

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent *	Total responses	Average burden per response (in hours)	Total burden hours
Kidney/Pancreas Post-Transplant Malignancy Form .....	133	2.20	293	0.40	117
VCA Candidate Registration .....	27	0.89	24	0.40	10
VCA Recipient Registration .....	27	1.59	43	1.30	<sup>c</sup> 56
VCA Recipient Follow Up .....	27	0.67	18	1.00	<sup>d</sup> 18
Organ Labeling and Packaging System .....	57	208.25	11,870	0.18	2,137
Organ Tracking and Validating System .....	34	169.06	5,748	0.08	460
Kidney Paired Donation Candidate Registration .....	160	1.38	221	0.29	64
Kidney Paired Donation Donor Registration .....	160	1.46	234	1.07	250
Kidney Paired Donation Match Offer Management .....	160	1.51	242	0.67	162
Living Donor Event .....	251	0.12	30	0.56	17
Safety Situation .....	450	0.48	216	0.56	121
Potential Disease Transmission Report .....	57	6.88	392	1.27	498
Request to Unlock Form .....	450	39.22	17,649	0.02	353
<b>Total</b> .....	<b>8,290</b>	.....	<b>604,519</b>	.....	<b>430,267</b>

\* The Number of Responses per Respondent was calculated by dividing the Total Responses by the Number of Respondents and rounding to the nearest tenth.

<sup>a b c d</sup> Total burden hours in these forms decreased from estimates provided in the 60-day Notice due to the removal of the proposed data collection changes associated with implementing the "Modify Data Collection on VCA Living Donors" and "Programming VCA Allocation in UNet" policies.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Extension of the Deadline for Nomination of Delegates; Center for Indigenous Innovation and Health Equity Tribal Advisory Committee; Solicitation of Nominations for Delegates

**AGENCY:** Office of Minority Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Deadline extension for notice of solicitation of nominations for delegates for the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee.

**SUMMARY:** On October 1, 2021, the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) published a notice in the **Federal Register** inviting nominations

of qualified candidates to serve as delegates for the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee (Center TAC, previously referred to as CIIHE TAC), including a submission deadline of October 29, 2021. An extension for the submission deadline of nominations to January 7, 2022, was published on November 19, 2021. This notice extends the deadline date for submission of nominations to March 11, 2022, at 11:59 p.m. EST.

**DATES:** Nomination letters for the Center TAC must be sent to the address noted below no later than 11:59 p.m. EST on March 11, 2022.

**ADDRESSES:** All nominations should be emailed to: Violet Woo, Designated Federal Officer for the Center TAC, at [Violet.Woo@hhs.gov](mailto:Violet.Woo@hhs.gov). Please use the subject line "OMH Center Tribal Advisory Committee."

**FOR FURTHER INFORMATION CONTACT:** For information and guidance about the nomination process for Center TAC delegates, please contact Violet Woo, Designated Federal Officer at [Violet.Woo@hhs.gov](mailto:Violet.Woo@hhs.gov). Center TAC nomination guidance and sample nomination letters also are available on the OMH website's Tribal Leader Letters section: <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62#tribal-leader-letters>.

**SUPPLEMENTARY INFORMATION:** On October 1, 2021, the notice of solicitation of nominations for delegates for the Center TAC was published in the **Federal Register** (86 FR 54462; available at <https://www.federalregister.gov/>

[documents/2021/10/01/2021-21253/center-for-indigenous-innovation-and-health-equity-tribal-advisory-committee-solicitation-of](https://www.federalregister.gov/documents/2021/10/01/2021-21253/center-for-indigenous-innovation-and-health-equity-tribal-advisory-committee-solicitation-of)). The deadline for submission of nomination letters is being extended to March 11, 2022.

**Note:** All information in the notice of solicitation of nominations for delegates for the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee remains the same, except for the deadline for the submission of nominations and the date the nominees will be notified of the status of delegate selection.

Authorized under Section 1707 of the Public Health Service Act, 42 U.S.C. 300u-6, as amended, the mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that help eliminate health disparities. OMH awards and other activities are intended to support the identification of effective policies, programs, and practices for improving health outcomes and to promote the sustainability and dissemination of these approaches.

Under the authority of Public Law 116-260 (2021 Consolidated Appropriations Act), Congress directed OMH to create a Center to support research, education, service, and policy development advancing Indigenous solutions that ultimately address health disparities in American Indian/Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) populations. OMH is establishing the Center TAC to ensure that Tribal Leaders have meaningful and timely input in the

development of the priorities and activities established to address the focus areas of the Center. The Center TAC shall support, but not supplant, government-to-government consultation activities that OMH undertakes.

