

Act (Pub. L. 116–127); and the American Rescue Plan Act of 2021 (Pub. L. 117–2) provided the Department of Health and Human Services the authority to administer the Provider Relief Programs (PRP) (e.g., Provider Relief Fund; American Rescue Plan Act Rural Distribution; COVID–19 Coverage Assistance Fund; and COVID–19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured). The Department of Health and Human Services delegated the authority for these programs to HRSA. The PRP issued payments to eligible health care providers for expenses or lost revenues attributable to COVID–19 and claims reimbursement for COVID–19 testing, treatment, and vaccine administration for uninsured and COVID–19 vaccine administration for underinsured individuals. Recipients of these funds agreed to the Terms and Conditions applicable to each Program, which require, among other Terms, compliance with reporting requirements as specified by the Secretary of Health and Human Services. Recipients are eligible health care providers who include public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit

and non-profit entities that provide diagnosis, testing, vaccination, or care for individuals with possible or actual cases of COVID–19. The Single Audit Act requires entities that expend \$750,000 or more of federal assistance during the entity’s fiscal year to conduct an independent audit. Requirements for these audits are set forth in regulations at 45 CFR subpart F. Requirements differ for non-profit and commercial/for-profit entities, and non-profit entities are required to submit their audits to the Federal Audit Clearinghouse. HRSA has established a Commercial Audit Reporting Portal to collect audits from commercial/for-profit organizations. In late calendar year 2023, HRSA developed a delinquent audit follow-up process to ensure that all providers required to submit an audit do so. The delinquent audit follow-up process includes educating PRP recipients on the 45 CFR 75 subpart F requirements and following up on overdue audit report submissions. In February 2024, OMB approved HRSA’s emergency ICR for the Commercial Audit Reporting Portal and the delinquent audit follow-up process. Collectively, these activities will help ensure the fiscal and program integrity of the PRP.

Need and Proposed Use of the Information: HRSA will use the collected information to ensure all PRP recipients who expended over \$750,000 in funding during the recipient’s fiscal year submit an audit and resolve audit findings, including recovery of any funds used not in accordance with the Terms and Conditions of the programs.

Likely Respondents: PRP recipients who expended over \$750,000 in funding during their fiscal year.

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
Provider Relief Bureau Commercial Audit Reporting Portal	21,000	1	21,000	0.75	15,750
Delinquent Audit Follow-up Attestation	21,000	2	42,000	0.25	10,500
Questioned Cost Attestation	7,000	10	70,000	5.00	350,000
Total	49,000	133,000	376,250

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

National Advisory Committee on Seniors and Disasters Public Meeting

AGENCY: Administration for Strategic Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The National Advisory Committee on Seniors and Disasters (NACSD) will conduct a public meeting on Monday, May 20, 2024 (2:30 p.m.–4:30 p.m. ET). Notice of the meeting is required under Section 10(a)(2) of the Federal Advisory Committee Act (FACA). The NACSD is required by section 2811B of the Public Health Service Act (PHS) Act (42 U.S.C.

300hh–10c), as amended by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law 116–22, and governed by the provisions of the Federal Advisory Committee Act (FACA). The NACSD provides expert advice and guidance to the U.S. Department of Health and Human Services (HHS) regarding all-hazards public health and medical preparedness, response, and recovery activities related to meeting the unique needs of older adults. ASPR manages and convenes the NACSD on behalf of the Secretary of HHS. The NACSD will discuss and deliberate questions posed by ASPR on climate and health equity.

Procedures for Public Participation: The public and expert stakeholders are invited to observe the meeting either in-person or virtually and pre-registration

is required. The pre-registration link and a more detailed agenda will be available on the NACSD website. Anyone may submit questions and comments to the NACSD by email (NACSD@hhs.gov) before the meeting. American Sign Language translation and Communication Access Real-Time Translation will be provided.

