

ESTIMATED STATE MEDIAN INCOME FOR FOUR-PERSON FAMILIES, BY STATE, FOR FEDERAL FISCAL YEAR (FFY) 2017,
FOR USE IN THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)—Continued

States	Estimated state median income for four-person families ¹	60 percent of estimated state median income for four-person families ^{2,3}
North Dakota	88,621	53,173
Ohio	78,166	46,900
Oklahoma	66,088	39,653
Oregon	72,518	43,511
Pennsylvania	85,036	51,022
Rhode Island	91,452	54,871
South Carolina	66,542	39,925
South Dakota	76,511	45,907
Tennessee	67,026	40,216
Texas	71,307	42,784
Utah	72,805	43,683
Vermont	84,421	50,653
Virginia	94,667	56,800
Washington	86,744	52,046
West Virginia	68,750	41,250
Wisconsin	83,893	50,336
Wyoming	81,632	48,979
Puerto Rico	29,598	17,759

¹ These figures were prepared by the U.S. Census Bureau, U.S. Department of Commerce (Census Bureau), from five-year estimates from the 2010, 2011, 2012, 2013, and 2014 American Community Surveys (ACSs). These estimates, like those derived from any survey, are subject to two types of error: (1) Non-sampling Error, which consists of random errors that increase the variability of the data and non-random errors that consistently direct the data in a specific direction; and (2) Sampling Error, which consists of the error that arises from the use of probability sampling to create the sample.

² These figures were calculated by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Division of Energy Assistance by multiplying the estimated state median income for a four-person family for each state by 60 percent.

³ To adjust for different sizes of households for LIHEAP purposes, 45 CFR 96.85 calls for multiplying 60 percent of a state's estimated median income for a four-person family by the following percentages: 52 percent for a one-person household, 68 percent for a two-person household, 84 percent for a three-person household, 100 percent for a four-person household, 116 percent for a five-person household, and 132 percent for a six-person household. For each additional household member above six people, 45 CFR 96.85 calls for adding three percentage points to the percentage for a six-person household (132 percent) and multiplying the new percentage by 60 percent of the median income for a four-person family.

Statutory Authority: LIHEAP was last authorized by the Energy Policy Act of 2005, Pub. L. 109–58, which was enacted on August 8, 2005. This authorization expired on September 30, 2007, and reauthorization remains pending. The formula used to derive the SMI is authorized by 42 U.S.C. 8624(b)(2)(B)(iii).

Mary M. Wayland,

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

[FR Doc. 2016–19922 Filed 8–22–16; 8:45 am]

BILLING CODE 4184–80–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Alzheimer's and Dementia Program Data Reporting Tool

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA), Administration for Community Living (ACL) is announcing an opportunity to comment on the proposed collection of 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 collects comments on the information collection requirements relating to the continuation of an existing collection for the Alzheimer's Disease Supportive Services Program and expansion of collection to include ACL grantees of the Alzheimer's Disease Initiative—Specialized Supportive Services (ADI–SSS) project.

DATES: Submit written comments on the collection of information by October 24, 2016.

ADDRESSES: Submit written comments on the collection of information by email to Erin.Long@acl.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Erin Long Erin.Long@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The Alzheimer's Disease Supportive Services Program (ADSSP) is authorized through Sections 398, 399 and 399A of the Public Health Service (PHS) Act, as amended by Public Law 101–557 Home Health Care and Alzheimer's Disease Amendments of 1990. The ADSSP helps state efforts to expand the availability of community-level supportive services for persons with Alzheimer's disease and their caregivers, including underserved populations. ADI–SSS projects are financed solely by Prevention and Public Health Funds. Similar in scope to ADSSP, ADI–SSS projects are designed to fill gaps in dementia-capable home and community based services (HCBS) for persons living with or those at high risk of developing Alzheimer's disease and related dementias (ADRD) and their caregivers by providing quality, person-centered services that help them remain

independent and safe in their communities.

