

provide on-base services for four months, and then continue to provide remote support to eligible Afghan entrants at resettlement sites throughout the U.S.

**DATES:** The proposed period of support is 11/15/2021 to 9/29/2024.

**FOR FURTHER INFORMATION CONTACT:** Anastasia Brown, Director, Division of Refugee Services, Office of Refugee Resettlement, 330 C Street SW, Washington, DC 20201. Telephone: 202-401-4559; Email: [Anastasia.Brown@acf.hhs.gov](mailto:Anastasia.Brown@acf.hhs.gov).

**SUPPLEMENTARY INFORMATION:** ORR announces the intent to award a supplement to Upwardly Global's Refugee Career Pathways program due to the significant need for career training among recent Afghan arrivals to the U.S. under Operation Allies Welcome (OAW). Following resettlement, Afghan entrants will be required to quickly secure employment as a pathway to self-sufficiency. Without training in career opportunities in the U.S., many Afghan entrants will have great difficulty identifying employment opportunities that offer a path to economic self-sufficiency by drawing upon their professional skills and background.

*Statutory Authority:* Immigration and Nationality Act § 412(c)(1)(A), 8 U.S.C. 1522(c)(1)(A).

**Karen Shields,**

*Senior Grants Policy Specialist, Office of Grants Policy, Office of Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Solicitation of Nominations for Membership on the Secretary's Advisory Committee on Human Research Protections

**AGENCY:** Office of the Assistant Secretary for Health, Office for Human Research Protections, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Office for Human Research Protections (OHRP), a program office in the Office of the Assistant Secretary for Health, Department of Health and Human Services (HHS), is seeking nominations of qualified candidates to be considered for appointment as members of the Secretary's Advisory Committee on Human Research Protections (SACHRP). SACHRP provides advice and

recommendations to the Secretary, HHS (Secretary), through the Assistant Secretary for Health, on matters pertaining to the continuance and improvement of functions within the authority of HHS directed toward protections for human subjects in research. SACHRP was established by the Secretary on October 1, 2002. OHRP is seeking nominations of qualified candidates to fill three positions on the Committee membership that will be vacated during the 2022 calendar year.

**DATES:** Nominations for membership on the Committee must be received no later than January 11, 2022.

**ADDRESSES:** Nominations may be emailed to [SACHRP@hhs.gov](mailto:SACHRP@hhs.gov). Nominations may also be mailed or delivered to Julia Gorey, Executive Director, SACHRP, Office for Human Research Protections, Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, MD 20852. Nominations will not be accepted by facsimile.

**FOR FURTHER INFORMATION CONTACT:** Julia Gorey, Executive Director, SACHRP, Office for Human Research Protections, 1101 Wootton Parkway, Suite 200, Rockville, MD 20852, telephone: 240-453-8141. A copy of the Committee charter and list of the current members can be obtained by contacting Ms. Gorey, accessing the SACHRP website at [www.hhs.gov/ohrp/sachrp](http://www.hhs.gov/ohrp/sachrp), or requesting via email at [sachrp@hhs.gov](mailto:sachrp@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Committee provides advice on matters pertaining to the continuance and improvement of functions within the authority of HHS directed toward protections for human subjects in research. Specifically, the Committee provides advice relating to the responsible conduct of research involving human subjects with particular emphasis on special populations such as neonates and children, prisoners, the decisionally impaired, pregnant women, embryos and fetuses, economically and educationally disadvantaged populations, individuals and populations in international studies, investigator conflicts of interest and populations in which there are individually identifiable samples, data or information. In addition, the Committee is responsible for reviewing selected ongoing work and planned activities of the OHRP and other offices/agencies within HHS responsible for human subjects protection.

*Nominations:* The OHRP is requesting nominations to fill three positions for voting members of SACHRP. Nominations of potential candidates for

consideration are being sought from a wide array of fields, including, but not limited to: Public health and medicine, behavioral and social sciences, patient advocacy, health administration, and biomedical ethics. To qualify for consideration of appointment to the Committee, an individual must possess demonstrated experience and expertise in any of the several disciplines and fields pertinent to human subjects protection and/or clinical research.

The individuals selected for appointment to the Committee can be invited to serve a term of up to four years. Committee members receive a stipend and reimbursement for per diem and any travel expenses incurred for attending Committee meetings and/or conducting other business in the interest of the Committee. Interested applicants may self-nominate. The following information should be included in the package of material submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; (2) the nominator's name, address, daytime telephone number, and the home and/or work address, telephone number, and email address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. Federal employees should not be nominated for consideration of appointment to this Committee.

The Department makes every effort to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that individuals from a broad representation of geographic areas, women and men, ethnic and minority groups, and the disabled are given consideration for membership on HHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is necessary in order to determine if the selected candidate is involved in any activity that may pose a potential

conflict with the official duties to be performed as a member of SACHRP.

