

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions 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; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 68 Disaster Relief; 42 U.S.C. 5121; Pub. L. 113-5.

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Head Start Grant Application (Office of Management and Budget #0970-0207)

AGENCY: Office of Head Start, 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) is requesting a 3-year extension of the Grant Application Instrument and Instructions (Office of Management and Budget #0970-0207, expiration June 30, 2025). The updated grant application reduces the amount of documentation required from grant recipients, both in the baseline application and the continuation application, by reducing the number of required documents to support the application and reducing the amount of required information in the program and budget justification narrative. The goal of these changes is to reduce grant recipient burden.

DATES: *Comments due* July 14, 2025. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF

is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov*. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: To receive Head Start funding, Head Start grant recipients must apply for such funds through this information collection. The information submitted by applicants assist program and grant officials in determining whether the applicant meets the requirements for funding under the Act including any requirements specified in annual appropriations by Congress. The updated grant application reduces the amount of documentation required from grant recipients, both in the baseline application and the continuation application, by reducing the number of required documents to support the application and reducing the amount of required information in the program and budget justification narrative. The goal of these changes is to reduce grant recipient burden, and the burden estimates below have been updated to reflect this.

Respondents: Head Start Grant Recipients.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Head Start Grant Application	1,600	2	20	64,000

Comments: ACF specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions 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; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 9801 *et seq.*

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2025-08622 Filed 5-14-25; 8:45 am]

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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: Telehealth Resource Center Performance Measurement, OMB No. 0915-0361—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 by mail to 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 Joella Roland, 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: Telehealth Resource Center Performance Measurement, OMB No. 0915-0361—Revision.

Abstract: HRSA requests a revision of its approved information collection for the Telehealth Resource Center (TRC) Performance Measurement Tool and renewal of the previously approved performance measures. TRCs deliver telehealth technical assistance under cooperative agreements awarded by HRSA’s Office for the Advancement of Telehealth, as authorized by section 330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2)). There are two types of HRSA TRC programs:

- Two National TRC Programs (NTRC) focus on policy and technology.
- Twelve Regional TRC Programs (RTRC) host activities and provide resources to rural and underserved areas.

The HRSA TRCs:

- Provide training and support,
- Publicize information and research findings,
- Support collaboration and partnerships,
- Promote effective partnerships, and

- Promote the use of telehealth by providing health care information and education to the public and medical specialists.

The TRCs share expertise through individual consults, training, webinars, conference presentations, and the web. HRSA collects information from the TRCs using the TRC Performance Measurement Tool.

HRSA seeks to revise its approved information collection because the electronic system for submitting information to HRSA has changed from the Performance Improvement Management System to Data Collection Platform as a Service (DCP). Although the electronic system has changed, the information to be collected using the TRC Performance Measurement has not changed, and HRSA’s burden estimate remains the same.

Need and Proposed Use of the Information: In order to evaluate existing programs, recipients of the NTRC and RTRC cooperative agreements submit data to HRSA through HRSA’s DCP. The data are used to measure the effectiveness of the technical assistance. There is one data reporting period each year; during these reporting periods, data are reported for the previous 12 months of activity. TRCs have approximately 6 weeks to enter their data into the DCP system during each annual reporting period. The instrument was developed with the following four goals in mind:

- Improving access to needed services,
- Reducing rural and underserved population practitioner isolation,
- Improving health system productivity and efficiency, and
- Improving patient outcomes.

The TRCs currently report on existing performance data elements using the TRC Performance Measurement Tool. The performance measures are designed to assess how the TRC program is meeting its goals to:

- Expand the availability of telehealth services in underserved communities;
- Improve the quality, efficiency, and effectiveness of telehealth services;
- Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology; and

- Establish sustainable technical assistance centers providing quality, unbiased technical assistance for the development and expansion of effective and efficient telehealth services in underserved communities.

Additionally, the TRC Performance Measurement Tool allows HRSA to:

- Determine the value added from the TRC cooperative agreements;
- Justify budget requests;
- Collect uniform, consistent data which enables HRSA to monitor programs;
- Provide guidance to grantees on important indicators to track overtime for their own internal program management;
- Measure performance relative to the mission of HRSA as well as individual goals and objectives of the program;
- Identify topics of interest for future special studies; and
- Identify changes in healthcare needs within rural and underserved communities, allowing programs to shift focus to meet those needs.

Likely Respondents: The likely respondents will be telehealth associations, telehealth providers, rural and underserved health providers, clinicians that deliver services via telehealth, technical assistance providers, research organizations, and academic medical centers that receive NTRC or RTRC cooperative agreements.

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

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
TRC Performance Measurement	14	42	588	0.07	41
Total	14	588	41

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.

[FR Doc. 2025-08611 Filed 5-14-25; 8:45 am]

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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.