

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Nurse Corps Loan Repayment Program, OMB No. 0915-0140—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 14, 2025.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14NWH04, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Nurse Corps Loan Repayment Program, OMB No. 0915-0140—Revision.

Abstract: The Nurse Corps Loan Repayment Program (LRP) assists in the recruitment and retention of professional Registered Nurses (RNs), including Advanced Practice Registered Nurses (APRNs), by decreasing the financial barriers associated with pursuing a nursing education. RNs in this instance include APRNs (e.g., nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists) dedicated to working at eligible health care facilities with a critical shortage of nurses (i.e., a Critical Shortage Facility) or working as nurse faculty in eligible, accredited schools of nursing. The Nurse Corps LRP provides loan repayment assistance to these nurses to repay a portion of their qualifying educational loans in exchange for a minimum of 2 years of full-time service at a public or private Critical Shortage Facility or in an eligible, accredited school of nursing.

Need and Proposed Use of the Information: Individuals must submit an application in order to participate in the program. The application asks for personal, professional, educational, and financial information required to

determine the applicant's eligibility to participate in the Nurse Corps LRP. An Employment Verification Form verifies the applicant's name and address of the Critical Shortage Facility or eligible school of nursing where they will serve their service commitment, which must be completed by the appropriate official or authorized point of contact at the Critical shortage Facility or school of nursing. This information collection is used by the Nurse Corps program to make award decisions about Nurse Corps LRP applicants and to monitor a participant's compliance with the program's service requirements. The Nurse Corps LRP is requesting a revision and is seeking to use the previously approved forms. The revisions are because of a decrease in the annualized burden due to a fewer number of anticipated respondents.

Likely Respondents: Professional RNs or APRNs who are interested in participating in the Nurse Corps LRP, and official representatives at their service sites.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden Hours: The estimates of reporting for applicants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Nurse Corps LRP Application *	6,450	1	6,450	2.00	12,900
Authorization to Release Information Form **	6,450	1	6,450	0.10	645
Employment Verification Form **	6,450	1	6,450	0.10	645
Disadvantaged Background Form	388	1	388	0.20	78
Confirmation of Interest Form	989	1	989	0.20	198
Total for Applicants	20,727	20,727	14,466

*The burden hours associated with this instrument account for both new and continuation applications.

**The same respondents are completing these instruments.

The estimates of reporting for Participants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Participant Semi-Annual In Service Verification Form	989	2	1,978	0.50	989
Nurse Corps Critical Shortage Facility Verification Form	989	1	989	0.10	99
Nurse Corps Nurse Faculty Employment Verification Form	388	1	388	0.20	78
Total for Participants	2,366	3,355	1,166

The total estimates for Applicants and Participants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total for Applicants and Participants	23,093	24,082	15,632

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Maria G. Button,
 Director, Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0019]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork

Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before June 16, 2025.

ADDRESSES: Written 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. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: Sagal Musa, sagal.musa@hhs.gov or (202) 578–5441. When submitting comments or requesting information, please include the document identifier 4040–0019–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information

collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: Project Abstract Summary.

Type of Collection: Reinstatement.

OMB No.: 40400019.

Abstract: The Project Abstract Summary form provides the Federal grant-making agencies an alternative to the Standard Form 424 data set and form. Agencies may use Project Abstract Summary form for grant programs not required to collect all the data that is required on the SF–424 core data set and form. Project Abstract Summary form is used by organizations to apply for Federal financial assistance in the form of grants. This form is evaluated by Federal agencies as part of the overall grant application. This IC expired on February 28, 2025. *Grants.gov* is seeking reinstatement without change of this information collection and a three-year clearance.

ANNUALIZED BURDEN HOUR TABLE

Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Grant applicants	3,467	1	1	3,467
	3,467	1	3,467