

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and
5. Assess information collection costs.

Proposed Project

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant—Extension—Center for State, Tribal, Local and Territorial Support (CSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

For more than 35 years, the Preventive Health and Health Services Block Grant (PHHS Block Grant) has provided flexible funding for all 50 states, the District of Columbia, two

American Indian tribes, five U.S. territories, and three freely associated states to address the unique public health needs of their jurisdictions in innovative and locally defined ways. First authorized by Congress in 1981 through the Public Health Service Act (Pub. L. 102–531), the fundamental and enduring purpose of the grant has been to provide grantees with flexibility and control to address their priority public health needs. In 1992, Congress amended the law to align PHHS Block Grant funding priorities with the 22 chapters specified in Healthy People (HP) 2000, a set of national objectives designed to guide health promotion and disease prevention efforts. Additional amendments included set-aside funds specifically dedicated to sex offense prevention and victim services, thus requiring grantees receiving this support to include related HP objectives and activities as part of their PHHS Block Grant—funded local programs.

CDC is establishing a comprehensive, standardized method to collect data to describe select outputs and outcomes and ensure the accountability of the PHHS Block Grant. The CDC PHHS Block Grant Measurement Framework is an innovative approach to assessing cross-cutting outputs and outcomes resulting from grantees' use of flexible grant funds. The framework defines measures that enable CDC to standardize the collection of data on grantee achievements. The CDC PHHS Block Grant Measurement Framework is an innovative approach to: Collecting data on public health infrastructure (i.e., information systems, quality

improvement, efficiency and effectiveness of programs, services, and operations); addressing emerging public health needs; and implementing evidence-based public health interventions.

The purpose of this information collection request (ICR) is to collect data that assess select cross-cutting outputs and outcomes of the grant (as defined by the framework measures) and that demonstrate the utility of the grant on a national level. This data collection will describe the outcomes of the PHHS Block Grant as a whole, rather than individual grantee activities or outcomes. Findings from this data collection will be used to: (1) Describe the outcomes and achievements of grantees' public health efforts and identify how the use of PHHS Block Grant funds contributed to those results, and (2) help assess how the PHHS Block Grant advances work of the public health system and provides evidence to support future budgetary requests.

The respondent universe consists of 61 PHHS Block Grant coordinators, or their designees, across 61 health departments (50 states, the District of Columbia, two tribes, five U.S. territories, and three freely associated states). The assessment will be administered to PHHS Block Grant coordinators electronically via a web-based questionnaire. A link to the assessment will be provided by email invitation. The survey will be completed once every two years. The total annualized estimated burden is 46 hours.

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 (in hours)
PHHS Block Grant Coordinators, or Designees.	PHHS Block Grant Assessment	61	1	45/60	46
Total	46

Jeffery M. Zirger,

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

[FR Doc. 2022–02403 Filed 2–3–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Cooperative Agreement To Fund the National Lung Hospital (NLH)/National Tuberculosis Program, Vietnam

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$1,500,000, for Year 1 of funding to the National Lung Hospital (NLH)/National Tuberculosis Program (NTP). The award will support high quality TB, multi-drug resistant TB (MDR–TB), and TB/HIV programs to strengthen and expand TB and MDR–TB quality-assured diagnostic capacity

(clinical and laboratory testing); promote TB, MDR-TB, and TB/HIV prevention and integration into existing healthcare services; strengthen TB surveillance and monitoring and evaluation (M&E) and improve collaboration and coordination between TB and other programs, particularly HIV and COVID-19. Funding amounts for years 2-5 will be set at continuation.

DATES: The period for this award will be September 30, 2022 through September 29, 2027.

FOR FURTHER INFORMATION CONTACT:

Amy Bailey, Center for Global Health, Centers for Disease Control and Prevention, 5th/Floor Tung Shing Building, No 2, Ngo Quyen Street, Hoan Kiem District Hanoi, Vietnam, Telephone: 800-232-6348, email: fue8@cdc.gov.

SUPPLEMENTARY INFORMATION: The single-source award will contribute to enhancing early and universal access to high quality prevention, diagnosis, and treatment services for TB, MDR-TB, and TB/HIV with the goal of ending TB in Vietnam by 2030.

The NLH/NTP is in a unique position to conduct this work as it is mandated by Vietnam Ministry of Health (MoH) with oversight and implementation of TB prevention and control activities in Vietnam. The NLH is the leading tertiary hospital in charge of examination and treatment of TB and lung diseases and steering TB and lung disease prevention and control activities throughout the country.

Summary of the Award

Recipient: National Lung Hospital (NLH)/National Tuberculosis Program (NTP).

Purpose of the Award: The purpose of this award is to support high quality TB, MDR-TB, and TB/HIV programs to strengthen and expand TB and MDR-TB quality-assured diagnostic capacity (clinical and laboratory testing); promote TB, MDR-TB, and TB/HIV prevention and integration into existing healthcare services; strengthen TB surveillance and M&E and improve collaboration and coordination between TB and other programs, particularly HIV and COVID-19.

Amount of Award: The approximate year 1 funding amount will be \$1,500,000 in Federal Fiscal Year (FFY) 2022 funds, subject to the availability of funds. Funding amounts for years 2-5 will be set at continuation.

Authority: This program is authorized under Public Law 108-25 (the United States Leadership Against HIV AIDS, Tuberculosis and Malaria Act of 2003).

Period of Performance: September 30, 2022 through September 29, 2027.

Dated: February 1, 2022.

Terrance Perry,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP); SIP22-001, Process, Outcome, and Cost Evaluation of Free Sunscreen Dispensers in Outdoor Community Settings.

Date: April 26, 2022.

Time: 11:00 a.m.-6:00 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Jaya Raman Ph.D., Scientific Review Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, Mailstop S107-B, Atlanta, Georgia 30341, Telephone: (770) 488-6511, Email: JRaman@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022-02381 Filed 2-3-22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): RFA-PS-22-001, Implementing Pre-exposure Prophylaxis for HIV Prevention in Syringe Service Programs; RFA-PS-22-002, Implementation Research on Telehealth Strategies to Support Retention in Care and Treatment among Antiretroviral Therapy (ART) Patients and Pre-exposure Prophylaxis (PrEP) Clients; and RFA-PS-22-004, Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era.

Date: March 30, 2022.

Time: 10:00 a.m.-5:00 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 1600 Clifton Road, NE, Mailstop US8-1, Atlanta, Georgia