

Intended Recipient of the Award: ZERO TO THREE National Center for Infant, Toddler and Families, Inc.

Amount of Non-Competitive Award: One combined supplemental award at \$1 million.

Project Period: September 30, 2023, to September 29, 2024.

Assistance Listing (CFDA) Numbers: 93.110/93.129.

Award Instrument: Supplement for continued support of the implementation, spread, and scale of ECD expert integration and associated systems development nationwide and

for the provision of TA to HRSA funding recipients.

Authorities: Social Security Act, title V, section 501(a)(2) (42 U.S.C. 701(a)(2)); and section 330(l) of the Public Health Service Act (42 U.S.C. 254b(l)).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

| Grant No. | Award recipient name | City, state | FY23 supplement award amount |
|------------------|--|----------------------|------------------------------|
| UK2MC46349 | ZERO TO THREE National Center for Infant, Toddler, and Families, Inc | Washington, DC | \$1 million. |

Justification: HRSA awarded the ECDHS program in FY 2022 under the Title V Maternal and Child Health Services Block Grant for Special Projects of Regional and National Significance (SPRANS). Programmatic expectations for the recipient include providing intensive, individualized TA to four state-level TPEC program (HRSA–22–141) recipients, along with specialized and universal TA opportunities with a nationwide reach, to support, spread, and scale ECD expert integration and associated systems development. The Consolidated Appropriations Act, 2023, Public Law 117–328, division B, title II, included additional SPRANS funding; House Report 117–403, which accompanied the Consolidated Appropriations Act, 2023, included an increase for ECD Expert Grants. HRSA, through its Maternal and Child Health Bureau, will therefore provide a supplement of approximately \$600,000 in SPRANS funding to the current ECDHS recipient to (1) expand intensive, individualized TA to an additional four TPEC recipients; (2) support alignment between TPEC recipients, other Maternal and Child Health Bureau-funded early childhood partners, and HRSA-funded health centers to support the integration of these efforts within a comprehensive early childhood system; and (3) support the development and dissemination of additional TA resources with nationwide reach and scope, including outreach and coordination with other TA entities.

House Report 117–403 also provided guidance to HRSA’s Bureau of Primary Health Care to use appropriated funds “to expand and further integrate early childhood development services and expertise, including by hiring or contracting for early childhood development specialists,” and “to create a service expansion grant opportunity for health centers, *with training and technical assistance to be provided by the Maternal and Child Health Bureau.* . . .” (italics added). To support

that service expansion grant opportunity (HRSA–23–028), an additional supplement of approximately \$400,000 in Health Center Program funding will be provided under this supplement to the ECDHS recipient to adapt or create TA resources on ECD topics for all HRSA-funded health centers, provide specialized TA to subsets of HRSA-funded health centers based on particular needs, and support health centers’ connection to and alignment with other relevant efforts to incorporate ECD in pediatric health services. TA resources developed using this funding will also be made available by the recipient, at no additional cost, to other HRSA-funded entities and to early childhood system programs and leaders pursuing aligned objectives, including through HRSA-supported dissemination channels.

Collectively, the supplements will leverage existing knowledge, expertise, and opportunity across HRSA and its non-federal partners to improve equitable access to a continuum of ECD services for families nationwide and will build capacity of the health system to deliver high-quality pediatric services that address the holistic needs of children and families.

Carole Johnson,

Administrator.

[FR Doc. 2023–16494 Filed 8–2–23; 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; Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System, OMB No. 0915–0298—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 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. OMB may act on HRSA’s ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than September 5, 2023.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer at

paperwork@hrsa.gov or call 301-443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal and Child Health Bureau (MCHB) Performance Measures for Discretionary Grant Information System (DGIS), OMB No. 0915-0298—Revision.

Abstract: Approval from OMB is sought to implement revisions to the MCHB Performance Measures for DGIS. The goals of the redesigned performance measures are to: (1) improve clarity and validity of DGIS forms; (2) increase alignment with MCHB's Strategic Plan and other performance measurement efforts; (3) produce timely, actionable data for program management; (4) support communications about the range of HRSA's maternal and child health (MCH) programs; (5) reduce the number and complexity of data collection forms; and (6) improve data quality.

The revised forms are grouped into two general categories: central measures and program specific measures. Central measures include basic, topical, activity, and outcome forms. There are four sets of program-specific forms. Grant programs are assigned forms based on their activities and individual grantees respond to only a limited number of forms that are relevant to their specific

program. Many of these forms are specific to certain types of programs and are not required of all grantees.

