

profits and Not-for-profits); *Number of Respondents*: 80,539,628; *Number of Responses*: 80,539,628; *Total Annual Hours*: 8,567,975. (For questions regarding this collection contact Deme Umo at (410) 786–8854.)

Dated: January 6, 2022.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2022–00375 Filed 1–11–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Success Sequence Qualitative Interviews (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), proposes interview data collection activities for the Success Sequence Interviews study.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: OPRE/ACF/HHS proposes qualitative data collection as part of the Success Sequence Interviews study. The goal of this project is to understand complex decisions and circumstances of youth transitions to adulthood and explore the complexities around achieving the success sequence milestones of high school graduation, full-time employment, getting married, and having children. The data collected from the interviews will help ACF and the broader research field understand

adults’ perspectives and experiences related to the milestones, and will provide ACF’s Family and Youth Services Bureau’s Sexual Risk Avoidance Education grant program with greater insight into the program content and strategies related to the success sequence milestones and their ordering that could best resonate with youth. To support these efforts, we seek approval from the Office of Management and Budget to collect qualitative interview data from adults ages 30–35, recruiting from online research panels with participants across all U.S. regions. We propose the following data collection instruments:

(1) *Success Sequence Screener:* The screener will be administered by telephone. Information collected through the screener will be used to screen interview respondents into the study based on respondent demographics, household income, geographic location, and life milestones.

(2) *Success Sequence Interview Protocol:* We will administer an asynchronous interview with adults ages 30–35. Information collected through the interview protocol includes respondent life history focused on education, employment and work experience, family life, and financial status.

Respondents: A total of 225 interview respondents will be recruited from existing large national online panels of research participants.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden per response (in hours)	Total/annual burden (in hours)
(1) Success Sequence Screener	675	1	.083	56
(2) Success Sequence Interview Topic Guide	225	1	.75	169

Estimated Total Annual Burden Hours: 225.

Authority: Sec. 510. [42 U.S.C. 710].

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–00366 Filed 1–11–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Availability of Program Application Instructions for Title VII, Part B of the Rehabilitation Act, Independent Living Services To Expand the Public Health Workforce

Title: Expanding the Public Health Workforce Within the Disability Networks: Independent Living Services.

Announcement Type: Initial.

Statutory Authority: The statutory authority for grants under this program announcement is Section 2501 of the American Rescue Plan Act of 2021 (Pub. L. 117–2) and awards authorized under

Title VII, Part B of the Rehabilitation Act of 1973 (29. U.S.C. 796f *et seq.*), Independent Living Services, shall be provided funding under this opportunity.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.369.

DATES: The deadline date for the submission of the Expanding the Public Health Workforce within the Disability Networks: Independent Living Services is 11:59 p.m. Eastern Time February 11, 2022.

I. Funding Opportunity Description

The Administration for Community Living (ACL) announced a new funding opportunity to expand the public health workforce within the disability

networks. Public health promotes and protects the health of people and the communities where they live, learn, work, and play. The disability networks funded by ACL play an essential role in that work. The disability networks consist of trusted organizations and programs that reach and provide services and supports to people with disabilities in every community throughout the nation, including those related to public health, such as health and wellness education and information, counseling, case management and guidance related to health and social needs, as well as how to access those supports. These networks have over 50 years of community experience and possess intimate knowledge of the public health and other resources available and the needs of older adults in their direct area.

As part of its ongoing COVID-19 response efforts, the Biden-Harris Administration is investing federal funds through the American Rescue Plan Act of 2021 (ARPA)¹ to recruit, hire, and train public health workers to respond to the pandemic and prepare for future public health challenges. Specifically, the Secretary of the U.S. Department of Health and Human Services (HHS) will “carry out activities related to establishing, expanding, and sustaining a public health workforce . . . ,” ARPA § 2501(a), and funds may be used to support costs, including wages and benefits, of a range of public health professionals including but not limited to social support professionals, community health workers, communication and policy experts and “. . . other positions as may be required to prevent, prepare for, and respond to COVID-19 . . . ,” ARPA § 2501(b)(1).

