email at disastercustomerservice@ sba.gov or by phone at 1-800-659-2955 for further assistance.

The following areas have been determined to be adversely affected by the disaster:

*Primary Counties:* Franklin

Contiguous Counties:

Indiana: Dearborn, Decatur, Fayette, Ripley, Rush, Union Ohio: Butler, Hamilton

The Interest Rates are:

	Percent
For Physical Damage:	
Homeowners with Credit Avail- able Elsewhere	5.375
Homeowners without Credit	0.070
Available Elsewhere	2.688
Businesses with Credit Avail-	
able Elsewhere Businesses without Credit	8.000
Available Elsewhere	4.000
Non-Profit Organizations with	
Credit Available Elsewhere	3.250
Non-Profit Organizations with-	
out Credit Available Else-	3,250
where For Economic Injury:	3.250
Business and Small Agricultural	
Cooperatives without Credit	
Available Elsewhere	4.000
Non-Profit Organizations with-	
out Credit Available Else-	2 050
where	3.250

The number assigned to this disaster for physical damage is 20349C and for economic injury is 203500.

The States which received an EIDL Declaration are Indiana, Ohio.

(Catalog of Federal Domestic Assistance Number 59008)

## Isabella Guzman,

Administrator.

[FR Doc. 2024-11820 Filed 5-29-24; 8:45 am] BILLING CODE 8026-09-P

# SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2024-0016]

## Agency Information Collection Activities: Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104–13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB) Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202-395-6974

(SSA) Social Security Administration, **OLCA**, Attn: Reports Clearance Director, Mail Stop 3253 Altmeyer, 6401 Security Blvd., Baltimore, MD 21235, Fax: 833-410-1631, Email address: OR.Reports.Clearance@ ssa.gov

Or you may submit your comments online through https://www.reginfo.gov/ public/do/PRAmain by clicking on Currently under Review—Open for Public Comments and choosing to click on one of SSA's published items. Please

reference Docket ID Number [SSA-2024–0016] in your submitted response.

SSA submitted the information collections below to OMB for clearance. Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than July 1, 2024. Individuals can obtain copies of these OMB clearance packages by writing to the OR.Reports.Clearance@ ssa.gov.

1. Development of Participation in a Vocational Rehabilitation or Similar Program-20 CFR 404.316(c), 404.337(c), 404.352(d), 404.1586(g), 404.1596, 404.1597(a), 404.327, 404.328, 416.1321(d), 416.1331(a)-(b), and 416.1338. 416.1402-0960-0282. State Disability Determination Services (DDS) determine if Social Security disability payment recipients whose disability ceased and who participate in vocational rehabilitation programs may continue to receive disability payments. To do this, DDSs need information about the recipients, the types of program participation, and the services they receive under the rehabilitation program. SSA uses Form SSA-4290 to collect this information. The respondents are State employment networks, vocational rehabilitation agencies, or other providers of educational or job training services.

Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Average wait time in field office or for teleservice centers (minutes) **	Total annual opportunity cost (dollars)***
SSA-4290-F5 (By mail) SSA-4290-F5 (Telephone)	2,400 600	1	40 30	1,600 300	* \$21.27 * 21.27	** 19	*** \$34,032 *** 10,422
Totals	3,000			1,900			*** 44,454

\*We based this figure on average Social and Human Service Assistant's hourly salary, as reported by (https://www.bls.gov/oes/current/oes211093.htm). \*\*We based this figure on the average FY 2024 wait times for field offices phone calls, based on SSA's current management information data. \*\*\*This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theo-retical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

2. Application to Collect a Fee for Pavee Services-20 CFR 404.2040a & 416.640a-0960-0719. Sections 205(j) and 1631(a) of the Social Security Act (Act) allow SSA to authorize certain organizational representative payees to collect a fee for providing payee

services. Before an organization may collect this fee, they complete and submit Form SSA-445. SSA uses the information to determine whether to authorize or deny permission to collect fees for payee services. The respondents are private sector businesses, or State

and local government offices, applying to become a fee-for-service

organizational representative payee.

Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden hours (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars)**
Private sector business State/local government offices	80 10	1	13 10	17 2	* \$18.48 * 18.48	** \$314 ** 37
Totals	90			19		** 351

\*We based these figures on average Personal Care and Service Occupations hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/ oes/current/oes390000.htm).