HRSA intends to make three changes from what was outlined in the notice (88 FR 28566) published on May 4, 2023. In the Healthy Start Site Form, "Census Tract" has been added as an option to define service area and "Telehealth" has been added as a selection option for types of services provided. The DGIS postpartum measure in Healthy Start Form 11 will be aligned with the new Title V National Performance Measure for postpartum visit, changing the definition from "within 4–12 weeks" to "within 12 weeks."

No public comments were received during the 60-day comment period.

No additional forms are proposed to be added, removed, or revised beyond what was specified in the May 4, 2023, notice. As noted in the May 4, 2023, notice, HRSA is removing 52 existing forms, revising 23 existing forms, and adding 25 new forms to the current information collection for MCHB DGIS. Forms and detail sheets showing the proposed revisions are available upon request.

Need and Proposed Use of the Information: The performance data collected through the DGIS serves

several purposes, including grantee monitoring, program planning, performance reporting, and the ability to demonstrate alignment between MCHB discretionary programs and the Title V MCH Services Block Grant program. This revision will facilitate more efficient and accurate reporting of information related to Capacity Building activities, Financial and Demographic data, and Training activities.

Likely Respondents: The grantees for MCHB Discretionary Grant Programs.

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 | Responses per respondent | Total responses | Burden hours per response | Total burden hours |
|---|-----------------------|--------------------------|-----------------|---------------------------|--------------------|
| Project Abstract | 817 | 1 | 817 | 1.33 | 1,087 |
| Project Abstract (Research Projects Only) | 58 | 1 | 58 | 0.66 | 38 |
| Financial Form | 817 | 1 | 817 | 0.87 | 711 |
| Health Equity | 817 | 1 | 817 | 0.47 | 384 |
| Direct and Enabling Services | 476 | 1 | 476 | 1.89 | 900 |
| Training and Workforce Development | 250 | 1 | 250 | 2.42 | 605 |
| Partnerships and Collaboration | 380 | 1 | 380 | 1.04 | 395 |
| Engagement of Persons with Lived Experience | 416 | 1 | 416 | 1.58 | 657 |
| Technical Assistance | 300 | 1 | 300 | 2.24 | 672 |
| Outreach and Education | 500 | 1 | 500 | 0.61 | 305 |
| Research | 65 | 1 | 65 | 3.11 | 202 |
| Guidelines and Policy | 78 | 1 | 78 | 0.70 | 55 |
| Data and Information Systems | 50 | 1 | 50 | 0.67 | 34 |
| Quality Improvement and Evaluation | 346 | 1 | 346 | 0.29 | 100 |
| Knowledge Change | 200 | 1 | 200 | 1.64 | 328 |
| Behavior Change | 200 | 1 | 200 | 1.56 | 312 |
| Products and Publications | 672 | 1 | 672 | 4.23 | 2,843 |
| Training Form 2 | 168 | 1 | 168 | 0.69 | 116 |
| Training Form 3 | 41 | 1 | 41 | 0.99 | 41 |
| Training Form 4 | 130 | 1 | 130 | 1.52 | 198 |
| Training Form 7 | 6 | 1 | 6 | 0.83 | 5 |
| Training Form 8 | 6 | 1 | 6 | 0.75 | 5 |
| Training Form 9 | 6 | 1 | 6 | 0.92 | 6 |
| Training Form 14 | 6 | 1 | 6 | 3.64 | 22 |
| Training Form 15 | 52 | 1 | 52 | 3.17 | 165 |
| Faculty and Staff Information | 124 | 1 | 124 | 1.92 | 238 |
| Short-Term Trainees | 8 | 1 | 8 | 0.67 | 5 |
| Medium-Term Trainees | 121 | 1 | 121 | 2.49 | 301 |
| Long-Term Trainees | 112 | 1 | 112 | 6.37 | 713 |
| Former Long-Term Trainees | 106 | 1 | 106 | 1.60 | 170 |
| LEAP Trainee Information | 6 | 1 | 6 | 0.65 | 4 |
| HS 4 | 101 | 1 | 101 | 0.57 | 58 |

