend certain nutrition labeling regulations concerning serving size.

In response to the ANPRM, elsewhere in this issue of the **Federal Register**, we are publishing a proposed rule that would, in part, amend the serving size for breath mints.

II. Withdrawal of the 1997 Proposed Rule

Because we are addressing issues related to the label serving size for breath mints, in conjunction with other serving size issues, in a proposed rule entitled, “Serving Sizes of Foods That Can Reasonably Be Consumed At One-Eating Occasion; Dual-Column Labeling; Updating, Modifying, and Establishing Certain Reference Amounts Customarily Consumed; Serving Size for Breath Mints; and Technical Amendments,” published elsewhere in this issue of the **Federal Register**, we are withdrawing the 1997 breath mints proposed rule.

Dated: February 24, 2014.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2014-04386 Filed 2-27-14; 8:45 am]

BILLING CODE 4160-01-P

DEPARTMENT OF EDUCATION

34 CFR Chapter III

[Docket ID ED-2014-OSERS-0013; CFDA Number: 84.133B-4]

Proposed Priority—National Institute on Disability and Rehabilitation Research—Rehabilitation Research and Training Centers

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Proposed priority.

SUMMARY: The Assistant Secretary for Special Education and Rehabilitative Services proposes a priority for the Rehabilitation Research and Training Center (RRTC) Program administered by the National Institute on Disability and Rehabilitation Research (NIDRR), specifically, a priority for an RRTC on Health and Function of Individuals with Physical Disabilities. We take this action to focus research attention on an area of national need. We intend the priority to contribute to improved outcomes of health and function of individuals with physical disabilities.

DATES: We must receive your comments on or before April 2, 2014.

ADDRESSES: Submit your comments through the Federal eRulemaking Portal or via postal mail, commercial delivery,

or hand delivery. We will not accept comments submitted by fax or by email or those submitted after the comment period. To ensure that we do not receive duplicate copies, please submit your comments only once. In addition, please include the Docket ID at the top of your comments.

- **Federal eRulemaking Portal:** Go to www.regulations.gov to submit your comments electronically. Information on using Regulations.gov, including instructions for accessing agency documents, submitting comments, and viewing the docket, is available on the site under "Are you new to the site?"

- **Postal Mail, Commercial Delivery, or Hand Delivery:** If you mail or deliver your comments about these proposed regulations, address them to Patricia Barrett, U.S. Department of Education, 400 Maryland Avenue SW., Room 5142, Potomac Center Plaza (PCP), Washington, DC 20202-2700.

Privacy Note: The Department's policy is to make all comments received from members of the public available for public viewing in their entirety on the Federal eRulemaking Portal at www.regulations.gov. Therefore, commenters should be careful to include in their comments only information that they wish to make publicly available.

FOR FURTHER INFORMATION CONTACT: Patricia Barrett. Telephone: (202) 245-6211 or by email: patricia.barrett@ed.gov.

If you use a telecommunications device for the deaf (TDD) or a text telephone (TTY), call the Federal Relay Service (FRS), toll free, at 1-800-877-8339.

SUPPLEMENTARY INFORMATION: This proposed priority is in concert with NIDRR's currently approved Long-Range Plan (Plan). The Plan, which was published in the **Federal Register** on April 4, 2013 (78 FR 20299), can be accessed on the Internet at the following site: www.ed.gov/about/offices/list/ose/nidrr/policy.html.

Through the implementation of the Plan, NIDRR seeks to: (1) Improve the quality and utility of disability and rehabilitation research; (2) foster an exchange of research findings, expertise and other information to advance knowledge and understanding of the needs of individuals with disabilities and their family members, including those from among traditionally underserved populations; (3) determine effective practices, programs, and policies to improve community living and participation, employment, and health and function outcomes for individuals with disabilities of all ages; (4) identify research gaps and areas for promising research investments; (5)

identify and promote effective mechanisms for integrating research and practice; and (6) disseminate research findings to all major stakeholder groups, including individuals with disabilities and their families in formats that are appropriate and meaningful to them.

This notice proposes one priority that NIDRR intends to use for one or more competitions in FY 2014 and possibly in later years. NIDRR is under no obligation to make an award under this priority. The decision to make an award will be based on the quality of applications received and available funding. NIDRR may publish additional priorities, as needed.

