	Percent
Non-Profit Organizations With Credit Available Elsewhere	2.625
Non-Profit Organizations Without Credit Available Elsewhere	2.625
For Economic Injury:	
Non-Profit Organizations Without Credit Available Elsewhere	2.625

The number assigned to this disaster for physical damage is 14159B and for economic injury is 14160B.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

James E. Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2014–25069 Filed 10–21–14; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Military Reservist Economic Injury Disaster Loans Interest Rate for First Quarter FY 2015

In accordance with the Code of Federal Regulations 13—Business Credit and Assistance § 123.512, the following interest rate is effective for Military Reservist Economic Injury Disaster Loans approved on or after October 17, 2014.

Military Reservist Loan Program—4.000%

Dated: October 16, 2014.

James E. Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2014–25070 Filed 10–21–14; 8:45 am]

BILLING CODE 8025–01–P

DEPARTMENT OF STATE

[Public Notice: 8923]

60-Day Notice of Proposed Information Collection: Annual Report—J-NONIMMIGRANT Exchange Visitor Program

ACTION: Notice of request for public comments.

SUMMARY: The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. In accordance with the Paperwork Reduction Act of 1995, we are requesting comments on this collection from all interested individuals and organizations. The purpose of this notice is to allow 60 days for public comment preceding submission of the collection to OMB.

DATES: The Department will accept comments from the public up to 60 days from October 22, 2014.

ADDRESSES: You may submit comments by any of the following methods:

- *Web:* Persons with access to the Internet may use the Federal Docket Management System (FDMS) to comment on this notice by going to *www.Regulations.gov.* You can search for the document by entering "Public Notice 8923" in the Search bar. If necessary, use the Narrow by Agency filter option on the Results page.
- *Email: JExchanges@State.gov*
- *Mail (paper, disk, or CD–ROM submissions):* U.S. Department of State, ECA/EC, SA–5, Floor 5, 2200 C Street NW., Washington, DC 20522–0505, ATTN: Federal Register Notice Response. You must include the DS form number (if applicable), information collection title, and OMB control number in any correspondence.

FOR FURTHER INFORMATION CONTACT: Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed information collection and supporting documents, to Robin J. Lerner, Deputy Assistant Secretary for Private Sector Exchange, ECA/EC, SA–5, Floor 5, Department of State, 2200 C Street NW., Washington, DC 20522–0505, who may be reached on 202–632–3206 or at *JExchanges@state.gov.*

SUPPLEMENTARY INFORMATION:

- *Title of Information Collection:* Annual Report—J-NONIMMIGRANT Exchange Visitor Program.
- *OMB Control Number:* 1405–0151.
- *Type of Request:* Revision of a Currently Approved Collection.
- *Originating Office:* Bureau of Educational and Cultural Affairs, Office of Private Sector Exchange, ECA/EC.
- *Form Number:* Form DS–3097.
- *Respondents:* Designated J-NONIMMIGRANT program sponsors.
- *Estimated Number of Respondents:* 1,400.
- *Estimated Number of Responses:* 1,400.
- *Average Hours per Response:* 2 hours.
- *Total Estimated Burden:* 2,800 hours.
- *Frequency:* Annually.
- *Obligation to Respond:* Required to Obtain or Retain Benefits.

We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary for the proper performance of our functions;
- Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected;
- Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

Abstract of Proposed Collection

Annual reports from designated program sponsors assist the Department in oversight and administration of the J-NONIMMIGRANT visa program. The reports provide qualitative data on the number of exchange participants an organization sponsored annually per category of exchange. The reports also provide a summary of the activities in which exchange visitors were engaged and indicate information about program effectiveness. Program sponsors include government agencies, academic institutions, and private sector not-for-profit and for-profit entities. Annual reports are completed through the Student and Exchange Visitor Information System (SEVIS) and then printed and signed by a sponsor official, and sent to the Department by mail or fax.

Dated: October 16, 2014.

Robin Lerner,

Deputy Assistant Secretary for Private Sector Exchange, Bureau of Educational and Cultural Affairs, U.S. Department of State.

