

complete the work they are currently undertaking with the NCBOE award without disrupting services. The additional funding will not be used to begin new projects but to expand the capacity of current activities to increase the number of beneficiaries and seniors reach by the NCBOE.

*Program Name:* The National Center for Benefits Outreach and Enrollment (NCBOE).

*Recipient:* National Council on Aging (NCOA).

*Period of Performance:* The award will be issued for the final year of the current project period of September 30, 2014 through September 29, 2017.

*Total Award Amount:* \$11,657,383 in FY 2016.

*Award Type:* Cooperative Agreement Supplement.

*Statutory Authority:* The Medicare Improvements for Patients and Providers Act of 2008—Section 119, Public Law (Pub. L.) 110–275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA) and reauthorized by section 110 of the Protecting Access to Medicare Act of 2014.

*Basis for Award:* The National Council on Aging (NCOA) is currently funded to carry out the NCBOE Project for the period of September 30, 2014 through September 29, 2017. Much work has already been completed and further tasks are currently being accomplished. This supplement will fully fund the NCOBE project as stated in the reauthorization of NCBOE activities in section 110 of the Protecting Access to Medicare Act of 2014.

Since 2001, the NCOA has been a national leader in improving benefits access to vulnerable older adults. They have a strong history of working with community based organizations to develop and replicate outreach and enrollment solutions, while maintaining and enhancing technology to make it easier and more efficient to find benefits. The NCOA through NCBOE accomplishes its mission by developing and sharing tools, resources, best practices, and strategies for benefits outreach and enrollment via its online clearinghouse, electronic and print publications, webinars, and training and technical assistance.

In addition, the NCOA has the BenefitsCheckUp which is, by far, the nation's most comprehensive and widely-used web-based service that screens older and disabled adults with limited incomes and resources and informs them about public and private

benefits for which they are very likely to be eligible. Since the BenefitsCheckUp was launched in 2001, nearly 4 million individuals have been assisted to identify over \$14.3 billion in potential annual benefits. In addition to a focus on Low-Income Subsidy and Medicare Savings Programs, the BenefitsCheckUp also includes more than 2,300 benefits programs from all 50 states and DC, including the recent addition of Medicaid expansion programs as part of the Affordable Care Act; over 50,000 local offices for people to apply for benefits; more than 1,500 application forms in every language in which they are available; and user-friendly mapping tools that allow streamlined access to program fact sheets and application forms based upon a person's locality.

**FOR FURTHER INFORMATION CONTACT:** For further information or comments regarding this program supplement, contact Rebecca Kinney, U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Office of Healthcare Information and Counseling; telephone (202) 795–7375; email [Rebecca.Kinney@acl.hhs.gov](mailto:Rebecca.Kinney@acl.hhs.gov).

Dated: June 14, 2016.

**Kathy Greenlee,**

*Administrator and Assistant Secretary for Aging.*

[FR Doc. 2016–14611 Filed 6–20–16; 8:45 am]

**BILLING CODE 4154–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living/ Administration on Aging

#### Agency Information Collection Activities; Proposed Collection; Comment Request; Request for New Information Collection for a Program Instruction on Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula

**AGENCY:** Administration for Community Living, U.S. Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration for Community Living (ACL)/U.S. Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are

required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the template that will be used to prepare the information collection requirements contained in the Program Instruction on Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula.

**DATES:** Submit written or electronic comments on the collection of information by August 22, 2016.

**ADDRESSES:** Submit electronic comments on the collection of information to: [Greg.Link@acl.hhs.gov](mailto:Greg.Link@acl.hhs.gov). Submit written comments on the collection of information to Greg Link, Administration for Community Living, Washington, DC 20201, or by fax to (202) 205–0405.

**FOR FURTHER INFORMATION CONTACT:** Greg Link at (202) 795–7386 or [Greg.Link@acl.hhs.gov](mailto:Greg.Link@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. “Collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension, or update, of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, ACL invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility; (2) the accuracy of ACL'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

respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

To be eligible to receive a formula grant under Section 307 (a) of the Older Americans Act (OAA) of 1965, as amended, each State Unit on Aging (SUA) is required to develop a State Plan on Aging that conforms to requirements and priorities outlined by the Assistant Secretary for Aging. Such plans are required, by statute, to be completed by each state and territory every two, three or four years. States with current two- or three-year plans may request an extension, or may amend their current plans if needed; however, at the end of a four-year plan, states must develop a new plan. There is no statutory authority to extend a plan beyond a four-year period.