In compliance with the PHS Act, ACL revised an ADSSP Data Reporting Tool (ADSSP–DRT) in 2013. The 2016 revised Alzheimer's and Dementia Program Data Reporting Tool (ADP–DRT) collects information about the

delivery of direct services by ADSSP and ADI–SSS grantees, as well as basic demographic information about service recipients. The 2016 version includes revisions to the approved 2013 version. The revised version would be in effect beginning 12/31/2016 and thereafter.

The proposed ADP–DRT can be found on AoA's Web site at: <http://nadrc.acl.gov/sites/default/files/uploads/docs/2016%20Proposed%20OMB%20Alzheimer%20Program%20Reporting%20Tool.xlsx>.

ACL estimates the burden of this collection of information as follows:

ANNUAL BURDEN ESTIMATES

Instrument	Type of respondent	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours (annual)
ADP–DRT	Local Program Site	76	2	4.67	709.84
ADP–DRT	Grantee	38	2	3.6	273.6

Estimated Total Annual Burden Hours: 983.44.

Dated: August 17, 2016.

Edwin L. Walker,

Acting Administrator & Assistant Secretary for Aging.

[FR Doc. 2016–20156 Filed 8–22–16; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Community Living

Proposed Information Collection Activity; Comment Request; Protection and Advocacy Annual Program Performance Report and Statement of Goals and Priorities

AGENCY: Office of Program Support, Administration on Intellectual and Developmental Disabilities, Administration on Disability, Administration on Community Living, HHS.

ACTION: Notice.

SUMMARY: This notice seeks to collect comments on revisions to an existing collection: Annual Protection and Advocacy Systems Program Performance Report (0985–0027). State Protection and Advocacy (P&A) Systems in each State and Territory provide individual legal advocacy, systemic advocacy, monitoring and investigations to protect and advance the rights of people with developmental disabilities, using funding administered by the Administration on Intellectual and Developmental Disabilities, Administration on Disability, Administration on Community Living, HHS.

The Developmental Disabilities and Bill of Rights Act, 42 U.S.C. 15044, requires each P&A to annually prepare

a report that describes the activities and accomplishments of the system during the preceding fiscal year and a Statement of Goals and Priorities (SGP) (0985–0034) for each coming fiscal year. P&As are required to annually report on “the activities, accomplishments, and expenditures of the system during the preceding fiscal year, including a description of the system's goals, the extent to which the goals were achieved, barriers to their achievement, the process used to obtain public input, the nature of such input, and how such input was used.” To meet its statutory reporting requirements, P&As have used separate forms for submitting the annual report (0985–0027) and the SGP (0985–0034). It is proposed that the two be combined by creating the Protection and Advocacy Annual Program Performance Report and Statement of Goals and Priorities form. By combining the forms, P&As will have a reduced burden by submitting only one report annually. The combined form will also allow federal reviewers to analyze patterns more readily between goals and priority setting and program performance. The annual program performance report (PPR) and SGP is reviewed by federal staff for compliance and program outcomes. Information in the PPRs and SGPs is analyzed to create a national profile of programmatic compliance, program outcomes, and goals and priorities for P&A Systems. These profiles are used to track accomplishments against goals, develop technical assistance, and determine compliance with Federal requirements. Information collected in the unified report also will inform AIDD of trends in P&A advocacy, collaboration with other federally-funded entities, and best practices for efficient use of federal funds.

DATES: Submit written comments on the collection of information by October 24, 2016.

ADDRESSES: Submit written comments on the collection of information by email to: Clare.Huerta@acl.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Clare Huerta, Administration on Community Living, Administration on Intellectual and Developmental Disabilities, Office of Program Support, 330 C Street SW., DC, Washington, DC 20201, (202) 795–7301.

SUPPLEMENTARY INFORMATION: In compliance with the requirements of Section 506 (c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration on Community Living is soliciting public comment on the specific aspects of the information collection described above. The form is available at http://www.acl.gov/Programs/AIDD/Program_Resource_Search/Results_DDC.aspx#resources.

The Department specifically requests comments on: (a) Whether the proposed Collection of information is necessary for the proper performance of the function of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden information to be collected; and (e) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection technique comments and or other forms of information technology. Consideration will only be given to comments and suggestions submitted within 60 days of this publication.

Respondents: 57 Protection and Advocacy Systems.