Families, 330 C Street SW, 5th Floor; Mail Room 5425; Washington, DC 20201 or via email: *raessa.singh@acf.hhs.gov*.

FOR FURTHER INFORMATION CONTACT: Kate Thomas, Energy Assistance Program Specialist, Office of Community Services, 330 C Street SW, 5th Floor; Mail Room 5425; Washington, DC 20201. Telephone: 202–690–5737; email: *kate.thomas@acf.hhs.gov*.

SUPPLEMENTARY INFORMATION: After receiving Carryover and Reallotment Reports (CRRs), ACF has determined that $2,425,645 in FY24 LIHEAP funds may be available for reallotment for FY25. This determination was based on the reports of unobligated balances of 22 recipients. LIHEAP recipients submitted the FY24 CRRs to OCS, as required by regulations applicable to LIHEAP at 45 CFR 96.81(b).

The LIHEAP statute allows recipients who have funds unobligated at the end of the FY to request permission to carry over up to 10 percent of their full-year allotments to the next FY (42 U.S.C. 8626(b)(2)). Funds in excess of this amount must be returned to the U.S. Department of Health and Human Services and are subject to reallotment under 42 § U.S.C. 8626(b)(1).

In accordance with 42 U.S.C. 8626(b)(3), beginning the week of May 19, 2025, ACF began notifying each of the 22 recipients with unobligated funds above their carryover caps. In these notices, ACF informed each recipient of the amount that, according to the recipients' reports, the recipient needed to return for de-obligation and redistribution to FY25 recipients as part of the reallotment. It also gave each recipient 30 calendar days to provide comments directly to ACF.

All LIHEAP recipients that receive a portion of these funds will be notified of the final reallotment amount redistributed to them for FY25. This decision will also be published in the **Federal Register**.

The FY24 LIHEAP funds ACF preliminarily expects to become available for reallotment determination, come from the following recipients in the following amounts:

Name of recipient that has funds to be returned for reallotment	Preliminary amount available for reallotment [1]
Alaska	$487,444
District of Columbia	21,181
Idaho	530,976
Michigan	477,229
Nebraska	371,160
Bishop Paiute	4,736
Chuathbaluk Traditional Council	23,027
Conf. Tribes of Warm Springs	19,514
Cow Creek Band of Umpqua Indians	3,667
Fort Sill Apache Tribe	1,106
Hoh Tribe	7,614
Jicarilla Apache Tribe	27,714
Little River Band of Ottawa Indians	7,586
Nanticoke Lenni-Lenape Tribal Nation	58,113
Nooksack Indian Tribe	11,038
Orutsararmuit Native Council	268,644
Passamaquoddy Tribe—Pleasant Point	14,674
Quapaw Tribe	3,942
Quileute Tribe	49,452
Round Valley	26,850
Sac & Fox Tribe of Oklahoma	9,451
Samish Tribe	527
Total	2,425,645

[1] Preliminary funds for reallotment consist of the funds in excess of LIHEAP's 10 percent carryover cap that 22 recipients indicated on the CRRs as unobligated. This amount to be reconciled with recipients' Federal Financial Report (FFR) reports and PMS amounts. Final reallocation amounts will differ once reconciled.

If funds are realloted, they will be allocated in accordance with 42 U.S.C. 8623 and must be treated by LIHEAP recipients as funds appropriated for FY25. As FY25 funds, they will be subject to all requirements of the LIHEAP statute, including 42 U.S.C. 8626(b)(2), which requires that a recipient obligate at least 90 percent of its total block grant allocation for a FY by the end of the FY for which the funds are appropriated; that is, by September 30, 2025. Furthermore, recipients that receive these funds may use these funds for any purpose authorized under LIHEAP and must add them to their total LIHEAP funds payable for FY25 for purposes of calculating statutory caps on administrative costs, carryover, Assurance 16 activities, and weatherization assistance.

Additionally, all recipients of these funds must (1) ensure that these funds are included in the amounts on Lines 1.1 of their FY24 CRRs; (2) reconcile these funds, to the extent that they received them, on their corresponding FFRs; and (3) record, on their FY25 Household Reports, households that receive benefits at least partly from these funds. State recipients must also ensure that these funds are included in the Grantee Survey sections of their FY25 LIHEAP Performance Data Forms.

Statutory Authority: 42 U.S.C. 8626(b).

Anthony Petruccelli,

Senior Grants Policy Specialist, Office of Grants Policy, Office of Administration.

[FR Doc. 2025–14086 Filed 7–24–25; 8:45 am]

BILLING CODE 4184–80–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2025–N–1793]

DEPARTMENT OF AGRICULTURE

Ultra-Processed Foods; Request for Information

AGENCY: Food and Drug Administration (FDA), U.S. Department of Health and Human Services (HHS); U.S. Department of Agriculture (USDA).

ACTION: Notice; request for information.

SUMMARY: FDA and USDA (we) are requesting data and information to help develop a uniform definition of ultra-processed foods (UPF or UPFs) for human food products in the U.S. food supply. A uniform UPF definition, developed as part of a joint effort by federal agencies, would allow for consistency in research and policy to pave the way for addressing health concerns associated with the consumption of UPFs.