**TAC Membership:** The Center TAC will consist of 16 delegate positions: One from each of the 12 geographic areas served by the Indian Health Service and four National At-Large Member positions.

Alaska Area  
Albuquerque Area  
Bemidji Area  
Billings Area  
California Area  
Great Plains Area  
Nashville Area  
Navajo Area  
Oklahoma Area  
Phoenix Area  
Portland Area  
Tucson Area  
National At-Large Members (4)

OMH recommends a term of two (2) years term for each delegate, but delegates' term length will be established by the TAC's charter.

**Eligibility:** The Center TAC delegates must be: (1) Elected tribal officials from a federally recognized tribe acting in their official capacity as elected officials of their tribe, with authority to act on behalf of the tribe; or (2) individuals designated by an elected tribal official. Designees must have the authority to act on behalf of the tribal official and the tribe and be qualified to represent the views of the AI/AN tribes in the area from which they are nominated. No delegate of the Center TAC may be an employee of the federal government.

**Nomination Procedures:** Center TAC candidates must be nominated by an elected tribal leader. The nomination letter must be on tribal letterhead and signed by an elected tribal leader, and must include the following information:

- Name of the nominee
- Nominee's official title
- Name of the nominee's tribe
- Date of nominee's election to official tribal position and term length
- Nominee's contact information (mailing address, phone, and email)
- Nominee's expertise that is relevant to the Center TAC
- Name of tribal leader submitting the nomination
- Official title of tribal leader submitting the nomination
- Contact information for tribal leader submitting the nomination and/or administrative office for tribal government

Center TAC nomination guidance and sample nomination letters are available

on the OMH website's Tribal Leader Letters section: <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62#tribal-leader-letters>.

**Selection Process:** OMH is responsible for selecting and finalizing Center TAC members. Eligible nominees will be considered in the following priority order:

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official with authority to act on behalf of Tribal leader

In the event that there is more than one nomination for a given IHS area, OMH will make a determination of representation based on submitted nomination materials.

Nominees will be notified of the status of delegate selection in April 2022.

Dated: January 5, 2022.

**Violet Woo,**

*Designated Federal Officer, Center for Indigenous Innovation and Health Equity Tribal Advisory Committee.*

[FR Doc. 2022-00218 Filed 1-7-22; 8:45 am]

**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Urban Indian Education and Research Program

**Announcement Type:** New and Competing Continuation.

**Funding Announcement Number:** HHS-2022-IHS-UIHP3-0001.

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

#### Key Dates

**Application Deadline Date:** April 11, 2022.

**Earliest Anticipated Start Date:** May 25, 2022.

#### I. Funding Opportunity Description

##### Statutory Authority

The Indian Health Service (IHS) is accepting applications for cooperative agreements for the Urban Indian Education and Research Organization Program. This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a). This

program is described in the Assistance Listings located at <https://sam.gov/content/home> (formerly known as the CFDA) under 93.193.

#### Background

The Office of Urban Indian Health Programs (OUIHP) oversees the implementation of the Indian Health Care Improvement Act (IHCIA) provisions for making health care services more accessible to Urban Indians. Pursuant to those authorities, the IHS enters into contracts and grants with Urban Indian Organizations (UIOs) for the provision of health care and referral services for Urban Indians residing in urban centers. This program provides services and education for UIOs that include the following Five Core Projects: (1) Public policy; (2) research and data; (3) training and technical assistance; (4) education, public relations, and marketing; and (5) payment system reform/monitoring regulations, including addressing the Unmet Needs of the 4-in-1 grantees under any or all of the Five Core Projects.

#### Purpose

The purpose of this IHS program is to fund a national Organization to act as an education and research partner for OUIHP and for 41 UIOs in 22 states funded by IHS under the IHCIA.

Applicant is to create and maintain a multi-platform, culturally appropriate and customized system that demonstrates improvements and expansion in education and research services and opportunities. Applicant is to:

1. Identify and assess current, emerging, and new needs and gaps in policy related to UIOs' operations, missions, and goals.
2. Initiate and solidify partnerships with UIOs, epidemiology centers, and other research partners to improve and increase data research on Urban Indian health needs.
3. Support UIO staff and leadership in all areas of training and technical assistance, particularly with the constant changes surrounding health care needs.
4. Market the UIOs through the development of national, regional, and local marketing strategies and campaigns.
5. Understand the critical need to document and analyze current and new Federal regulations impacting UIOs for reimbursement and related types of regulatory activities.