State plans must address key objectives and focus areas as articulated by the Assistant Secretary for Aging. Objectives and focus areas may change periodically in accordance with the evolution of policies and practices pertaining to the provision of home and community-based supportive services to older adults and their family caregivers. Additionally, state plans must include specific assurances that the state will carry out certain activities in accordance with the OAA. Finally, states are required to develop (or revise) and submit an Intrastate Funding Formula (IFF), detailing how Federal funds made available under the OAA will be disbursed throughout the state. The information submitted to ACL/AoA via the state plan is used for Federal oversight of Title III and VII programs, ensuring that OAA funds are serving as a base for a broader system of long-term services and supports for older adults in the state and that funds are being targeted in accordance with the requirements of the Act.

With respect to targeting, LGBT advocates are urging ACL to require states, in their state plans, to provide assurances that they will assess all groups that may be eligible for designation as a "greatest social need" population and expressly include LGBT older adults as one of those groups whose needs must be assessed by the State Unit on Aging. Additionally, the recently reauthorized OAA directs the Assistant Secretary for Aging to issue guidance for conducting outreach to, and serving, Holocaust survivors. In this regard, ACL wants to know whether the targeting guidance as articulated on pages 5–6 of the template is feasible and likely to ensure maximum inclusion of all populations of seniors, including older American Indians, LGBT seniors,

Holocaust survivors living in the U.S., and other isolated groups of older adults. To that end, comments are specifically requested on the extent to which the direction provided is sufficient for states to fully assess the existence of, and develop plans for serving, these individuals and their families. If commenters believe the proposed direction is insufficient, this solicitation requests comments containing the specific guidance desired as well as the practical means and data available to implement said guidance, direction and requirements for states.

When completed annually by ACL/AoA staff, the template presented here for comment will yield a Program Instruction containing the necessary information states need to develop and submit their state plans on aging. ACL/AoA estimates the burden of this data collection as follows: approximately one third (1/3) of the 56 State Units on Aging (or approximately 18 states per year) submit a new state plan in a given year. Estimates as to the amount of time it takes to prepare and submit a state plan vary greatly. Recent feedback from states indicates that, on average, it takes a state approximately 750 hours to prepare and submit a state plan on aging. The proposed Program Instruction template may be found on the ACL Web site for review at: [http://www.aoa.acl.gov/AoA\\_Programs/OAA/Aging\\_Network/pi/PI-Template.aspx](http://www.aoa.acl.gov/AoA_Programs/OAA/Aging_Network/pi/PI-Template.aspx).

Dated: June 14, 2016.

**Kathy Greenlee,**

*Administrator and Assistant Secretary for Aging.*

[FR Doc. 2016-14612 Filed 6-20-16; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2013-N-0297]

#### **Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Prevention of Salmonella Enteritidis in Shell Eggs During Production; Recordkeeping and Registration Provisions**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget

(OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Fax written comments on the collection of information by July 21, 2016.

**ADDRESSES:** To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202-395-7285, or emailed to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). All comments should be identified with the OMB control number 0910-0660. Also include the FDA docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE-14526, Silver Spring, MD 20993-0002, [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

#### **Prevention of Salmonella Enteritidis in Shell Eggs During Production—Recordkeeping and Registration Provisions—21 CFR 118.10 and 118.11; OMB Control Number 0910-0660—Extension**

Shell eggs contaminated with *Salmonella* Enteritidis (SE) are responsible for more than 140,000 illnesses per year. The Public Health Service Act (PHS Act) authorizes the Secretary to make and enforce such regulations as "are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States . . . or from one State . . . into any other State" (section 361(a) of the PHS Act). This authority has been delegated to the Commissioner of Food and Drugs. Under section 402(a)(4) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 342(a)(4)), a food is adulterated if it is prepared, packed, or held under insanitary conditions whereby it may have been contaminated with filth or rendered injurious to health. Under section 701(a) of the FD&C Act (21 U.S.C. 371(a)), FDA is authorized to issue regulations for the efficient enforcement of the FD&C Act.

Under part 118 (21 CFR part 118), shell egg producers are required to implement measures to prevent SE from contaminating eggs on the farm and from further growth during storage and transportation. Shell egg producers also