\*\* This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

3. Screen Pop—20 CFR 401.45—0960– 0790. Section 205(a) of the Act requires SSA to verify the identity of individuals who request a record or information pertaining to themselves, and to establish procedures for disclosing personal information. SSA established Screen Pop, an automated telephone process, to speed up verification for such individuals. Accessing Screen Pop, callers enter their Social Security number (SSN) using their telephone keypad or speech technology prior to speaking with a National 800 Number Network (N8NN) agent. The automated Screen Pop application collects the SSN and routes it to the "Start New Call" Customer Help and Information (CHIP) screen. Functionality for the Screen Pop application ends once the SSN connects to the CHIP screen and the SSN routes to the agent's screen. When the call connects to the N8NN agent, the agent can use the SSN to access the caller's record as needed. The respondents for this collection are individuals who contact SSA's N8NN to speak with an agent.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Average wait time for teleservice centers (minutes)**	Total annual opportunity cost (dollars) ***
Screen Pop	51,933,760	1	1	865,563	*\$31.48	** 19	*** \$544,958,276
*We based this figure on average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes nat.htm#00-							

we based this lighte on average U.S. worker's nouny wayes, as reported by bureau or Labor Statistics data (*https://www.bis.gov/des/current/des\_nat.htm/#do-*00000). \*\*We based this figure on the average EX 2024 wait times for telescation conters, based on SSA's surrent management information data

\*\* We based this figure on the average FY 2024 wait times for teleservice centers, based on SSA's current management information data. \*\*\* This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete.

4. Electronic Consent Based Social Security Number Verification-20 CFR 400.100-0960-0817. The electronic Consent Based Social Security Number Verification (eCBSV) is a fee-based SSN verification service which allows permitted entities (a financial institution as defined by section 509 of the Gramm-Leach-Bliley Act, 42 U.S.C. 405(b)(4), and Pub. L. 115–174; or service provider, subsidiary, affiliate, agent, subcontractor, or assignee of a financial institution), to verify that an individual's name, date of birth (DOB), and SSN match our records based on the SSN holder's signed, including electronic consent in connection with a credit transaction or any circumstance described in section 604 of the Fair Credit Reporting Act (15 U.S.C. 1681b).

#### Background

SSA established the eCBSV service in response to section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act of 2018 (Banking Bill), Public Law 115–174. Permitted entities are able to submit the SSN, name, and DOB of the number holder in connection with a credit transaction, or any circumstances described in section 604 of the Fair Credit Reporting Act to SSA for

verification via an application programming interface. eCBSV allows SSA to verify permitted entities who submit SSN, name, and DOB matches, or does not match, the data contained in SSA's records. After obtaining number holders' consents, a permitted entity submits the names, DOBs, and SSNs of number holders to the eCBSV service. SSA matches the information against our Master File, using SSN, name, and DOB. The eCBSV service responds in real time with a match, or no match indicator (and an indicator if our records show that the number holder died). SSA does not provide specific information on what data elements did not match, nor does SSA provide any SSNs or other identifiable information. The verification does not authenticate the identity of the number holders or conclusively prove the number holders we verify are who they are claiming to be.

#### **Consent Requirements**

Under the eCBSV process, the permitted entities do not submit the number holder's consent forms to SSA. SSA requires each permitted entity to retain a valid consent for each SSN verification request submitted for a period of 5 years. SSA allows the

permitted entities to retain the consent in an electronic format, and SSA requires a wet or electronic signature on the consent. Permitted entities may request verification of a number holder's SSN on behalf of a financial institution pursuant to the terms of the Banking Bill; the user agreement between SSA and the PE; and the SSN Holder's consent. The permitted entity ensures the financial institution agrees to the terms in the user agreement to only use the SSN verification for the purpose stated in the consent, and prohibits public entities from further using or disclosing the SSN verification. This relationship is subject to the terms in the user agreement between SSA and the PE.

#### **Compliance Review**

SSA requires each permitted entity to undergo compliance reviews which an SSA approved certified public accountant (CPA) conducts. The compliance reviews ensure the permitted entities meet all terms and conditions of the user agreement, including obtaining valid consent from number holders. The permitted entities pay all compliance review costs through the eCBSV fees. In general, SSA requests annual reviews with additional reviews as necessary. The CPA follows review standards established by the American Institute of Certified Public Accountants and contained in the Generally Accepted Government Auditing Standards (GAGAS).

