

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 CIL must submit a Letter of Assurance to ACL containing all the assurances required, (see below, “Section III. Eligibility Criteria and Other Requirements” and “Section IV. Submission Information”). CILs 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 CILs 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 CILs. 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 \$38,297,600.

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 \$38,297,600 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 \$104,069. 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 designated by ACL as Centers for Independent Living under Part C 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 CILs in order to receive an award. The Letter of Assurance must include the following:

1. Assurance that the award recipient is an entity designated as a Part C funded CIL under the Rehab Act.
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,
 - 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. 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.

3. 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 and submission inquiries to PHWF@acl.hhs.gov.

Dated: January 6, 2022.

Alison Barkoff,

Principal Deputy Administrator.

[FR Doc. 2022-00397 Filed 1-11-22; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Availability of Program Application Instructions for Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act, State Councils on Developmental Disabilities To Expand the Public Health Workforce

Title: Expanding the Public Health Workforce within the Disability Networks: State Councils on Developmental Disabilities.

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 Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C 15021 *et seq.*), State Councils, shall be provided funding under this opportunity.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.620.

DATES: The deadline date for the submission of the Expanding the Public Health Workforce within Disability Networks: State Councils on Developmental Disabilities 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.

State Councils on Developmental Disabilities (Councils)—the eligible entities for this opportunity—under the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) 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 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 Councils must submit a Letter of Assurance to ACL containing all the assurances required, (see below, “Section III. Eligibility Criteria and Other Requirements” and “Section IV. Submission Information”). Councils 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 Councils 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 DDCs. 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 designated by ACL as State Developmental Disabilities Councils authorized under Subtitle B of the Developmental Disabilities Assistance and Bill of Rights 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 agency or entity designated as the State DD Council in the state or territory under section 125 of the DD Act (42 U.S.C. 15025).

2. Assurance that funds will be spent in ways consistent with the purpose of

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

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,
- 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. 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 and submission inquiries to PHWF@acl.hhs.gov.

Dated: January 6, 2022.

Alison Barkoff,

Principal Deputy Administrator.

[FR Doc. 2022-00400 Filed 1-11-22; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Proposed Collection; Public Comment Request; of the No Wrong Door (NWD) System Management Tool OMB Control 0985-0062

AGENCY: Administration for Community Living, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This IC Extension solicits comments on the information collection requirements relating to the Aging and Disability Resource Center/No Wrong Door System (ADRC/NWD). The statutory authority for ADRC/NWD is contained in Title IV of the Older Americans Act (OAA), as amended by the Older Americans Act Amendments of 2006.

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by March 14, 2022.

ADDRESSES: Submit electronic comments on the collection of information to: nowrongdoor@acl.hhs.gov. Submit written comments on the collection of information to Administration for Community Living, 330 C Street SW, Washington, DC 20201, Attention: Kristie Kulinski.

FOR FURTHER INFORMATION CONTACT: Kristie Kulinski, (202) 795-7379 or kristie.kulinski@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR

1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. The PRA requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility;

(2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates;

(3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

ACL, the Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA) have partnered to support states' efforts in developing coordinated systems of access, or No Wrong Door (NWD) Systems, to make it easier for people to learn about and access long-term services and supports (LTSS). When seeking services and supports, individuals and caregivers often face multiple, fragmented processes that are complex and confusing. States' access systems have been built over time as programs and funding streams have been added, creating duplicative eligibility and intake processes that are difficult for individuals and their caregivers to use. To address these issues, the NWD System model supports state efforts to streamline access to LTSS options for all populations and provides the infrastructure to promote the collaboration of local service organizations, making service delivery more efficient and person-centered. Examples of coordinated efforts include processes where individuals are assessed once via a common or standardized data collection method