Invitation to Comment: We invite you to submit comments regarding this proposed priority. To ensure that your comments have maximum effect in developing the final priority, we urge you to identify clearly the specific topic that each comment addresses.

We invite you to assist us in complying with the specific requirements of Executive Orders 12866 and 13563 and their overall requirement of reducing regulatory burden that might result from this proposed priority. Please let us know of any further ways we could reduce potential costs or increase potential benefits while preserving the effective and efficient administration of the program.

During and after the comment period, you may inspect all public comments about this proposed priority in room 5142, 550 12th Street SW., PCP, Washington, DC, between the hours of 8:30 a.m. and 4:00 p.m., Washington, DC time, Monday through Friday of each week except Federal holidays.

Assistance to Individuals with Disabilities in Reviewing the Rulemaking Record: On request we will provide an appropriate accommodation or auxiliary aid to an individual with a disability who needs assistance to review the comments or other documents in the public rulemaking record for this notice. If you want to schedule an appointment for this type of accommodation or auxiliary aid, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

Purpose of Program: The purpose of the Disability and Rehabilitation Research Projects and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with

disabilities, especially individuals with the most severe disabilities. The Program is also intended to improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended (Rehabilitation Act).

Rehabilitation Research and Training Centers

The purpose of the RRTCs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through well-designed research, training, technical assistance, and dissemination activities in important topical areas as specified by NIDRR with guidance from its Rehabilitation Research Advisory Council. These activities are designed to benefit rehabilitation service providers, individuals with disabilities, family members, policymakers and other research stakeholders. Additional information on the RRTC program can be found at: <http://www2.ed.gov/programs/rrtc/index.html>.

Program Authority: 29 U.S.C. 762(g) and 764(b)(2).

Applicable Program Regulations: 34 CFR part 350.

Proposed Priority:

This notice contains one proposed priority.

Background

Of the 51.5 million adults with a disability in the United States, 41.5 million have physical disabilities, and close to 12.0 million need assistance from another person to perform one or more physical functions or activities, such as getting around inside the home, getting into or out of bed, bathing, dressing, eating, toileting, going outside the home, managing money, preparing meals, doing housework, taking prescription medication, and using the phone. (Brault, 2012). In addition to functional limitations associated with physical disability, individuals with physical disabilities (as well as individuals with other kinds of disabilities) have more health problems and less access to health care (Centers for Disease Control and Prevention, 2013; Drumm, Krahn, Culley, Hammond, 2005; Campbell, Sheets, Strong, 1999). Despite differences in the type, onset, severity, and progression of health problems experienced by individuals with different causes of physical disabilities, there are many health problems that occur across a wide range of physical disabilities, including fatigue, chronic pain, spasticity, weight problems, bladder and

bowel problems, urinary tract infections, depression, and isolation. Common to all is that they have an adverse impact on the individual's well-being, they must be managed to prevent further complications (Rimmer, Chen, Hsieh, 2011), and they can impede high school completion, employment, and social activities (Drumm, Krahn, Culley, Hammond, 2005).

Prospective research examining the risk factors associated with the onset of health problems, their severity, and progression is limited. There is a need to better understand how specific health problems are interrelated with optimal health and function; how they may affect community participation, lost work productivity, and decreased quality of life; and how they may be prevented or mitigated (Rimmer, Chen, Hsieh, 2011; Centers for Disease Control and Prevention, 2013a).

Despite their substantial health needs and elevated risk of adverse health outcomes, individuals with disabilities are at a substantial disadvantage in obtaining access to needed health care services compared to those without disabilities. Information remains limited, but recent studies indicate that people with disabilities, including individuals with physical disabilities, experience problems in gaining access to appropriate health care and health promotion and disease prevention programs and services (National Council on Disability, 2009; Yee, 2011). Reasons cited for these disparities include lack of health insurance or coverage for necessary services, such as specialty care, long-term care, care coordination, prescription medications, durable medical equipment, and assistive technologies. Additional factors include limited accessibility at medical facilities, lack of examination equipment and individualized accommodations that can be used by people with diverse disabilities, and the absence of professional training on disability competency issues for healthcare practitioners.

