

and to verify that the affiliations being formed by teaching hospitals for the purposes of sharing their Medicare GME FTE cap slots are valid according to CMS regulations. CMS will also use these affiliation agreements as reference materials when potential issues involving specific affiliations arise. While we have used hard copies of affiliation agreements for those same purposes in the past, we implemented this electronic submission process in order to expedite and ease the process of retrieving, analyzing and evaluating affiliation agreements. *Form Number:* CMS–10326 (OMB control number: 0938–1111); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for profits, Not for profit institutions; *Number of Respondents:* 125; *Total Annual Responses:* 125; *Total Annual Hours:* 166. (For policy questions regarding this collection contact Shevi Marciano at 410–786–2874.)

William N. Parham, III,
Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.
[FR Doc. 2024–14338 Filed 6–27–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Refugee Support Services (RSS) and RSS Set Aside Sub-Agency List (Office of Management and Budget #0970–0556)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.
ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) is requesting a 3-year extension of the Refugee Support Services (RSS) and RSS Set Aside Sub-Agency List (Office of Management and Budget #0970–0556). ORR is not proposing any changes to the form.
DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:
Description: The RSS and RSS Set Aside Sub-Agency List requests grantees to provide the agency name, city, state, website, and funding amount for each contracted sub-grantee.
The information will be used for national resource mapping pertaining to ORR RSS funding at the local level. Improved communication and the knowledge of all local providers is important to ORR’s overall oversight of the program. In addition to RSS formula funding to states and state replacement agencies who then issue sub-awards to local providers, ORR also awards discretionary grants that directly fund local refugee service providers. This report will continue to provide ORR a complete picture of the availability all ORR resources to assist newly arrived refugees at the local level increasing our ability to identify gaps or target areas of need.
Respondents: State agencies and replacement designees under 45 CFR 400.301(c) administering or supervising the administration of programs.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
RSS and RSS Set Aside Sub-grantee List	59	1	2	118

Authority: Refugee Act of 1980 [Immigration and Nationality Act, title IV, chapter 2, section 412 (e)] and 45 CFR 400.28.
Mary C. Jones,
ACF/OPRE Certifying Officer.
[FR Doc. 2024–14165 Filed 6–27–24; 8:45 am]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; Community Services Block Grant (CSBG) Annual Progress Report (OMB No. 0970–0492)

AGENCY: Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services.
ACTION: Request for public comments.

SUMMARY: The Office of Community Services (OCS), Administration for Children and Families (ACF) requests

an extension with minor changes to the currently approved Community Services Block Grant (CSBG) Annual Progress Report, (OMB #0970–0492, expiration 6/30/2024) and is submitting the Tribal Annual Report and Tribal Short Form, as well as removing supplemental funding reports that are no longer in use. Plans for further revisions to this report are also discussed below.
DATES: *Comments due* July 29, 2024. OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Section 678E of the CSBG Act requires states, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories, to annually prepare and submit a report on the measured performance of the state and the eligible entities in the state. Prior to the participation of the state in the performance measurement system, the state shall include in the report any information collected by the state relating to such performance. Each state shall also include in the report an accounting of the expenditure of funds received by the state through the CSBG program, including an accounting of funds spent on administrative costs by the state and the eligible entities, and funds spent by the eligible entities on the direct delivery of local services, and shall include information on the number of and characteristics of clients served under the subtitle in the state, based on data collected from the eligible entities. The state shall also include in the report a summary describing the training and technical assistance offered by the state.

Section 3(b) of the Government Performance and Results (GPRA) Modernization Act of 2010 (GPRAMA) requires OCS, as an office under the U.S. Department of Health and Human Services, to collect performance

information for the CSBG. This current request includes CSBG Annual Report 2.1. OCS is requesting an extension of the current Annual Report with clarification revisions to be used in federal fiscal year (FY) 2024 as a requirement to satisfy section 678E of the CSBG Act and then as an optional collection instrument in FY 2025 to support an incremental implementation. OCS also plans to discontinue the currently approved Supplemental Funding Reports under this OMB control number. OCS is introducing the CSBG Annual Report 3.0 Tribal Annual Report—a modified annual report to collect performance information from CSBG directly funded tribal grant recipients receiving more than \$50,000. Tribes would be required to report using the Tribal Annual Report to fulfill FY 2024 to FY 2026 reporting requirements due each year on March 31; and the CSBG Annual Report 3.0 Tribal Short Form for use by tribes directly funded by CSBG below the \$50,000 funding threshold. Both the Tribal Annual Report and Tribal Short Form were developed using the revisions of the CSBG Annual Report to provide a comparable reporting schema for directly funded CSBG tribes commensurate with their funding levels to minimize burden while collecting performance data. Tribes receiving less than \$50,000 annual would be required to report using the Tribal Short Form to fulfill FY 2024 to FY 2026 reporting requirements due each year on March 31.

OCS has also updated the Annual Report for future years, the CSBG Annual Report 3.0. This updated version was originally planned to be submitted in conjunction with the extension of version 2.1, but in an effort to be responsive to the public comments received during the 60-day comment period (89 FR 29339), OCS is delaying submission of that version. Once all comments are reviewed, addressed and

a final proposed version 3.0 is ready, a subsequent notice will be published in the **Federal Register** announcing the opportunity to provide comments in conjunction with submission to OMB. This will provide a 30-day comment period. The future request is expected to include the following:

1. CSBG Annual Report 3.0—a substantial revision of the current Annual Report form. This updated version continues to streamline state administrative information, as well as National Performance Indicators for individuals and families as reported by eligible entities. The proposed revisions seek to lessen the burden of the previous iteration of the report by decreasing the amount of data points collected, clarifying data points by using clearer language, removing items not pertinent to annual report data collection, and improving data points to reflect industry standards in measuring the reduction of poverty. This revision would be an optional collection instrument in FY 2026 to support incremental implementation and minimize burden to the public and would become the required sole collection instrument in FY 2027.

