

and assets determination: worldwide capital for the reporting FBO (item 1); an adjustment to avoid double counting of capital used by any direct or indirect subsidiary of the FBO that also has access to Fedwire and has its own net debit cap (item 2); the FBO's total daylight overdraft capital base for the U.S. branch and agency family (item 3), which is used to calculate the net debit cap; and the reporting FBO's total worldwide assets (item 4).

**Legal authorization and confidentiality:** This information collection is authorized pursuant to section 7(a) of the International Banking Act,<sup>1</sup> which establishes reserve requirements for U.S. branches and agencies of foreign banks, and pursuant to section 13(14) of the Federal Reserve Act (FRA),<sup>2</sup> which provides that "each Federal Reserve bank may receive deposits from, discount paper endorsed by, and make advances to any branch or agency of a foreign bank in the same manner and to the same extent that it may exercise such powers with respect to a member bank if such branch or agency is maintaining reserves with such Reserve bank pursuant to section 7 of the International Banking Act of 1978." In addition, sections 11(i), 16, and 19(f) of the FRA,<sup>3</sup> which permit Reserve Banks to provide payment services to member banks, provide authority for the collection of the FR 2225 report in conjunction with the provisions above providing that Federal Reserve Banks may provide certain services to certain FBOs to the same extent that it may provide these services to a member bank. The FR 2225 is required to obtain a benefit, specifically a non-zero net debit cap.

The Board generally does not consider the information collected on the FR 2225 report to be confidential, and the completed version of this report generally is made available to the public upon request. However, in certain instances, specific information collected on an individual FBO's FR 2225 report may be exempt from disclosure, for example, pursuant to exemption 4 of the Freedom of Information Act (FOIA), which protects from public disclosure "trade secrets and commercial or financial information obtained from a person [that is] privileged or confidential."<sup>4</sup> In order to obtain confidential treatment, a request for confidential treatment must be submitted by the FBO in writing concurrently with the submission of the

FR 2225 report. This written request must identify the specific data for which confidential treatment is sought and must provide the legal justification for the confidentiality request, as provided in the Board's Rules Regarding Availability of Information (12 CFR part 261). The Federal Reserve will review each request for confidential treatment on a case-by-case basis to determine if confidential treatment is appropriate.

Board of Governors of the Federal Reserve System, November 22, 2022.

**Michele Taylor Fennell,**

*Deputy Associate Secretary of the Board.*

[FR Doc. 2022–25966 Filed 11–28–22; 8:45 am]

**BILLING CODE 6210–01–P**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than December 29, 2022.

**A. Federal Reserve Bank of Dallas** (Karen Smith, Director, Applications) 2200 North Pearl Street, Dallas, Texas 75201–2272:

1. **Lamar Street Investment Partners, LLC, Addison, Texas;** to become a bank

holding company by acquiring Fidelity Bancshares, Inc., and thereby acquire Fidelity Bank, both of Waco, Texas.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Deputy Associate Secretary of the Board.*

[FR Doc. 2022–26041 Filed 11–28–22; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Award of a Single-Source Cooperative Agreement To Fund the World Health Organization (WHO)

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$80,000,000, for Year 1 funding to WHO. The award will support WHO's efforts to support national governments with polio eradication, measles and rubella mortality reduction, and other vaccine preventable disease (VPD) control efforts. Funding amounts for years 2–5 will be set at continuation.

**DATES:** The period for this award will be July 1, 2023, through June 30, 2028.

**FOR FURTHER INFORMATION CONTACT:** Karen Clackum, Center for Global Health, Global Immunization Division, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE, Bldg. 21, Atlanta, GA, 30329, Telephone: 770–488–2680, E-Mail: [KClackum@cdc.gov](mailto:KClackum@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The single-source award will support WHO in strengthening immunization systems; maintaining and strengthening field and laboratory-based surveillance; ensuring capacities to quickly and effectively detect and respond to VPD outbreaks; foster immunization program sustainability; improve immunization program, policies, guidelines, and practices at country, regional, and global levels; and ensure sustained political, technical, and financial support for the Global Polio Eradication Initiative (GPEI), Measles and Rubella Partnership, and other disease-specific initiatives as well as for the Immunization Agenda 2030.