To help advance these efforts, ACL has created the Expanding the Public Health Workforce within the Disability Networks program. This program aims to increase the number of public health professionals within the disability networks to address the unique needs of people with disabilities through the support of wages and benefits for these professionals. Professionals supported through this program may provide a wide range of public health services and supports, including provision of culturally affirmative and linguistically accessible information, access assistance for vaccines and boosters, transition and diversion from high-risk congregate settings to community living, provision and connections to health and wellness programs, activities that address social isolation and social determinants of

health, and other activities that support the public health and wellbeing of people with disabilities.

Designated state entities (DSEs)—the eligible entities for this opportunity—shall be provided funding to support wages and benefits for new staff or increase the full-time equivalent (FTE) of existing staff under this opportunity within the Part B Independent Living Services program. Award recipients are encouraged to make sub-awards to Part B funded CILs, Statewide Independent Living Councils (SILCs), and/or Part C funded CILs that receive Part B funding. Sub-awards may be allocated through an even distribution or based on information in the state plan for independent living, or other distribution based on need as determined by the chairperson of the SILC and the directors of the CILs in the State for the purposes of this funding. Although not required for funding, grantees are encouraged to explore options for funding to sustain the new FTE after the end of the grant. There is no cost sharing or matching requirement for this funding.

Award recipients will be required to submit annual progress reports in the form of a written summary on the number of full-time equivalents (FTEs) funded, type of public health professional(s) hired, and the activities they are engaged in to advance public health. To be eligible to receive this grant, the DSE must submit a Letter of Assurance to ACL containing all the assurances required (see “Section III. Eligibility Criteria and Other Requirements” and “Section IV. Submission Information”). DSEs that do not submit a Letter of Assurance or otherwise indicate no desire to receive funds, will be excluded from receiving funds.

ACL may extend deadlines based on the need of the COVID-19 response, *e.g.*, to meet unanticipated issues related to COVID-19 and/or to allow impacted DSEs that missed the cut-off date to submit a Letter of Assurance for consideration. ACL intends to issue notices of award as soon as possible with an estimated start date of March 1, 2022. However, the actual award may be released earlier or later than that date. Because the total amount awarded to each grantee is contingent upon the total number of grantees applying for funding, grant awards will be issued after ACL receives responses from all eligible DSEs. Regardless of the date of award, the funding will be available until September 30, 2024. Grantees may use the funds over any period of time before this date but are encouraged to

use the funding as soon as possible to have the greatest impact.

II. Award Information

1. Funding Instrument Type

These awards will be made in the form of new grants, evenly distributed to eligible entities.

2. Anticipated Total Funding per Budget Period

Awards made under this announcement will have an estimated start date of March 1, 2022 and an end date of September 30, 2024.

The total available funding for this opportunity is \$4,480,000.

Eligible entities who do not complete assurance requirements below, or otherwise indicate no desire to receive funds, will be excluded from receiving funds. This will have the effect of increasing the amount of funds available for eventual recipients.

ACL will distribute the \$4,480,000 evenly to all eligible entities to ensure a sufficient level of funding to provide substantive support for the public health workforce, which equates to a minimum award of \$80,000. This figure is based on the current number of eligible entities and would rise if some eligible entities refuse or are deemed ineligible.

III. Eligibility Criteria and Other Requirements

1. Eligible Entities

The eligible entity for these awards is the designated state entity (DSE) for Part B Independent Living Services under Title VII of the Rehabilitation Act.

2. Match

Cost Sharing or Matching is not required.

3. Other Requirements

A. Letter of Assurance

A Letter of Assurance is required to be submitted by the eligible entity in order to receive an award. The Letter of Assurance must include the following:

1. Assurance that the award recipient is the DSE for Part B Independent Living Services.

2. Assurance that funds will be spent in ways consistent with the purpose of the funding to support the cost of wages and benefits for public health professionals, directly or through contract, such as:

- Case investigator,
- Contact tracer,
- Social support specialist,
- Community health worker,
- Public health nurse,
- Disease intervention specialist,

¹ American Rescue Plan Act of 2021, Public Law 117-2, 135 Stat 4 (Mar. 11, 2021).

- Epidemiologist,
- Program manager,
- Laboratory personnel,
- Informaticians,
- Communication and policy experts,
- Other positions as may be required to prevent, prepare for, and respond to COVID-19.

3. Plan for the distribution of funds within the state Part B funded independent living services program. Award recipients are encouraged to make sub-awards to Part B funded CILs, Statewide Independent Living Councils (SILCs), and/or Part C funded CILs that receive Part B funding. Sub-awards may be allocated through an even distribution or based on information in the state plan for independent living, or other distribution based on need as determined by the chairperson of the SILC and the directors of the CILs in the State for the purposes of this funding.