NIDRR has funded a wide range of disability research and development projects related to the health and functional outcomes of individuals with disabilities. As described in NIDRR's long-range plan, the "health and function" domain covers research that improves the understanding of the health status, health needs, and health care access of individuals with disabilities. In accordance with NIDRR's Plan, NIDRR seeks to build on these investments by supporting innovative and well-designed research and development projects that fall under one

or more of NIDRR's general "health and function" priority areas.

NIDRR hopes to increase competition and innovation by allowing applicants to specify the research topics under the broad priority areas within the health and function domain. An applicant must identify the relevant priority area or areas, indicate the stage or stages of the proposed research in its application (i.e., exploration and discovery, intervention development, intervention efficacy, and scale-up evaluation), justify the need and rationale for research at the proposed stage or stages, and describe fully an appropriate methodology or methodologies for the proposed research.

References

- Brault, M.W. (2012). Americans with Disabilities: 2010. U.S. Census Bureau, U.S. Department of Commerce. (available at: www.census.gov/prod/2012pubs/p70-131.pdf).
- Campbell, M.L., Sheets, D., & Strong, P.S. (1999). Secondary health conditions among middle-aged individuals with chronic physical disabilities: Implications for unmet needs for services. *Assistive Technology*, 11, 2, 105–122.
- Centers for Disease Control and Prevention (2013). Disability and Health: Related Conditions. (available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>).
- Centers for Disease Control and Prevention (2013a). Healthy People 2020: Disability and Health. (available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9>).
- Drumm, C., Krahn, G., Culley, C., Hammond L. (2005). Recognizing and responding to the health disparities of people with disabilities. *California journal of health promotion*, 3, 3, 29–42.
- National Council on Disability (2009). The Current State of Health Care for People with Disabilities. National Council on Disability. Washington, DC. (available at: www.ncd.gov/publications/2009/Sept302009).
- Rimmer, J.H., Chen, M., Hsieh, K. (2011). A Conceptual Model for Identifying, Preventing, and Managing Secondary Conditions in People With Disabilities. *Physical Therapy*, 91, 12, 1728–1739. (available at: <http://ptjournal.apta.org/content/91/12/1728.full.pdf+html>).
- Yee, Sylvia (2011). Health and Health Care Disparities Among People with Disabilities. Disability Rights Education & Defense Fund. Berkeley, CA. (available at: www.dredf.org/healthcare/Health-and-Health-Care-Disparities-Among-People-with-Disabilities.pdf).

Definitions

The research that is proposed under this priority must be focused on one or more stages of research. If the RRTC is

to conduct research that can be categorized under more than one research stage, or research that progresses from one stage to another, those research stages must be clearly specified. For purposes of this priority, the stages of research are from the final priorities and definitions published in the **Federal Register** on May 7, 2013 (78 FR 26513):

(i) *Exploration and Discovery* means the stage of research that generates hypotheses or theories by conducting new and refined analyses of data, producing observational findings, and creating other sources of research-based information. This research stage may include identifying or describing the barriers to and facilitators of improved outcomes of individuals with disabilities, as well as identifying or describing existing practices, programs, or policies that are associated with important aspects of the lives of individuals with disabilities. Results achieved under this stage of research may inform the development of interventions or lead to evaluations of interventions or policies. The results of the exploration and discovery stage of research may also be used to inform decisions or priorities.

(ii) *Intervention Development* means the stage of research that focuses on generating and testing interventions that have the potential to improve outcomes for individuals with disabilities. Intervention development involves determining the active components of possible interventions, developing measures that would be required to illustrate outcomes, specifying target populations, conducting field tests, and assessing the feasibility of conducting a well-designed intervention study. Results from this stage of research may be used to inform the design of a study to test the efficacy of an intervention.

(iii) *Intervention Efficacy* means the stage of research during which a project evaluates and tests whether an intervention is feasible, practical, and has the potential to yield positive outcomes for individuals with disabilities. Efficacy research may assess the strength of the relationships between an intervention and outcomes, and may identify factors or individual characteristics that affect the relationship between the intervention and outcomes. Efficacy research can inform decisions about whether there is sufficient evidence to support "scaling-up" an intervention to other sites and contexts. This stage of research can include assessing the training needed for wide-scale implementation of the intervention, and approaches to

evaluation of the intervention in real world applications.