Initially, SSA only allowed 10 permitted entities access to use the

service, with an estimated 307,000,000 requests. Now, with the open enrollment, eCBSV is available to all interested permitted entities, as defined in section 215 of the Banking Bill with an estimated annual 77,000,000 requests, and 20 participating public entities. The respondents are permitted

entities; members of the public who consent to SSN verifications; and CPAs who provide compliance review services.

Type of Request: Revision of an OMBapproved information collection.

Requirement	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
(a) People whose SSNs SSA will verify—Reading and Signing	76,000,000	1	3	3,800,000	*\$13.30	** \$50,540,000
getting a response	76,000,000	1	1	1,266,667	* 43.55	** 55,163,348
(c) CPA Compliance Review and Report ***	21	1	4,800	1,680	* 43.65	** 73,332
Totals	152,000,021			5,068,347		** 105,776,680

\*We based these figures on average Business and Financial operations occupations (https://www.bls.gov/oes/current/oes130000.htm), and Accountants and Auditors hourly salaries (https://www.bls.gov/oes/current/oes132011.htm), as reported by Bureau of Labor Statistics data, and average DI payments, as reported in SSA's disability insurance payment data (https://mww.bla.ssa.gov/legislation/2024FactSheet.pdf). \*\*This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

tion. \*\*\* The enrollment process occurs automatically through the eCBSV Customer Connection, and entails providing consent for SSA to verify the EIN; electronically and the particular selection their annual tier level; and linking to pay gov to make payment for services. signing the eCBSV User Agreement, and the permitted entities certification; selecting their annual tier level; and linking to pay.gov to make payment for services. \*\*\*\* SSA uses one CPA firm (an SSA-approved contractor) to conduct compliance reviews and prepare written reports of findings on the permitted entities.

# Cost Burden

The public cost burden depends on the number of permitted entities using the service and the annual transaction volume. SSA based the current tier fee schedule below on 20 participating public entities in fiscal year (FY) 2023 submitting an anticipated annual volume of 65 million transactions. For FY 2024, we are maintaining the current

tier structure, based our analysis, which estimated 20 participating public entities with an anticipated annual volume of 52 million. Since our analysis and initial estimate, one permitted entity noted the potential for a significant increase in volume in FY 2024. The total cost for developing and operating the service is \$62 million through FY 2023. Of this amount, \$37 million remains unrecovered/

unreimbursed. The current subscription tier structure and associated fees intend to recover these costs over a four-year period, assuming projected enrollments and transaction volumes meet these projections. SSA uses the fee to allocate for forecasted systems and operational expenses; agency oversight; and overhead necessary to sustain the service.

# **eCBSV** TIER FEE SCHEDULE

Tier	Annual transaction threshold			
1	Up to 10,000 (1–10,000)	\$7,000		
2	Up to 200,000 (10,001–200,000)	130,000		
3	Up to 1 million (200,001–1 million)	630,000		
4	Up to 2.5 million (1,000,001–2.5 million)	1,500,000		
5	Up to 5 million (2,500,001–5 million)	3,000,000		
6	Up to 10 million (5,000,001–10 million)	4,500,000		
7	Up to 15 million (10,000,001–15 million)	5,000,000		
8	Up to 20 million (15,000,001–20 million)	6,250,000		
9	Up to 25 million (20,000,001–25 million)	7,250,000		
10	Up to 75 million (25,000,001–200 million)	8,250,000		

SSA calculates fees based on forecasted systems and operational expenses, agency oversight, overhead, and Certified Public Accountant audit contract costs.

Section 215(h)(1)(B) of the Banking Bill requires that the Commissioner shall "periodically adjust" the price paid by users to ensure that amounts collected are sufficient to fully offset the

costs of administering the eCBSV system. SSA will monitor costs incurred to provide eCBSV services on at least and annual basis, and will revise the tier fee schedule accordingly. SSA will notify permitted entities of the tier fee schedule in effect at the renewal of the eCBSV user agreements; when a permitted entity begins a new 365-day agreement period; and via notice in the

Federal Register. SSA will govern permitted entities renewals by the tier in effect at the time of renewal.

Dated: May 23, 2024.

#### Naomi Sipple,

Reports Clearance Officer, Social Security Administration.

[FR Doc. 2024-11803 Filed 5-29-24; 8:45 am] BILLING CODE 4191-02-P