

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Income withholding order/notice (courts, private attorneys, custodial parties or their representatives)	4,091,591	1.00	5 minutes	340,966
Income withholding orders/termination of employment/income status (employers and other income providers)	1,256,624	9.07	2 minutes	379,919
Electronic income withholding orders/termination of employment/income status (employers and other income providers)	19,000	96.30	30 seconds	1,525

Estimated Total Annual Burden Hours: 722,410.

Authority: 42 U.S.C. 666(a)(1), (a)(8), and 666(b)(6).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2020-12795 Filed 6-12-20; 8:45 am]

BILLING CODE 4184-41-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health Meeting Cancellation

AGENCY: Health Resources and Services Administration; Department of Health and Human Services.

ACTION: Notice of meeting cancellation.

SUMMARY: This is to notify the public that the July 29-30, 2020, and November 4-5, 2020, meetings of the National Advisory Council on Migrant Health (NACMH) are canceled.

FOR FURTHER INFORMATION CONTACT: Esther Paul, NACMH Designated Federal Officer, Strategic Initiatives and Planning Division, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, 5600 Fishers Lane, 16N38B, Rockville, Maryland 20857; 301-594-4300; or epaul@hrsa.gov.

SUPPLEMENTARY INFORMATION: The decision to cancel these NACMH meetings has been made after carefully considering the difficulties of obtaining a quorum in light of the current COVID-19 public health emergency and council members' concerns regarding their inability to access the needed internet speeds to conduct a video meeting. Consistent with the provisions in the NACMH Charter, these meetings were previously announced in the **Federal Register**, as follows:

Meeting I

July 29-30, 2020

Federal Register, Vol. 85, No. 67, Tuesday, April 7, 2020 (FR Doc. 2020-07204, filed 4-6-20)

Meeting II

November 4-5, 2020

Federal Register, Vol. 85, No. 41, Monday, March 2, 2020 (FR Doc. 2020-04169, filed 2-28-20)

Future NACMH meetings will be announced through the **Federal Register** at a later date.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2020-12505 Filed 6-12-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of a Supplemental Award to the Zero to Three National Center for Infant, Toddler and Families, Inc. Cooperative Agreement for the Infant-Toddler Court Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of funding award.

SUMMARY: HRSA announces the award of supplemental funding of approximately \$7,000,000 to the Zero to Three National Center for Infant, Toddler and Families, Inc. Cooperative Agreement for the Infant-Toddler Court Program (ITCP). The supplemental funding will allow the current recipient, during the period of September 30, 2020-September 29, 2021, to continue to improve the health, safety, well-being and development of infants, toddlers, and families in the child welfare system.

FOR FURTHER INFORMATION CONTACT: Lynlee Tanner Stapleton, Division of Home Visiting and Early Childhood Services, HRSA, 5600 Fishers Lane,

Room 18N-146A, Rockville, MD 20857, Phone: 301-443-5764, Email: lstapleton@hrsa.gov.

SUPPLEMENTARY INFORMATION:

Intended Recipient of Award: Zero to Three National Center for Infant, Toddler and Families, Inc.

Amount of Non-Competitive Award: \$7,000,000.

Period of Supplemental Funding: 09/30/2020-09/29/2021.

CFDA Number: 93.110.

Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

Justification: Starting in 2014, the Administration for Children and Families supported the Quality Improvement Center for Research Based Infant-Toddler Court Teams to provide technical assistance and implement projects to fully develop and expand research-based child welfare infant-toddler court teams. The program was transferred to HRSA in Fiscal Year (FY) 2018 and awarded to Zero to Three National Center for Infant, Toddler and Families, Inc. (\$3,000,000 per year for 3 years) to provide training, technical assistance, implementation support, and evaluation research for a network of infant-toddler court teams.

The Explanatory Statement accompanying the Further Consolidated Appropriations Act, 2020, indicated that "The agreement includes no less than \$10,000,000 for the third year of a cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve the well-being of infants, toddlers, and their families as described in House Report 116-62." Furthermore, the House Report (H. Rept. 116-62) included the following language from the House Committee on Appropriations: "The Committee includes \$10,000,000 for the third year of a cooperative agreement to support research-based Infant Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee expects this increase of \$7,000,000 above the fiscal year 2019 enacted level to: (1) Build upon the

work of sites established through the Quality Improvement Center for Research-based Infant Toddler Court Teams, including by providing training and technical assistance in support of such court teams' efforts across the country, and (2) support additional outreach sites to start a court team." Providing this funding as a supplement to this cooperative agreement recipient, Zero to Three, Inc. is necessary to improve infant-toddler courts.

ITCP provides high-quality services across multiple systems, building on the previously developed Safe Babies Court Team approach, and works to strengthen and align the child welfare,

health, and early childhood and community systems to meet the unique and urgent needs of infants, toddlers, and their families who have experienced, or are at risk for, significant maltreatment and/or foster care placement.

The additional funding will continue to advance outcomes associated with the prevention of infant/toddler maltreatment and the need for child placement into foster care; care linkages for involved children and parents with preventative and indicated health care services; expanded reach of infant-toddler court teams; and improved early identification of and response to child

and family risk/need, as well as emphasize the continued expansion of cross-sector engagement and alliances at state and local levels. Expected activities include significantly expanding the number of new sites engaged in outreach and start-up activities, supporting states or other regional networks of sites to plan for and develop common infrastructure and resource sharing, increasing the depth of training and technical assistance offered to existing implementation sites, providing increased sub-awards to implementation sites to increase sites' service capacity, and expanding current evaluation work.

Grantee/organization name	Grant No.	State	FY 2019 authorized funding level	FY 2020 proposed funding level
Zero to Three National Center for Infant, Toddler and Families, Inc	U2DMC32394	DC	\$2,986,820	\$ 9,938,555

Thomas J. Engels,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report OMB No. 0915-0172—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR must be received no later than August 14, 2020.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA

Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report OMB No. 0915-0172—Revision.

Abstract: HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. This Guidance is used annually by the 50 states and nine jurisdictions (hereafter referred to as "state") in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. The updates being proposed by HRSA's Maternal and Child Health Bureau for this edition of the Guidance continue to honor the federal-state partnership that is supported by the Title V Maternal and Child Health Services Block Grant and reinforce the state's role in developing a 5-year Action Plan that addresses its individual priority needs. These proposed updates build on and further

refine the reporting structure and vision that was outlined in the previous edition. As such, they are intended to enable a state to provide an articulate and comprehensive description of its Title V program activities and its leadership efforts in advancing and assuring a public health system that serves the Maternal and Child Health population. HRSA's proposed updates to this edition of the Guidance were informed by comments received from State Title V program leadership, national Maternal and Child Health leaders and other stakeholders.

While retaining the current organizational structure, performance measure framework and focus on family partnership, specific updates to this edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* include the following:

(1) Add clarifying language/instructions for completing reporting forms and update the Glossary of terms, references and citations, as needed.

(2) Revise the content of the National Outcome/Performance Measure Detail Sheets to include the 2030 *Healthy People* Objectives and to provide clear links to evidence-based and-informed strategies, federally available/state-reported data and data notes.

(3) Revise the format for Form #10e, which serves as the detail sheet for the state-specific measures (*i.e.*, Evidence-based and -Informed Strategy Measures, State Performance Measures, and State Outcome Measures).

(4) Provide continued emphasis on family partnership and engagement at the systems level and include the