(iv) *Scale-Up Evaluation* means the stage of research during which a project analyzes whether an intervention is effective in producing improved outcomes for individuals with disabilities when implemented in a real-world setting. During this stage of research, a project tests the outcomes of an evidence-based intervention in different settings. The project examines the challenges to successful replication of the intervention, and the circumstances and activities that contribute to successful adoption of the intervention in real-world settings. This stage of research may also include well-designed studies of an intervention that has been widely adopted in practice, but that lacks a sufficient evidence-base to demonstrate its effectiveness.

Proposed Priority

The Assistant Secretary for Special Education and Rehabilitative Services proposes a priority for an RRTC on Health and Function of Individuals with Physical Disabilities.

The RRTC must contribute to maximizing the health and function outcomes of individuals with physical disabilities by:

(a) Conducting research activities in one or more of the following priority areas, focusing on individuals with physical disabilities as a group or on individuals in specific disability or demographic subpopulations of individuals with physical disabilities:

(i) Technology to improve health and function outcomes for individuals with physical disabilities.

(ii) Individual and environmental factors associated with improved access to rehabilitation and health care and improved health and function outcomes for individuals with physical disabilities.

(iii) Interventions that contribute to improved health and function outcomes for individuals with physical disabilities. Interventions include any strategy, practice, program, policy, or tool that, when implemented as intended, contributes to improvements in outcomes for the specified population.

(iv) Effects of government practices, policies, and programs on health care access and on health and function outcomes for individuals with physical disabilities;

(v) Practices and policies that contribute to improved health and function outcomes for individuals with physical disabilities.

(b) Focusing its research on one or more specific stages of research. If the

RRTC is to conduct research that can be categorized under more than one of the research stages, or research that progresses from one stage to another, those stages must be clearly specified. The research stages and their definitions are listed before the Definitions section in this notice.

(c) Serving as a national resource center related to health and function for individuals with physical disabilities, their families, and other stakeholders by conducting knowledge translation activities that include, but are not limited to:

(i) Providing information and technical assistance to service providers, individuals with physical disabilities and their representatives, and other key stakeholders.

(ii) Providing training, including graduate, pre-service, and in-service training, to rehabilitation providers and other disability service providers, to facilitate more effective delivery of services to individuals with physical disabilities. This training may be provided through conferences, workshops, public education programs, in-service training programs, and similar activities.

(iii) Disseminating research-based information and materials related to health and function for individuals with physical disabilities.

(iv) Involving key stakeholder groups in the activities conducted under paragraph (a) in order to maximize the relevance and usability of the new knowledge generated by the RRTC.

Types of Priorities

When inviting applications for a competition using one or more priorities, we designate the type of each priority as absolute, competitive preference, or invitational through a notice in the **Federal Register**. The effect of each type of priority follows:

Absolute priority: Under an absolute priority, we consider only applications that meet the priority (34 CFR 75.105(c)(3)).

Competitive preference priority: Under a competitive preference priority, we give competitive preference to an application by (1) awarding additional points, depending on the extent to which the application meets the priority (34 CFR 75.105(c)(2)(i)); or (2) selecting an application that meets the priority over an application of comparable merit that does not meet the priority (34 CFR 75.105(c)(2)(ii)).

Invitational priority: Under an invitational priority, we are particularly interested in applications that meet the priority. However, we do not give an application that meets the priority a

preference over other applications (34 CFR 75.105(c)(1)).

Final Priority

We will announce the final priority in a notice in the **Federal Register**. We will determine the final priority after considering responses to this notice and other information available to the Department. This notice does not preclude us from proposing additional priorities, requirements, definitions, or selection criteria, subject to meeting applicable rulemaking requirements.

Note: This notice does not solicit applications. In any year in which we choose to use this priority, we invite applications through a notice in the **Federal Register**.

Executive Orders 12866 and 13563

Regulatory Impact Analysis

Under Executive Order 12866, the Secretary must determine whether this regulatory action is “significant” and, therefore, subject to the requirements of the Executive order and subject to review by the Office of Management and Budget (OMB). Section 3(f) of Executive Order 12866 defines a “significant regulatory action” as an action likely to result in a rule that may—

(1) Have an annual effect on the economy of \$100 million or more, or adversely affect a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities in a material way (also referred to as an “economically significant” rule);

(2) Create serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impacts of entitlement grants, user fees, or loan programs or the rights and obligations of recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles stated in the Executive order.

