

- 73. Katie M. Miller, Andover, Minnesota, Court of Federal Claims No: 19-0433V
- 74. Rebekah Fisler, Anderson, South Carolina, Court of Federal Claims No: 19-0434V
- 75. Christopher Lagos, Staten Island, New York, Court of Federal Claims No: 19-0436V
- 76. Maureen Nelson, Hempstead, New York, Court of Federal Claims No: 19-0438V
- 77. Jennifer Venier, Washington, District of Columbia, Court of Federal Claims No: 19-0439V
- 78. Sara Dorman, Paramus, New Jersey, Court of Federal Claims No: 19-0444V
- 79. Vera Veronica Kelly, Richmond, Virginia, Court of Federal Claims No: 19-0445V
- 80. Alexandra Friedman, Phoenix, Arizona, Court of Federal Claims No: 19-0446V
- 81. Susan Reifman, Boise, Idaho, Court of Federal Claims No: 19-0447V
- 82. Dameond Sigmond Reed, Charleston, South Carolina, Court of Federal Claims No: 19-0448V
- 83. Michelle A. Miller, Lancaster, New York, Court of Federal Claims No: 19-0450V
- 84. Cheri Sleeth, Boston, Massachusetts, Court of Federal Claims No: 19-0451V
- 85. Laurie L. Ogle, North Bend, Washington, Court of Federal Claims No: 19-0452V
- 86. Keyonna Michie on behalf of K.W., Bronx, New York, Court of Federal Claims No: 19-0453V
- 87. Robert Thomas Frey, Prospect, Kentucky, Court of Federal Claims No: 19-0454V
- 88. Darrell Barrett, Booneville, Kentucky, Court of Federal Claims No: 19-0456V
- 89. Roy Bristow, San Antonio, Texas, Court of Federal Claims No: 19-0457V
- 90. Cheryl Porter, Gainesville, Florida, Court of Federal Claims No: 19-0458V
- 91. Samantha Deters on behalf of S.D., Glen Burnie, Maryland, Court of Federal Claims No: 19-0459V
- 92. Ron Dimant and Christina Saczek on behalf of L.D., Boston, Massachusetts, Court of Federal Claims No: 19-0461V
- 93. Benjamin Larson, Washington, District of Columbia, Court of Federal Claims No: 19-0462V
- 94. Dwayne Palacio, Gardena, California, Court of Federal Claims No: 19-0466V
- 95. Amy Hatfield, Transfer, Pennsylvania, Court of Federal Claims No: 19-0467V
- 96. Lawrence Romine, Walnut Creek, California, Court of Federal Claims No: 19-0468V
- 97. Taylor Blackmore, Monterey, California, Court of Federal Claims No: 19-0470V

[FR Doc. 2019-08381 Filed 4-25-19; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Environmental Information Documentation, OMB No. 0915-0324—Revision

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

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than May 28, 2019.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:
Information Collection Request Title: Environmental Information Documentation OMB No. 0915-0324—Revision.

Abstract: HRSA proposes revisions to the Environmental Information and Documentation (EID) checklist, which consists of information that the agency is required to obtain to comply with the

National Environmental Policy Act of 1969 (NEPA). NEPA establishes the federal government’s national policy for protection of the environment. The EID checklist must be completed and submitted by applicants for HRSA funds that plan to engage in construction or other projects that would potentially impact the environment. HRSA utilizes the checklist to ensure that decision-making processes are consistent with NEPA. The revisions will update some of the language in the checklist. For example, to better align with 45 CFR part 75, HRSA proposes to change the term “grant” to “award” and “grantee” to “award recipient.”

A 60-day notice was published in the **Federal Register** on December 27, 2018, Vol. 83, No. 247.

Need and Proposed Use of the Information: Applicants for HRSA funds must provide information and assurance of compliance with NEPA on the EID checklist. This information is reviewed in the pre-award stage.

Likely Respondents: HRSA applicants applying for federal construction grants and cooperative agreements.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NEPA EID Checklist	1,500	1	1,500	1	1,500
Total	1,500	1,500	1,500

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2019-08383 Filed 4-25-19; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Urban Indian Health Programs; 4-in-1 Grant Programs

Announcement Type: New and Competing Continuation.

Funding Announcement Number: HHS-2019-IHS-UIHP2-0002.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.193.

