participated in SEED because it is the parents who provided consent for follow-up studies. However, many emerging issues surrounding the transition to adulthood among adolescents with ASD require self, rather than parental report (*e.g.,* self-reported symptoms of anxiety, depression, quality of life, social camouflaging, gender identity, sexuality, and relationships). Children who originally participated at age 2–5 years, who are now adolescents and young adults, will be contacted through their parents and asked if they wish to provide informed consent for participation in surveys.

CDC requests OMB approval for an estimated 6,193 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Parent	Review of invitation letter and call script for first follow-up survey.	5,850	1	10/60	975
Parent	First follow-up core survey of SEED 1–3 parents.	3,900	1	40/60	2,600
Parent	First follow-up survey supplement for parents of children.	1,300	1	20/60	433
Parent	First follow-up survey supplement for parents of adolescents.	1,300	1	20/60	433
Parent	First follow-up survey supplement for parents of adults.	1,300	1	20/60	433
Parent	Second follow-up survey of SEED 1 parents.	1,105	1	10/60	184
Adult Child	Invitation and informed consent script.	520	1	10/60	87
Adult Child	Second follow-up survey of SEED 1 adult children.	520	1	30/60	260
Children age 8–22 years or their parents.	Parents or adult children receiving informed consent or assent script.	472	1	10/60	79
Children age 8–22 years	In-person assessment of intellectual abilities.	472	1	90/60	708
Total					6,193

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2021–21524 Filed 10–1–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0014]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before December 3, 2021.

ADDRESSES: Submit your comments to *sagal.musa@hhs.gov* or by calling (202) 205–2634.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 4040–0014–NEW–60D and project title for reference, to Sagal Musa, email: *sagal.musa@hhs.gov,* or call (202) 205–2634 the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: Federal Financial Report (SF–425) and Federal Financial Report Attachment (SF–425A).

Type of Collection: Renewal.

OMB No. 4040–0014.

Abstract

Abstract: Federal Financial Report (SF–425) and Federal Financial Report Attachment (SF–425A) are used by applicants to apply for Federal financial assistance. The Federal Financial Report (SF–425) and Federal Financial Report Attachment (SF–425A) forms allow the applicants to provide certain financial information as part of their grant proposals. These forms are evaluated by Federal agencies as part of the overall grant application. This IC expires on February 28, 2022. *Grants.gov* seeks a three-year clearance of these collections.

Type of Respondent: The Federal Financial Report (SF–425) and Federal Financial Report Attachment (SF–425A) forms are used by organizations to apply for Federal financial assistance in the form of grants. These forms are submitted to the Federal grant-making agencies for evaluation and review.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Federal Financial Report (SF–425) and Federal Financial Report Attachment (SF–425A).	Grant-seeking organizations	100,000	1	1	100,000
	Grant-seeking organizations	100,000	1	1	100,000
Total	.....	.....	1	.....	200,000

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2021–21560 Filed 10–1–21; 8:45 am]

BILLING CODE 4151–AE–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19; Correction

ACTION: Notice, correction.

SUMMARY: This document clarifies a term that appeared in the ''Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19,'' including in the final notice published in the **Federal Register** on September 14, 2021, entitled ''Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19.'' Specifically, this document supplements the references to the Advisory Committee on Immunization Practices (ACIP) with references to the Centers for Disease Control and Prevention (CDC). This change is being made to clarify that what are commonly referred to as ''ACIP recommendations'' and ''ACIP standard immunization schedules'' are in fact recommendations and schedules made by the CDC after consultation with ACIP. The addition of ''CDC'' is also intended to recognize coverage of recommendations issued directly by the CDC. This clarification also applies to related guidance and opinions.

DATES: This correction is applicable September 30, 2021.

FOR FURTHER INFORMATION CONTACT: L. Paige Ezernack, Office of the Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; 202–260–0365, *paige.ezernack@hhs.gov.*

Corrections

Corrections to technical errors that appeared in sections V(d) and (h) and XII of the final notice published in the **Federal Register** on September 14, 2021 at 86 FR 51160 entitled ''Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19. These corrections are made to clarify that when the term Advisory Committee on Immunization Practices (ACIP) schedule or recommendation is used in the declaration, that refers to recommendations made to the Centers for Disease Control and Prevention (CDC) by the ACIP in its advisory role under the Federal Advisory Committee Act. Such recommendations are taken into consideration when the CDC issues its recommendations, as adopted by the CDC Director. These have historically been published in CDC's *Morbidity and Mortality Weekly Report* under the title ''ACIP recommendations.'' The term ''CDC'' is added throughout the declaration whenever referring to ACIP recommendations or schedules to also recognizes coverage of recommendations issued directly by the CDC. Subsection V(d) is clarified to read:

(d) A State-licensed pharmacist who orders and administers, and pharmacy interns and qualified pharmacy technicians who administer (if the pharmacy intern or technician acts under the supervision of such pharmacist and the pharmacy intern or technician is licensed or registered by his or her State board of pharmacy),[1] (1) Vaccines that the CDC/ACIP recommend [2] to persons ages three through 18 according to CDC's/ACIP's standard immunization schedule or (2) seasonal influenza vaccine administered by qualified pharmacy technicians and interns that the CDC/ACIP recommend to persons aged 19 and older according to CDC's/ACIP's standard immunization schedule; or (3) FDA authorized or FDA licensed COVID–19 vaccines to persons ages three or older. Such State-licensed pharmacists and the State-licensed or registered interns or technicians under their supervision are qualified persons only if the following requirements are met:

i. The vaccine must be authorized, approved, or licensed by the FDA;

ii. In the case of a COVID–19 vaccine, the vaccination must be ordered and administered according to CDC's/ACIP's COVID–19 vaccine recommendation(s);

iii. In the case of a childhood vaccine, the vaccination must be ordered and administered according to CDC's/ACIP's standard immunization schedule;

iv. In the case of seasonal influenza vaccine administered by qualified pharmacy technicians and interns, the vaccination must be ordered and

[1] Some states do not require pharmacy interns to be licensed or registered by the state board of pharmacy. As used herein, ''State-licensed or registered intern'' (or equivalent phrases) refers to pharmacy interns authorized by the state or board of pharmacy in the state in which the practical pharmacy internship occurs. The authorization can, but need not, take the form of a license from, or registration with, the State board of pharmacy. Similarly, states vary on licensure and registration requirements for pharmacy technicians. Some states require certain education, training, and/or certification for licensure or registration; others either have no prerequisites for licensure or registration or do not require licensure or registration at all. As used herein, to be a ''qualified pharmacy technician,'' pharmacy technicians working in states with licensure and/or registration requirements must be licensed and/or registered in accordance with state requirements; pharmacy technicians working in states without licensure and/or registration requirements must have a CPhT certification from either the Pharmacy Technician Certification Board or National Healthcareer Association. *See* Guidance for PREP Act Coverage for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns for Childhood Vaccines, COVID–19 Vaccines, and COVID–19 Testing, OASH, Oct. 20, 2020 at 2, available at *https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents//prep-act-guidance.pdf* (last visited Jan. 24, 2021).

[2] Where the term CDC/ACIP recommendations, standard immunization schedules, or similar language is used, this includes both direct CDC recommendations as well as recommendations adopted by the CDC Director after recommendation by ACIP, which are commonly referred to as ACIP recommendations or schedules.