This proposed regulatory action is not a significant regulatory action subject to review by OMB under section 3(f) of Executive Order 12866.

We have also reviewed this regulatory action under Executive Order 13563, which supplements and explicitly reaffirms the principles, structures, and definitions governing regulatory review established in Executive Order 12866. To the extent permitted by law, Executive Order 13563 requires that an agency—

(1) Propose or adopt regulations only upon a reasoned determination that their benefits justify their costs

(recognizing that some benefits and costs are difficult to quantify);

(2) Tailor its regulations to impose the least burden on society, consistent with obtaining regulatory objectives and taking into account—among other things and to the extent practicable—the costs of cumulative regulations;

(3) In choosing among alternative regulatory approaches, select those approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity);

(4) To the extent feasible, specify performance objectives, rather than the behavior or manner of compliance a regulated entity must adopt; and

(5) Identify and assess available alternatives to direct regulation, including economic incentives—such as user fees or marketable permits—to encourage the desired behavior, or provide information that enables the public to make choices.

Executive Order 13563 also requires an agency “to use the best available techniques to quantify anticipated present and future benefits and costs as accurately as possible.” The Office of Information and Regulatory Affairs of OMB has emphasized that these techniques may include “identifying changing future compliance costs that might result from technological innovation or anticipated behavioral changes.”

We are issuing this proposed priority only upon a reasoned determination that its benefits would justify its costs. In choosing among alternative regulatory approaches, we selected those approaches that would maximize net benefits. Based on the analysis that follows, the Department believes that these proposed priorities are consistent with the principles in Executive Order 13563.

We also have determined that this regulatory action would not unduly interfere with State, local, and tribal governments in the exercise of their governmental functions.

In accordance with both Executive orders, the Department has assessed the potential costs and benefits, both quantitative and qualitative, of this regulatory action. The potential costs are those resulting from statutory requirements and those we have determined as necessary for administering the Department’s programs and activities.

The benefits of the Disability and Rehabilitation Research Projects and Centers Program have been well established over the years. Projects similar to the RRTCs have been

completed successfully, and the proposed priorities will generate new knowledge through research. The new RRTCs will generate, disseminate, and promote the use of new information that would improve outcomes for individuals with disabilities in the areas of community living and participation, employment, and health and function.

Intergovernmental Review: This program is not subject to Executive Order 12372 and the regulations in 34 CFR part 79.

Accessible Format: Individuals with disabilities can obtain this document in an accessible format (e.g., braille, large print, audiotape, or compact disc) by contacting the Grants and Contracts Services Team, U.S. Department of Education, 400 Maryland Avenue SW., room 5075, PCP, Washington, DC 20202–2550. Telephone: (202) 245–7363. If you use a TDD or TTY, call the FRS, toll free, at 1–800–877–8339.

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You may also access documents of the Department published in the **Federal Register** by using the article search feature at: www.federalregister.gov. Specifically, through the advanced search feature at this site, you can limit your search to documents published by the Department.

Dated: February 26, 2014.

Michael K. Yudin,

Acting Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 2014–04644 Filed 2–28–14; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF EDUCATION

34 CFR Chapter III

[CFDA Number: 84.133B–3.]

Proposed Priority—National Institute on Disability and Rehabilitation Research—Rehabilitation Research and Training Centers

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Proposed priority.

SUMMARY: The Assistant Secretary for Special Education and Rehabilitative Services proposes a priority for the Rehabilitation Research and Training Center (RRTC) Program administered by the National Institute on Disability and Rehabilitation Research (NIDRR). Specifically, this notice proposes a priority for an RRTC on Employment for Individuals with Intellectual and Developmental Disabilities. We take this action to focus research attention on an area of national need. We intend for this priority to contribute to improved employment outcomes of individuals with intellectual and developmental disabilities.

DATES: We must receive your comments on or before April 2, 2014.

ADDRESSES: Submit your comments through the Federal eRulemaking Portal or via postal mail, commercial delivery, or hand delivery. We will not accept comments submitted by fax or by email or those submitted after the comment period. To ensure that we do not receive duplicate copies, please submit your comments only once. In addition, please include the Docket ID at the top of your comments.

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SUPPLEMENTARY INFORMATION: This notice of proposed priority is in concert with NIDRR’s currently approved Long-