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name | Number of respondents | Responses per respondent | Total responses | Burden hours per response | Total burden hours |
|-------------------------------|-----------------------|--------------------------|-----------------|---------------------------|--------------------|
| HS 10 | 101 | 1 | 101 | 0.31 | 31 |
| HS 11 | 101 | 1 | 101 | 0.61 | 62 |
| HS 12 | 101 | 1 | 101 | 0.33 | 33 |
| HS 13 | 101 | 1 | 101 | 0.50 | 51 |
| HS 14 | 101 | 1 | 101 | 0.43 | 43 |
| HS 15 | 101 | 1 | 101 | 0.45 | 45 |
| HS 16 | 101 | 1 | 101 | 0.39 | 39 |
| HS 17 | 101 | 1 | 101 | 0.40 | 40 |
| HS 18 | 101 | 1 | 101 | 0.33 | 33 |
| HS 19 | 101 | 1 | 101 | 0.38 | 38 |
| HS 20 | 101 | 1 | 101 | 0.37 | 37 |
| HS 21 | 101 | 1 | 101 | 0.36 | 36 |
| Healthy Start Site Form | 101 | 1 | 101 | 0.32 | 32 |
| EMSC 4 | 58 | 1 | 58 | 0.92 | 53 |
| EMSC 8 | 58 | 1 | 58 | 0.09 | 5 |
| EMSC 9 | 58 | 1 | 58 | 0.42 | 24 |
| EMSC 10 | 58 | 1 | 58 | 0.46 | 27 |
| F2F 1 | 59 | 1 | 59 | 2.76 | 163 |
| Form 10 | 200 | 2 | 400 | 12.87 | 5,148 |
| Total | *817 | | 817 | | 17,616 |

*The number of grantees is an estimate as it fluctuates each year.

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

ADVISORY COUNCIL ON HISTORIC PRESERVATION

Notice of Adoption of Policy Statement on Climate Change and Historic Preservation

AGENCY: Advisory Council on Historic Preservation.

ACTION: Notice of adoption of policy statement on climate change and historic preservation.

SUMMARY: The Advisory Council on Historic Preservation has adopted its Policy Statement on Climate Change and Historic Preservation.

DATES: The policy statement was adopted on June 16, 2023.

FOR FURTHER INFORMATION CONTACT: Druscilla Null, (202) 517-1487, dnull@achp.gov.

SUPPLEMENTARY INFORMATION: The Advisory Council on Historic Preservation (ACHP), an independent federal agency created by the National Historic Preservation Act (NHPA), works to promote the preservation, enhancement, and sustainable use of our nation's diverse historic resources, and advises the President and the Congress on national historic preservation policy.

Under the NHPA, the ACHP's duties include advising the President and Congress on matters relating to historic preservation; recommending measures to coordinate activities of federal, state, and local agencies and private institutions and individuals related to historic preservation; and advising on the dissemination of information pertaining to those activities. In keeping with these mandates, in July 2021 the ACHP initiated discussions regarding the impact of climate change on historic places and how the ACHP might advise and assist federal agencies and other stakeholders in addressing the issue.

To focus ACHP efforts, Vice Chairman Jordan Tannenbaum (then acting ACHP Chair) convened the ACHP Climate Change and Historic Preservation Task Force, which first met in November 2021. In addition to Vice Chairman Tannenbaum and ACHP members Reno Franklin, Rick Gonzalez, Kristopher King, and Jay Vogt, the following agencies and organizations were represented on the Task Force: National Association of Tribal Historic Preservation Officers; National Conference of State Historic

Preservation Officers; National Trust for Historic Preservation; Department of Defense; Department of Homeland Security; Department of Housing and Urban Development; Department of the Interior; Department of Transportation; Department of Veterans Affairs; and General Services Administration. Following her confirmation by the Senate in December 2022 and subsequent swearing in, current ACHP Chair Sara C. Bronin also joined the task force.

Based on task force meeting discussions, ACHP staff developed a draft policy statement that was reviewed by the task force. A revised draft of the policy statement was then developed and provided to the full ACHP membership for initial review. In March 2023, the members approved providing the draft to stakeholders and the public for comment. Two consultation events were held, one for Tribal and Native Hawaiian organization leaders and the other for State Historic Preservation Officers and their staffs. General public comments also were solicited. Based on the feedback received, the draft was revised. The final version of the policy statement was adopted by vote of the ACHP members on June 16, 2023.

The ACHP issues the regulations (36 CFR part 800) that implement section 106 of the NHPA, which requires federal agencies to take into account the effects of projects they carry out, approve, or fund on historic properties. The policy statement applies to the consideration of climate change issues during section 106 reviews.