Copies of the proposed collections of information can be obtained by visiting: <http://www.acf.hhs.gov/programs/ocs/programs/csbgs>.

Respondents: State governments, including the District of Columbia, the Commonwealth of Puerto Rico, U.S. territories, directly funded federally and state-recognized tribes and CSBG eligible entities.

Annual Burden Estimates

Estimated Burden—FY24

In FY24, states and tribal grant recipients would be required to complete the current versions of the Annual Reports.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
CSBG Annual Report 2.1 (States)	56	1	198	11,088
CSBG Annual Report 2.1 (Eligible Entities)	1,000	1	493	493,000
CSBG Tribal Annual Report	24	1	111	2,664
CSBG Tribal Annual Report Short Form	30	1	40	1,200
FY24 Total Annual Burden Estimates	507,952

Comments: The Department specifically requests comments on the following:

1. Whether the proposed collection of information is necessary for the proper

performance measurement of Federal, State, or local agencies.

2. The quality of the information to be collected.

3. The clarity of the information to be collected.

4. Does the information to be collected produce significant burden? If so, how could the burden be minimized

on respondents, including using automated collection techniques or other forms of technology?

5. The accuracy of the agency's estimate of the burden of the proposed collection of information.

6. What, if any, additions, revisions, or modifications to the information collection would you suggest?

Consideration will be given to comments and suggestions submitted within 30 days of this publication.

Authority: 112 Stat. 2729; 42 U.S.C. 9902(2).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024–14172 Filed 6–27–24; 8:45 am]

BILLING CODE 4184–27–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent to Award a Single-Source Supplement for the Expanding ACL Innovation Lab

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the National Council on Aging for the ACL Innovation Lab (“the Lab”) program. The purpose of the Lab is to support research, demonstration, and evaluation efforts related to falls prevention amongst older adults and older adults with disabilities.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Shannon Skowronski, U.S. Department of Health and Human Services, Administration for Community Living, Center for Policy and Evaluation, Office of Performance and Evaluation; telephone (202) 795–7438 email shannon.skowronski@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The primary activities of the ACL Innovation Lab include:

- Developing a taxonomy for falls prevention research.
- Funding a cohort of sub-awards to community-based entities across the nation to conduct research to understand and measure the extent to which existing interventions reduce falls and risk factors.
- Developing a secure, dynamic system to house the data collected and evidence developed by sub-awardees.

- Serving as a national focal point for technical assistance that supports the delivery and scaling of effective falls prevention interventions across the aging network.

The supplement for FY 2024 will be approximately \$4,441,320 and will not be used for projects or activities outside the scope of the approved award. The supplement will provide sufficient resources for:

- increasing the number and geographic reach of sub-awards to community-based entities.
- providing enhanced technical assistance, with a particular focus on individually tailored supports for sub-awardees, data collection, navigating and securing Institutional Review Board approval, and expanding dissemination.

Program Name: ACL Innovation Lab.

Recipient: The National Council on Aging.

Period of Performance: September 1, 2023 through August 31, 2026 (fully-funded).

Award Amount: Approximately \$4,441,320.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: Older Americans Act of 1965, sections 201 and 411, as amended through Pub. L. 116–131 (42 U.S.C. 3011, 42 U.S.C. 3032).

Basis for Award: The National Council on Aging (NCOA) is currently funded to serve as the first-ever ACL Innovation Lab (“the Lab”) for the period of September 1, 2023 through August 31, 2026. Since project implementation began in September 2023, the grantee has accomplished a great deal. This supplement will enable the grantee to carry their work even further, providing additional sub-grants and enhanced technical assistance to advance falls prevention efforts across the nation.

The NCOA is uniquely positioned to complete the work called for under this project. NCOA's primary partners on this project include Impact Genome and a Research Advisory Committee, comprised of experts in the fields of falls prevention, community-based participatory research, and related areas.

Establishing an entirely new grant project for this program would be potentially disruptive to efforts currently underway. The Lab was authorized in 2020, but not funded and established until FY2023. Work is currently underway to build a solid foundation and infrastructure for the Lab. If this supplement were not provided, this would make it difficult to build the comprehensive and dynamic infrastructure needed to advance the goals and efforts of this program for

years to come. Building a parallel infrastructure this early in the process would likely result in duplication of effort. In addition, it has become evident that sub-awardee technical assistance needs will exceed initial estimates. Providing this supplement to NCOA will allow for the greater realization of Congress' intent in Titles II and IV of the Older Americans Act (OAA), which calls for the establishment of a Research, Demonstration, and Evaluation Center (“the Lab”) for the purposes of “[conducting] research, research dissemination, evaluation, demonstration projects, and related activities . . . ; [providing] assessment of the programs and interventions authorized under [the OAA]; and “[increasing the repository of information on evidence-based programs and interventions available to the aging network” (Title II) and supporting “applied social research, aligned with evidence-based practice, and analysis to improve access to and delivery of services for older individuals” (Title IV).

Dated: June 24, 2024.

Alison Barkoff,

Principal Deputy Administrator for the Administration for Community Living, performing the delegable duties of the Administrator and Assistant Secretary for Aging.

[FR Doc. 2024–14227 Filed 6–27–24; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Public Comment Request; the State Plan for Assistive Technology (OMB Control Number 0985–0048)

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under section 506(c)(2)(A) of the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the proposed extension of the information collection requirements relating to the State Plan of Assistive Technology (OMB Control Number 0985–0048).