4. Assurance to provide semi-annual federal financial reports and annual program reports that include the number and type of full-time equivalents hired, and activities performed to advance public health.

B. DUNS Number

All grant applicants must obtain and keep current a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number can be obtained from: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>.

C. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

IV. Submission Information

1. Letter of Assurance

To receive funding, eligible entities must provide a Letter of Assurance containing all the information outlined in Section III above.

Letters of Assurance should be addressed to: Jennifer Johnson, Deputy Commissioner, Administration on Disabilities, Administration for Community Living.

Letters of Assurance should be submitted *electronically via email* to PHWF@acl.hhs.gov.

2. Submission Dates and Times

To receive consideration, Letters of Assurance must be submitted by 11:59 p.m. Eastern Time on February 11, 2022. Letters of Assurance should be submitted electronically via email and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

1. Programmatic and Submission Issues

Direct programmatic inquiries to PHWF@acl.hhs.gov.

Dated: January 6, 2022.

Alison Barkoff,

Principal Deputy Administrator.

[FR Doc. 2022-00398 Filed 1-11-22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Availability of Program Application Instructions for Title VII, Part C of the Rehabilitation Act, Centers for Independent Living (CILs) To Expand the Public Health Workforce

Title: Expanding the Public Health Workforce within the Disability Networks: Centers for Independent Living.

Announcement Type: Initial.

Statutory Authority: The statutory authority for grants under this program announcement is Section 2501 of the American Rescue Plan Act of 2021 (Pub. L. 117-2) and awards authorized under Part C of the Rehabilitation Act of 1973 (29 U.S.C. 796f *et seq.*), Centers for Independent Living, shall be provided funding under this opportunity.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.432.

DATES: The deadline date for the submission of the Expanding the Public Health Workforce within Disability Networks: Centers for Independent Living is 11:59 p.m. Eastern Time February 11, 2022.

I. Funding Opportunity Description

The Administration for Community Living (ACL) announced a new funding opportunity to expand the public health workforce within the disability networks. Public health promotes and protects the health of people and the communities where they live, learn, work, and play. The disability networks funded by the Administration for Community Living (ACL) play an essential role in that work. The disability networks consist of trusted organizations and programs that reach and provide services and supports to people with disabilities in every community throughout the nation, including those related to public health such as health and wellness education and information, counseling, case management and guidance related to health and social needs, as well as how to access those supports. These

networks have over 50 years of community experience and possess intimate knowledge of the public health and other resources available and the needs of people with disabilities in their direct area.

As part of its ongoing COVID-19 response efforts, the Biden-Harris Administration is investing federal funds through the American Rescue Plan Act of 2021 (ARPA)¹ to recruit, hire, and train public health workers to respond to the pandemic and prepare for future public health challenges. Specifically, the Secretary of the U.S. Department of Health and Human Services (HHS) will “carry out activities related to establishing, expanding, and sustaining a public health workforce. . . .” ARPA § 2501(a), and funds may be used to support costs, including wages and benefits, of a range of public health professionals including but not limited to social support professionals, community health workers, communication and policy experts and “. . . other positions as may be required to prevent, prepare for, and respond to COVID-19. . . .” ARPA § 2501(b)(1).

To help advance these efforts, ACL has created the Expanding the Public Health Workforce within Disability Networks program. This program aims to increase through the support of wages and benefits the number of public health professionals within the disability networks to address the unique needs of individuals with disabilities. Public health professionals supported through this program may provide a wide range of public health services and supports, including provision of culturally affirmative and linguistically accessible information, access assistance for vaccines and boosters, transition and diversion from high-risk congregate settings to community living, provision and connections to health and wellness programs, activities that address social isolation and social determinants of health, and other activities that support the public health and wellbeing of people with disabilities.

Centers for Independent Living (CILs) under the Rehabilitation Act (Rehab Act)—the eligible entities for this opportunity—shall be provided funding to support new staff or increase the full-time equivalent (FTE) of existing staff under this opportunity to carry out public health services and supports. Although not required for funding, grantees are encouraged to explore options for funding to sustain the new

¹ American Rescue Plan Act of 2021, Public Law 117-2, 135 Stat 4 (Mar. 11, 2021).