[FR Doc. 2014–25180 Filed 10–21–14; 8:45 am]

BILLING CODE 4710–05–P

DEPARTMENT OF STATE

[Public Notice: 8924]

In the Matter of the Designation of Ramzi Mawafi, also known as Ramzi Mowafi, also known as Ramzi Mahmoud Al Mowafi, also known as Ramzi Muwafi, as a Specially Designated Global Terrorist pursuant to Section 1(b) of Executive Order 13224, as Amended

Acting under the authority of and in accordance with section 1(b) of Executive Order 13224 of September 23, 2001, as amended by Executive Order 13268 of July 2, 2002, and Executive Order 13284 of January 23, 2003, I hereby determine that the individual known as Ramzi Mawafi, also known as Ramzi Mowafi, also known as Ramzi Mahmoud Al Mowafi, also known as Ramzi Muwafi, committed, or poses a significant risk of committing, acts of terrorism that threaten the security of

U.S. Department of State

ANNUAL REPORT
J-NONIMMIGRANT Exchange Visitor Program

*OMB Approval No. 1405-0151
Expires : XX/XX/XXXX
Estimate Burden: 2 Hours

Responsible Officer PROPOSED DRAFT FORM - NOT FOR INDIVIDUAL USE

Sponsoring Organization _____

Address _____

_____

Program Number _____

Reporting Period _____

Include This Information on Any Attachments

STATISTICAL REPORT

1. Activity by Category

Category	Total Number of Records Created in Each Category to begin a New Program	
	J - 1	J - 2
1. Alien Physician		
2. Au Pair		
3. Camp Counselor		
4. Government Visitor		
5. Intern		
6. International Visitor		
7. Professor		
8. Research Scholar		
9. Short-Term Scholar		
10. Specialist		
11. Student - Post-Secondary		
12. Student - Secondary School		
13. Summer Work/Travel		
14. Teacher		
15. Trainee		
Total Number of Records		

2. Reconciliation of Forms DS-2019

Use of Forms DS-2019 During the Reporting Period	Number of Forms DS-2019
A. Allotment Carried Over from Previous Reporting Period	
B. Allotment Received from DOS During Reporting Period	
C. Number of Records Available During the Reporting Period *(Add A + B)*	
D. Number of Records DS-2019 Created During the Reporting Period	
E. Total Number of Invalid Records	
F. Remaining Records Available at End of Reporting Period *(C - D + E =F)*	

3. Record Statuses	Number of Records
A. Active Records	
B. Inactive Records	
C. No Show Records	
D. Terminated Records	
E. Invalid Records	
F. Transferred Records	

Paperwork Reduction Act *(PRA)* Statement

*Public reporting burden for this collection of information is estimated to average two hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Office of Designation SA-44, 6th Floor, 301 4th Street, SW, Washington, DC 20547.

PROGRAM EVALUATION

A core mission of the Exchange Visitor Program is to promote mutual understanding between people of the United States and other countries through educational and cultural exchanges. Your comments and assessments help us present the success of our shared mission of exchange to Congress, interested government agencies, and International agencies and organizations. Please provide brief responses to the following questions.

1. **Summary:** Provide a brief summary of the activities in which exchange visitors were engaged, including:
   - 1A. **Program Effectiveness:** Please provide an evaluation of program effectiveness including a description of one or two brief success stories that occurred during the reporting period.
   - 1B. **Trends/Changes:** Describe any new directions, trends or significant changes that have occurred in your program during the reporting period.
   - 1C. **New Initiatives:** Describe any new initiatives that you are planning in the upcoming year.
2. **Difficulties:** What difficulties are you having that are working against the quality and quantity of exchanges in your program and in the broader Exchange Visitor Program? Examples: Credible employers, job availability, wages, housing, Consular Official/Visa issues, etc.
3. **Reciprocity:** Describe the nature and extent of reciprocity occurring in your exchange visitor program during the reporting year. If none, state: none.
4. **Cross-Cultural Activities:** Provide a summary of the cross-cultural activities you as sponsor provided for your exchange visitors during the reporting year.
5. **Staff:** Identify the number of staff *(full and part time)* used in the administration of your exchange visitor program. Examples: Private sector entities should include local and regional representatives, independent contractors, third parties, foreign agents.
6. **Other comments:**

CERTIFICATION

I certify that the information in this report is complete and correct to the best of my knowledge and belief; and, that the above named program sponsor has complied with all health and accident insurance requirements for exchange visitors and their accompanying spouses and dependents [22 CFR 62.14].

_____
Name of Responsible Officer (*Printed or Typed*)

_____
Signature of Responsible Officer (*Signed*)

_____
Date (*mm-dd-yyyy*)

Submission of Form DS-3097 shall be sent to:

U.S. Department of State
Office of Designation
SA-44, 6th Floor
301 4th Street, SW
Washington, DC 20547

Or By Email: EVPadministration@state.gov or AGExchanges@state.gov