consensus recommendations, under the Better Respiratory Equipment using Advanced Technologies for Healthcare Employees project (Project BREATHE), to improve respiratory protective equipment used by healthcare workers. These earlier consensus recommendations will be modified as NIOSH develops the consensus recommendations for the project New Generation PAPRs.

This project seeks to improve respirator tolerability, comfort, and other functional characteristics, while maintaining a level of protection equivalent to or greater than current standards. The design changes contemplated in this project could increase compliance with respiratory protection guidelines and standards among healthcare workers.

John J. Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2019–13958 Filed 6–28–19; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.676]

Announcement of the Intent To Issue One OPDIV-Initiated Supplement to BCFS Health and Human Services Under the Standing Announcement for Residential (Shelter) Services for Unaccompanied Alien Children, HHS– 2017–ACF–ORR–ZU–1132

AGENCY: Unaccompanied Alien Children's (UAC) Program, Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S Department of Health and Human Services (HHS).

ACTION: Notice of intent to issue one OPDIV-Initiated Supplement to BCFS Health and Human Services, San Antonio, Texas under the UAC Program.

SUMMARY: The Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), announces the intent to issue one OPDIV-Initiated Supplement to BCFS Health and Human Services, San Antonio, Texas in the amount of up to \$300,800,000. ORR announces the issuance of the first installment for 60 days in the amount of up to \$50,000,000.

ORR has been identifying additional capacity to provide shelter for potential increases in apprehensions of Unaccompanied Alien Children at the U.S. Southern Border. Planning for increased shelter capacity is a prudent step to ensure that ORR is able to meet its responsibility, by law, to provide shelter for Unaccompanied Alien Children referred to its care by the Department of Homeland Security (DHS).

To ensure sufficient capacity to provide shelter to unaccompanied alien children referred to HHS, ORR is requesting that BCFS provide up to 1,300 temporary shelter beds at Carrizo Springs, Texas over a graduated timeframe.

DATES: Supplemental award funds will support activities until January 31, 2020. The first installment will support activities for 60 days.

FOR FURTHER INFORMATION CONTACT:

Stephen Antowiak, Office of Refugee Resettlement, Division of Unaccompanied Alien Children Operations, 330 C Street SW, Washington, DC 20201. Phone: 202–260–6165. Email: stephen.antkowiak@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: ORR is continuously monitoring its capacity to shelter the unaccompanied alien children referred to HHS, as well as the information received from interagency partners, to inform any future decisions or actions.

ORR has specific requirements for the provision of services. Award recipients must have the infrastructure, licensing, experience, and appropriate level of trained staff to meet those requirements. The expansion of the existing program and its services through this supplemental award is a key strategy for ORR to be prepared to meet its responsibility to provide shelter for Unaccompanied Alien Children referred to its care by DHS and so that the U.S. Border Patrol can continue its vital national security mission to prevent illegal migration, trafficking, and protect the borders of the United States.

Statutory Authority: This program is authorized by—

(A) Section 462 of the Homeland Security Act of 2002, which in March 2003, transferred responsibility for the care and custody of Unaccompanied Alien Children from the Commissioner of the former Immigration and Naturalization Service (INS) to the Director of ORR of the Department of Health and Human Services (HHS).

(B) The Flores Settlement Agreement, Case No. CV85–4544RJK (C.D. Cal. 1996), as well as the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Pub. L. 110–457), which authorizes post release services under certain conditions to eligible children. All programs must comply with the Flores Settlement Agreement, Case No. CV85–4544–RJK (C.D. Cal. 1996), pertinent regulations and ORR policies and procedures.

Karen Shields,

Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration. [FR Doc. 2019–13992 Filed 6–26–19; 4:15 pm]

BILLING CODE 4184-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award a Single-Source Supplement for the National Center for Benefits Outreach and Enrollment

ACTION: Notice.

The Administration for Community Living (ACL) announces the intent to award a single-source supplemental to the current cooperative agreement held by the National Council on Aging (NCOA) for the National Center for Benefits Outreach and Enrollment (NCBOE). The purpose of the NCBOE is to provide technical assistance to states, area agencies on aging, and service providers to provide outreach and lowincome benefits enrollment assistance, particularly to older individuals with greatest economic need for federal and state programs. The administrative supplement for FY 2019 will be for \$390,861, bringing the total award for FY 2019 to \$11,390,861. With this supplemental funding, NCOA will develop specialized training and tools around integrated care models that can be used by SHIPs, MIPPA grantees, and other partners of ACL like Centers for Independent Living (CILs) and the Aging and Disability Resource Centers (ADRCs) to expand the NCBOE's outreach and education efforts targeting older adults with the greatest economic need. This includes reaching out to current MIPPA grantees to evaluate their needs and to determine what the grantees believe would be helpful and conducting other stakeholder group meeting(s) to discuss what should be created around these integrated care models. Stakeholders could include MIPPA and other ACL grantees, health plans, CMS, and other non-federal partners. Additionally, NCOA will continue, expand, and complete the work they are currently undertaking with the NCBOE award without disrupting services.