WHO is in a unique position to conduct this work, as it is the only

<sup>1</sup> 12 U.S.C. 3105(a).

<sup>2</sup> 12 U.S.C. 347d.

<sup>3</sup> 12 U.S.C. 248(i), 248–1, and 464.

<sup>4</sup> 5 U.S.C. 552(b)(4).

organization with a worldwide mandate for the control and prevention of vaccine preventable diseases (VPDs). WHO also has the lead responsibility among United Nations (UN) organizations for implementing the World Health Assembly (WHA) resolutions calling for the global eradication of polio, elimination of rubella, and multiple other resolutions with targeted VPD goals. Additionally, no other global partner or agency has the technical expertise and direct access to implementation of immunization activities in such a breadth of countries.

### Summary of the Award

*Recipient:* World Health Organization (WHO).

*Purpose of the Award:* The purpose of this award is to support WHO's efforts to support national governments with polio eradication, measles and rubella mortality reduction, and other vaccine preventable disease (VPD) control efforts in line with CDC's Global Immunization Strategic Framework (GISF).

*Amount of Award:* The approximate year 1 funding amount will be \$80,000,000 in Federal Fiscal Year (FYY) 2023 funds, subject to the availability of funds. Funding amounts for years 2–5 will be set at continuation.

*Authority:* This program is authorized under Sections 301 (c), 307, and 317 of the Public Health Service Act (42 U.S.C. 241 (c), 242l, and 247b); and section 104 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b).

*Period of Performance:* July 1, 2023 through June 30, 2028.

Dated: November 23, 2022.

**Terrance Perry,**

*Chief Grants Management Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2022–26001 Filed 11–28–22; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–23–1317]

### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information

collection request titled “National Healthcare Safety Network (NHSN) Coronavirus (COVID–19) Surveillance in Healthcare Facilities” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on September 12, 2022, to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for the public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written

comments within 30 days of notice publication.

### Proposed Project

National Healthcare Safety Network (NHSN) Coronavirus (COVID–19) Surveillance in Healthcare Facilities (OMB Control No. 0920–1317, Exp. 1/31/2024)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

Hospitals are key partners in the U.S. response to COVID–19. The response is locally executed, state managed, and federally supported. At the Federal level, the U.S. Department of Health & Human Services COVID–19 Response Function, the White House Coronavirus Response Team, and the Centers for Disease Control & Prevention (CDC) COVID–19 Response work together to support the effective operations of the American healthcare system. This collection initially began at the end of March 2020 through a letter from then Vice President Pence to the nation's 4,700 hospitals, asking them to submit data daily on the number of patients tested for COVID–19, as well as information on bed capacity and requirements for other supplies. (<https://www.cms.gov/files/document/32920-hospital-letter-vice-president-pence.pdf>).

CDC's National Healthcare Safety Network (NHSN) COVID–19 Module (OMB Control No. 0920–1290) was initially approved March 26, 2020 for the collection of hospital COVID–19 data. The NHSN COVID–19 Module also collects COVID–19 data from long-term care facilities and dialysis centers, and was later approved as OMB Control No. 0920–1317. Beginning July 2020, at the request of the White House Coronavirus Task Force, collection of information from hospitals was transferred to the Department of Health and Human Services/Administration for Strategic Preparedness and Response (HHS/ASPR) and was housed in the TeleTracking portal.

This Revision request is being submitted so that the National Healthcare Safety Network (NHSN) will again assume responsibility for collection of COVID–19 data from hospitals beginning in January 2023. CDC requests OMB approval for an estimated 4,477,073 annual burden hours.