Key Dates

Application Deadline Date: May 30, 2019.

Earliest Anticipated Start Date: July 1, 2019.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) is accepting applications for competitive grants for the Fiscal Year (FY) 2019 4-in-1 for Urban Indian Organizations. This program is authorized under the Snyder Act, 25 U.S.C. 13, Public Law (Pub. L.) 67-85, and Title V of the Indian Health Care Improvement Act (IHCIA), Public Law 94-437, as amended, specifically the provisions codified at 25 U.S.C. 1653(c)-(e) (authorizing grants for health promotion and disease prevention services, immunization services and mental health services), and § 1660a (authorizing grants for alcohol and substance abuse related services). This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.193.

Background

In the late 1960s, Urban Indian community leaders began advocating at the local, State and Federal levels to address the unmet health care needs of Urban Indians, and requested health care services and programs. These efforts resulted in an increase of preventative, medical, and behavioral health services, but there was growing recognition of challenges preventing Urban Indians in seeking health care services. To address these barriers, advocacy focused on the development of culturally appropriate activities that were unique to the social, cultural and

spiritual needs of American Indians and Alaska Natives residing in urban settings. Programs developed at that time were staffed by volunteers in storefront settings with limited budgets offering primary care and outreach and referral-type services.

In response to efforts of the Urban Indian community leaders, Congress appropriated funds in 1966, through the IHS, for a pilot urban clinic in Rapid City, South Dakota. In 1973, Congress appropriated funds to study unmet Urban Indian health needs in Minneapolis, Minnesota. The findings of this study documented cultural, economic, and access barriers to health care and led to congressional appropriations under the Snyder Act to support emerging Urban Indian clinics in several Bureau of Indian Affairs relocation cities, e.g., Seattle, San Francisco, Tulsa, and Dallas. In 1976, Congress passed the IHCIA, Public Law 94-437, establishing the Urban Indian health program under Title V. Congress reauthorized the IHCIA in 2010 under Public Law 111-148 (2010). This law is considered health care reform legislation to improve the health and well-being of all American Indians and Alaska Natives, including Urban Indians. Title V-specific funding is authorized for the development of programs for Urban Indians residing in urban areas. These areas include health promotion and disease prevention (HP/DP) services, immunization services, alcohol and substance abuse related services, and mental health services, hereafter referred to as "4-in-1," health programs or services.

Purpose

The purpose of this IHS grant announcement is to award funding to Urban Indian Organizations to ensure the highest possible health status for Urban Indians. Funding will be used to support the 4-in-1 health program objectives. Specifically, the four health programs are: (1) HP/DP services, (2) immunization services, (3) alcohol and substance abuse related services, and (4) mental health services. These programs are integral components of the IHS health care delivery system. Funds from this effort will ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to Urban Indians.

II. Award Information

Type of Awards

Grants.

Estimated Funds Available

The total amount of funding identified for FY 2019 is approximately \$980,000. Total funding available for competitive new and competing continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

New applicants are eligible to apply for funding, up to \$200,000 per budget year, under this funding announcement. Current 4-in-1 grantees are eligible to apply for competing continuation funding under this announcement and must demonstrate that they have complied with previous terms and conditions of the 4-in-1 grant in order to receive funding under this announcement. Current 4-in-1 grantees may request annual funds up to the total cost amount approved in the last noncompeting award.

Anticipated Number of Awards

Approximately 9 grants will be issued under this program announcement.

Project Period

The project period is for three years.

III. Eligibility Information

1. Eligibility

To be eligible for this New and Competing Continuation Funding Opportunity, applicants must be an Urban Indian Organization (UIO) administering a contract or grant under 25 U.S.C. 1653. Urban Indian Organizations are defined by 25 U.S.C. 1603(29) as a nonprofit corporate body situated in an urban center, governed by an Urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a). Applicants must provide proof of nonprofit status with the application such as 501(c)(3) Certificate.

Current 4-in-1 grantees awarded in FY 2019 under announcement HHS-2019-IHS-UIHP2-0001 are not eligible to apply for this New and Competing Continuation Funding Opportunity.

Note: Please refer to Section IV (Application and Submission Information/ Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required, such as, 501(c)(3) Certificate, copy of current Negotiated Indirect Cost Rate agreement, etc.