

full range of legal services including, by way of example, legal counsel to their departmental clients and client agencies in the regions, as described below, subject to the professional supervision and direction of the General Counsel.

The Office of the General Counsel's ten regional offices provide legal advice, administrative and judicial litigation support and counseling services to the regional components of the Department. Regional attorneys provide general law support to regional clients and handle work in most areas within HHS' jurisdiction with particular emphasis on litigation for, among others, CMS, ACF, OCR, CDC, and IHS. Regional offices also provide leadership with respect to bankruptcy cases. In the area of civil rights, they work in close consultation with the Associate General Counsel for the Civil Rights Division to ensure that the regional positions align closely with those of the Division thereby fostering national uniformity. In other areas, the Divisions and Regions work collaboratively to provide consistent, uniform legal advice.

Dated: January 11, 2021.

**Alex M. Azar II,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2021-00883 Filed 1-19-21; 8:45 am]

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the Secretary**

### **Office of the Assistant Secretary for Financial Resources; Statement of Organization, Functions, and Delegations of Authority**

**SUMMARY:** The Department of Health and Human Services (HHS) is updating and realigning a portion of two offices within the Office of the Assistant Secretary for Financial Resources (ASFR), Office of the Secretary: the Immediate Office (AM) and the Office of Finance (AMS) ASFR is modifying its structure to move the Division of Enterprise Risk Management from the Office of Finance to the Immediate Office and establish the Division of Administrative Operations and Grants Quality Service Management Office within the Immediate Office (AM).

**FOR FURTHER INFORMATION CONTACT:** Christine Jones, Deputy Assistant Secretary Operations and Management, ASFR, 200 Independence Ave, SW, Washington, DC 20201, (202) 690-6061.

**SUPPLEMENTARY INFORMATION:** Part A (Office of the Secretary), Statement of Organization, Functions, and

Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AM, Office of Financial Resources, as last amended at 76 FR 69741-42, dated November 9, 2011, and 74 FR 57679-82, dated November 9, 2009. This reorganization modifies ASFR's structure to elevate key Department and Government-wide functions and improve operational functionality by creating the Division of Administrative Operations and the Grants Quality Services Management Office (QSMO) within the Immediate Office of the Assistant Secretary and realigning the Division of Enterprise Risk Management (ERM) from the Office of Finance to the Immediate Office of the Assistant Secretary for Financial Resources. This reorganization will make the following changes under Chapter AM, Office of Financial Resources:

I. Under Section AM.10 Organization, insert the following:

A. Immediate Office of the Assistant Secretary (AM). The Immediate Office (IO) is headed by the Deputy Assistant Secretary for Operations and Management and includes the:

- Division of Administrative Operations
- Grants QSMO Office
- Division of Enterprise Risk Management

II. Under Section AM.20 Functions, insert the following sections:

A. Immediate Office of the Assistant Secretary (AM). The Immediate Office (IO) is responsible for support, operations, and coordination required to execute the mission of ASFR including implementation of HHS's Enterprise Risk Management (ERM) program and oversight of the Grants QSMO Office.

(1) Division of Administrative Operations. The Division:

- (a) Provides operational support for the ASFR;
- (b) Coordinates administrative and operational issues across ASFR.
- (c) Leads strategic planning for ASFR;
- (d) Serves as the liaison with internal and external stakeholders regarding operational matters;
- (e) Leads ASFR workforce development initiatives; and
- (f) Leads other activities that enhance ASFR's management and operations

(2) Division of Enterprise Risk Management. The Division:

- (a) Coordinates across HHS to establish, and communicate, and sustain HHS's ERM vision, culture, strategy, and framework;
- (b) Designs, implements, and matures an ERM capability across HHS, including governance and community management;

(c) Develops and shares tools, guidance, and best practices regarding ERM;

(d) Provides technical assistance and direction to HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) on implementing ERM;

(e) Facilitates strategic initiatives across HHS's risk portfolio including guiding updates of the agency's risk profile, and management's prioritization of risks and opportunities;

(f) Leads the Department's efforts to meet the ERM requirement in OMB Circular A-123, "Management's Responsibility for Enterprise Risk Management and Internal Control";

(g) Prepares reports, briefings, and makes recommendations to senior HHS leadership, OPDIVs, STAFFDIVs and other stakeholders on ERM related activities; and

(h) Leads activities that enhance HHS implementation and integration of ERM into business operations.

(3) The Grants Quality Service Management Office (Grants QSMO). The Office:

(a) Offers and manages a marketplace of solutions for common technology, services, or fully managed services to respond to agency needs;

(b) Guides and governs the long-term sustainability of the services and solutions;

(c) Works with agencies on alternative strategies to help them build a business case if a marketplace for a particular solution is not yet available;

(d) Administers a customer engagement and feedback model that allows for continuous improvement and performance management of solutions;

(e) Drives the implementation of standards that produce efficiencies in process and scale and that are established through the collaborative governance process; and

(f) Analyzes the status of the government-wide grants management ecosystem and present information and recommendations to HHS executives and other inter-government stakeholders to inform strategic decisions on federal investments in technology and services for grants management.

III. Under D Chapter AMS, Office of Finance (AMS) section AMS.00 Mission:

A. Replace Section 1. Immediate Office (AMS) with:

1. Immediate Office (AMS). The Immediate Office (IO) is responsible for support and coordination to execute the mission of OF:

(1) Provides leadership for the HHS CFO community;

(2) Leads strategic planning for the HHS CFO community and the Office of Finance;

(3) Serves as the liaison with internal and external stakeholders regarding financial management matters;

(4) Provides operational support for the OF;

(5) Leads workforce development initiatives for the OF;

(6) Advises the ASFR/CFO regarding financial management matters affecting the Department; and

(7) Leads other activities that enhance OF's management and operations

IV. Delegations of Authority: All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

**Authority:** 44 U.S.C. 3101

Dated: January 11, 2021.

**S. W. Rowell,**

*Assistant Secretary for Administration.*

[FR Doc. 2021-01226 Filed 1-15-21; 11:15 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Aging 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. 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:* National Institute on Aging Special Emphasis Panel RADx clinical trials.

*Date:* February 26, 2021.

*Time:* 11:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Bethesda, MD 20892. (Video Meeting)

*Contact Person:* Maurizio Grimaldi, MD, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, National Institutes of Health, 7201 Wisconsin Avenue, Gateway Building, Suite 2W200, Bethesda, MD 20892, (301) 496-9374, [grimaldim2@mail.nih.gov](mailto:grimaldim2@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: January 12, 2021.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2021-00987 Filed 1-19-21; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; 60-Day Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NIH)

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Ms. Tawanda Abdelmouti, Assistant Project Officer, Office of Policy for Extramural Research Administration, 6705 Rockledge Drive, Suite 350, Bethesda, Maryland 20892 or call non-toll-free number (301) 435-0978 or Email your request, including your address to: [abdelmot@mail.nih.gov](mailto:abdelmot@mail.nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) 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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:* Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery, 0925-EXTENSION, exp., date 5/31/2021, National Institutes of Health (NIH).

*Need and Use of Information Collection:* We are not requesting changes for this submission. The proposed information collection provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions. This information, however, is not statistical surveys that yield quantitative results, which can be generalized to the population of study. This feedback will provide information about the NIH's customer or stakeholder perceptions, experiences, and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative, and actionable communications between the NIH and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the NIH's services will be unavailable.

The NIH will only submit a collection for approval under this generic clearance if it meets the following:

- The collections are voluntary;
- The collections are low-burden for respondents (based on considerations of total burden hours, total number of