We would like to specifically seek input from the public on climate and health equity considerations in disaster training as well as opportunities and strategic priorities for national public health and medical preparedness, response, and recovery specific to the needs of older adults. Representatives from industry, academia, health professions, health care consumer organizations, non-federal government agencies, or community-based organizations may request up to five minutes to speak directly to the Committee. Requests to speak to the Committee will be approved in consultation with the Committee Chair and based on time available during the meeting. Requests to speak to the NACSD during the public meeting must be sent to NACSD@hhs.gov by close of business on May 15, 2024. Please provide the full name, credentials, official position(s), and relevant affiliations for the speaker and a brief description of the intended topic. Presentations that contain material with a commercial bias, advertising, marketing, or solicitations will not be allowed. A meeting summary will be available on the NACSD website post meeting.

FOR FURTHER INFORMATION CONTACT: Dr. Maxine Kellman; NACSD Designated Federal Official, (202) 260-0047; NACSD@HHS.GOV.

The Administrator and Assistant Secretary for Preparedness and Response of ASPR, Dawn O'Connell, having reviewed and approved this document, authorizes Adam DeVore, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Adam DeVore,

Federal Register Liaison, Administration for Strategic Preparedness and Response.

[FR Doc. 2024-09584 Filed 5-1-24; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID: FEMA-2023-0036; OMB No. 1660-0033]

Agency Information Collection Activities: Submission for OMB Review, Comment Request; Residential Basement Floodproofing Certificate

AGENCY: Federal Emergency Management Agency, Department of Homeland Security.

ACTION: 30-Day notice of extension and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA) will submit the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. FEMA invites the general public to take this opportunity to comment on an extension of a currently approved information collection. In accordance with the requirements of the Paperwork Reduction Act of 1995, this notice seeks comments concerning information collected for eligible properties insured under the National Flood Insurance Program (NFIP) policies to certify the floodproofing of residential basements.

DATES: Comments must be submitted on or before June 3, 2024.

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: Requests for additional information or copies of the information collection should be made to Director, Information Management Division, 500 C Street SW, Washington, DC 20472, email address FEMA-Information-Collections-Management@fema.dhs.gov or Joycelyn Collins, Underwriting Branch Program Analyst, Federal Insurance Directorate, by email at Joycelyn.Collins@fema.dhs.gov or by telephone at (202) 701-3383.

SUPPLEMENTARY INFORMATION: The National Flood Insurance Program (NFIP) is authorized by the National Flood Insurance Act of 1968 (90-448,

title XIII) and expanded by the Flood Disaster Protection Act of 1973 (93-234) and requires that FEMA provide flood insurance. FEMA delineates flood zones on a Flood Insurance Rate Map to identify Special Flood Hazard Areas (SFHAs) in a community. 44 CFR 60.3(c)(2) requires that all new construction and substantial improvements of residential structures within SFHA Zones A1-30, AE, AH, and AO zones have the lowest floor, including the basement, elevated to or above the base flood level unless a community-wide exception or site-specific variance is granted. 44 CFR 60.6(a)(7) and 44 CFR 60.6(b)(1) allow communities to apply for an exception when circumstances present a hardship that would not allow for adherence to the requirement for elevation above the base flood level. Exceptions granted under 44 CFR 60.6(c) must meet the conditions specified in the regulation. When owners of residential structures in these zones are seeking flood insurance, they must be certified that the structural design is floodproof.

This proposed information collection previously published in the **Federal Register** on January 31, 2024, at 89 FR 6124 with a 60-day public comment period. One public comment was received, and it did not specifically address the proposed extension of the collection of information on residential basements insured under the NFIP, or otherwise provide information relevant to the Notice. FEMA determined that no change in FEMA's proposed extension of the information collection related to residential basements is required. The purpose of this notice is to notify the public that FEMA will submit the information collection abstracted below to the Office of Management and Budget for review and clearance.

Collection of Information

Title: Residential Basement Floodproofing Certificate.

Type of Information Collection: Extension of a currently approved information collection.

OMB Number: 1660-0033.

FEMA Forms: FEMA Form FF-206-FY-21-122 (formerly 086-0-24), Residential Basement Floodproofing Certificate.

Abstract: The Residential Basement Floodproofing Certificate is required to certify that floodproofing of a structure in communities approved for Residential Basement floodproofing meets at least minimal floodproofing specifications. Residential structures that receive this certification are granted a discount on flood insurance premiums.