*Authority:* 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The Committee is governed by the provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: November 4, 2021.

**Julia Gorey,**

*Executive Director, Secretary's Advisory Committee on Human Research Protections, Office for Human Research Protections.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Tribal Self-Governance Planning Cooperative Agreement Program

*Announcement Type:* New.

*Funding Announcement Number:* HHS–2022–IHS–TSGP–0001.

*Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number:* 93.444.

#### Key Dates

*Application Deadline Date:* February 10, 2022.

*Earliest Anticipated Start Date:* March 28, 2022.

#### I. Funding Opportunity Description

##### Statutory Authority

The Indian Health Service (IHS) is accepting applications for Planning Cooperative Agreements for the Tribal Self-Governance Program (TSGP). This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. 5383(e). This program is described in the Assistance Listings located at <https://sam.gov/content/home> (formerly known as Catalog of Federal Domestic Assistance) under 93.444.

##### Background

The TSGP is more than an IHS program; it is an expression of the Government-to-Government relationship between the United States (U.S.) and Indian Tribes. Through the TSGP Tribes negotiate with the IHS to assume Programs, Services, Functions, and Activities (PSFAs), or portions thereof, which gives Tribes the authority to manage and tailor health care

programs in a manner that best fits the needs of their communities.

Participation in the TSGP affords Tribes the most flexibility to tailor their health care needs by choosing one of three ways to obtain health care from the Federal government for their citizens. Specifically, Tribes can choose to: (1) Receive health care services directly from the IHS; (2) contract with the IHS to administer individual programs and services the IHS would otherwise provide (referred to as Title I Self-Determination Contracting); and (3) compact with the IHS to assume control over health care programs the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the TSGP). These options are not exclusive and Tribes may choose to combine options based on their individual needs and circumstances.

The TSGP is a tribally-driven initiative and strong Federal-Tribal partnerships are essential to the program's success. The IHS established the Office of Tribal Self-Governance (OTSG) to implement the Self-Governance authorities under the ISDEAA. The primary OTSG functions are to: (1) Serve as the primary liaison and advocate for Tribes participating in the TSGP; (2) develop, direct, and implement TSGP policies and procedures; (3) provide information and technical assistance to Self-Governance Tribes; and (4) advise the IHS Director on compliance with TSGP policies, regulations, and guidelines. Each IHS Area has an Agency Lead Negotiator (ALN), designated by the IHS Director to act on his or her behalf, who has authority to negotiate Self-Governance Compacts and Funding Agreements. Tribes interested in participating in the TSGP should contact their respective ALN to begin the Self-Governance planning and negotiation process. Tribes currently participating in the TSGP that are interested in expanding existing or adding new PSFAs should also contact their respective ALN to discuss the best methods for expanding or adding new PSFAs.

##### Purpose

The purpose of this Planning Cooperative Agreement is to provide resources to Tribes interested in entering the TSGP and to existing Self-Governance Tribes interested in assuming new or expanded PSFAs. Title V of the ISDEAA requires a Tribe or Tribal organization (T/TO) to complete a planning phase to the satisfaction of the Tribe. The planning phase must include legal and budgetary research and internal Tribal government planning and organizational preparation

relating to the administration of health care programs. See 25 U.S.C. 5383(d).

The planning phase is critical to negotiations and helps Tribes make informed decisions about which PSFAs to assume and what organizational changes or modifications are necessary to successfully support those PSFAs. A thorough planning phase improves timeliness and efficient negotiations and ensures that the Tribe is fully prepared to assume the transfer of IHS PSFAs to the Tribal health program.

A Planning Cooperative Agreement is not a prerequisite to enter the TSGP and a Tribe may use other resources to meet the planning requirement. Tribes that receive Planning Cooperative Agreements are not obligated to participate in the TSGP and may choose to delay or decline participation based on the outcome of their planning activities. This also applies to existing Self-Governance Tribes exploring the option to expand their current PSFAs or assume additional PSFAs.

#### II. Award Information

##### Funding Instrument—Cooperative Agreement

##### Estimated Funds Available

The total funding identified for fiscal year (FY) 2022 is approximately \$600,000. Individual award amounts are anticipated to be \$120,000. The funding available for competing 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.

##### Anticipated Number of Awards

Approximately five awards will be issued under this program announcement.

##### Period of Performance

The period of performance is for 1 year.

##### Cooperative Agreement

Cooperative agreements awarded by the Department of Health and Human Services (HHS) are administered under the same policies as grants. However, the funding agency, IHS, is anticipated to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required of the IHS.

##### Substantial Agency Involvement Description for Cooperative Agreement

A. Provide descriptions of PSFAs and associated funding at all organizational