DATES: Either electronic or written comments on the notice must be submitted by September 23, 2025.

ADDRESSES: You may submit comments and information as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of September 23, 2025. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a

third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*

• If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

• *Mail/Hand delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

• For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2025–N–1793 for ''Ultra-Processed Foods; Request for Information.'' Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

• Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' We will review this copy, including the claimed confidential information, in our consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

FOR FURTHER INFORMATION CONTACT:

FDA: Claudine Kavanaugh, Office of Nutrition and Food Labeling, Human Foods Program, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740, 301–796–4647; or Meadow Platt, Office of Policy, Regulations, and Information, Human Foods Program, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740, 240–402–2378.

USDA: Eve Stoody, Food and Nutrition Service, United States Department of Agriculture, 1320 Braddock Place, Alexandria, VA 22314, 703–305–2062.

SUPPLEMENTARY INFORMATION:

I. Background

The United States faces a growing epidemic of preventable diet-related chronic diseases, such as cardiovascular disease, and type 2 diabetes, which are leading causes of death and disability in the U.S. (Ref. 1). Improving nutrition is therefore one of the most important public health interventions for reducing chronic illnesses and premature death, and for helping make Americans healthier.

Over the last decade, concerns have grown significantly about the increased availability and consumption of foods that researchers have termed ''ultra-processed.'' Researchers have found links between consumption of these foods and a range of negative health outcomes, including cardiovascular disease, obesity, and certain cancers (see, *e.g.,* Refs. 2, 3, 4). Consumption of these foods may also be associated with lower diet quality, increased caloric intake, and the intake of food additives (see, *e.g.,* Refs. 5, 6, 7). Some researchers have estimated that more than half of calories consumed by adults and children in the U.S. are from foods that the researchers classified as ultra-processed (Refs. 8, 9).

In May 2025, the President's Make America Healthy Again (MAHA) Commission released ''The MAHA Report: Make Our Children Healthy Again: Assessment'' (MAHA Report) (Ref. 7). Among other topics, the MAHA Report highlights the prevalence of certain processed foods in the U.S. food system and notes the health concerns associated with their consumption (Ref. 7; see also Refs. 8, 9). FDA and the National Institutes of Health (NIH) have also announced plans to invest in gold standard science through the new NIH–FDA Nutrition Regulatory Science Program to help better understand how and why consumption of ultra-processed foods can harm people's health (Ref. 10).

There is no single, universally accepted definition of UPFs, and the definition of such foods has varied considerably over time (see, *e.g.,* Ref. 11). Classification systems may use either the terms ''ultra-processed'' or ''highly processed,'' and the classification of a food can vary between systems due to differing approaches to the definition (Refs. 12, 13).

The most common classification, developed by Brazilian researchers in 2009, is the ''Nova'' system (Ref. 14). In its latest iteration, the Nova system classifies foods into four food categories: group 1, unprocessed or minimally processed foods; group 2, processed culinary ingredients; group 3, processed foods; and group 4, ultra-processed foods (Ref. 15). The Nova system identifies ultra-processed foods (group 4) based on multiple factors; these factors include things like the use of certain ingredients and substances (such as emulsifiers, bulking agents, or thickeners), industrial processing technologies, as well as sophisticated packaging, that result in a palatable and appealing product (Refs. 15, 16, 17).

However, concerns have been raised about the full ability of UPF classification systems to accurately capture the characteristics of UPFs that may impact health. For example, on one hand, there is overlap between foods considered to be ultra-processed and foods that are high in added sugars, sodium, and saturated fat, which independently are recommended to be limited by the *Dietary Guidelines for Americans, 2020–2025* (Refs. 6, 18). Foods commonly considered to be ultra-processed encompass a broad range of industrially processed foods, such as soft drinks and many packaged snacks.

On the other hand, foods considered to be ultra-processed may also include foods such as whole grain products or yogurt, which are known to have beneficial effects on health and are recommended as part of healthy dietary patterns (see Ref. 18). It is important therefore to consider unintended consequences of an overly-inclusive definition of UPFs that could discourage intake of potentially beneficial foods.

Recently, some U.S. states have sought to establish their own definitions of ''ultra-processed foods,'' with proposed definitions varying. These proposed state definitions include, among others:

- Proposals to define UPFs as foods that include substances intended to have a certain effect on food (such as stabilizers and thickeners, coloring or flavoring agents) (see, *e.g.,* Pennsylvania, 2025 Bill Text PA H.B. 1132; California, 2025 Bill Text CA A.B. 1264);
- Proposals to define UPFs as foods that have undergone certain processing steps (such as hydrogenation of oils or hydrolysis of proteins) (see, *e.g.,* Massachusetts, 2025 Bill Text MA H.B. 539); and
- Proposals to define UPFs as foods that include one of anywhere between 10 and 15 listed ingredients (see, *e.g.,* Florida, 2025 Bill Text FL S.B. 1826 (seeking to define UPFs as foods that include one of 11 listed ingredients); Louisiana, 2025 Bill Text LA S.B. 117 (seeking to define UPFs as foods that include one of 15 listed ingredients); North Carolina, 2025 Bill Text NC H.B. 874 (seeking to define UPFs as foods that include one of 11 listed ingredients); Arkansas, 2025 Bill Text AR H.B. 1962 (seeking to define UPFs as foods that contain one of 10 listed ingredients); Alabama, 2025 Bill Text AL H.B. 580 (seeking to define UPFs as foods that contain one of 11 listed ingredients); South Carolina, 2025 Bill Text SC S.B. 589 (seeking to define UPFs as foods that contain one of 11 listed ingredients); Kentucky, 2025 Bill Text KY H.B. 439 (seeking to define UPFs as foods that contain one of 11 listed ingredients)).

Additionally, some third-party organizations are starting to develop their own definitions for UPFs.

There is a clear need for a uniform definition of UPFs to allow for consistency in research and policy. With this Request for Information, we seek data and information that would enable us, as part of a joint federal agency effort, to define UPFs.

II. Issues for Consideration and Request for Information

We invite comment on the questions below. Please explain your answers and provide references and data, if possible. To the extent that you rely on an existing definition of UPFs (or a facet of such definition) to inform your responses, please state which specific definition it is.

(1) What, if any, existing classification systems or policies should we consider in defining UPFs? What are the advantages and challenges in applying these systems (or aspects of them) to classify a food as ultra-processed? What are characteristics that would or would not make a given system (or aspect of the system) particularly suitable for the U.S. food supply? Please provide supporting data and explain your rationale in your response.

(2) FDA-required ingredient labeling provides important information to consumers about what is in packaged foods. The ingredient declaration on a food label lists each ingredient by its common or usual name (21 CFR 101.4(a)(1)). This ingredient name sometimes provides information on specific forms of the ingredient used, such as ''flour'' versus ''whole grain flour.'' Additionally, ingredients are declared in descending order of predominance by weight (21 CFR 101.4(a)), which may help a consumer determine the relative proportion of whole versus processed ingredients. For certain types of ingredients, such as flavorings, colorings, and chemical preservatives, labeling must also provide the function of the ingredient (see 21 CFR 101.22). The following questions focus on the ingredient list on the labeling of packaged foods.

a. In considering ingredients that appear toward the beginning of an ingredient list (that is, ingredients that likely form most of a finished food by weight), what types of ingredients (*e.g.,* ingredients that may share a similar composition, function, or purpose) might be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

b. Ingredients that appear toward the end of an ingredient list may contribute minimally to the overall composition and weight of a finished food (for example, ingredients may sometimes be listed as containing 2% or less by weight of the finished food (21 CFR 101.4(a)(2))). What types of these less prominent ingredients (*e.g.,* ingredients that may share a similar composition, function, or purpose) might be used to characterize a food as ultra-processed?

Further, ingredients that function as flavorings are either natural flavors or artificial flavors; colorings are either certified (for instance, ''FD&C Red No. 40'') or non-certified (for instance, ''colored with beet juice'') (21 CFR 101.22). Should these various types of flavors and colors be considered separately when characterizing a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

c. To what extent, if any, should the relative amount of an ingredient used in a food influence whether the food should be characterized as ultra-processed? Please provide supporting data and explain your rationale in your response.

d. What, if any, other ingredients or ingredient-related criteria not discussed previously should or should not be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

(3) FDA defines ''manufacturing/processing,'' in part, to mean making food from one or more ingredients, or synthesizing, preparing, treating, modifying, or manipulating food, including food crops or ingredients (21 CFR 117.3; see also 21 U.S.C. 321(gg) for the statutory definition of ''processed food''). Certain FDA regulations, such as standards of identity, may prescribe methods of production or formulation (see, *e.g.,* 21 CFR part 133). Processing of a food is often achieved by a combination of physical, biological, and chemical methods; however, while processing information is sometimes found on food labeling, manufacturers are not always required to disclose processing information on food labeling. The following questions focus on the processing of an ingredient or a mixture of ingredients into the finished food and whether certain processing methods may contribute to a food being considered ultra-processed.

a. Processing a food through physical means may include cutting, extracting juice by an application of force, heating, freezing, extrusion, and other physical manipulations. What physical processes might be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

b. Processing a food through biological means may include non-alcoholic fermentations of the food by microorganisms (for example, bacteria and yeasts), enzymatic treatment, and other biological manipulations. What biological processes might be used to characterize a food as ultra-processed?

Please provide supporting data and explain your rationale in your response.

c. Processing a food through chemical means may include pH adjustment and other chemical manipulations. What chemical processes might be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

d. What, if any, other processing-related techniques should or should not be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response.

(4) Is the term ''ultra-processed'' the best term to use, or is there other terminology that would better capture the concerns associated with these products? If there is another term to consider, please name and define that term and provide specific scenarios and citations (if available) to support its use.

(5) FDA and USDA are aware of ongoing research on nutrition and other attributes relating to the health outcomes associated with consumption of UPFs. As noted in the background, FDA is also initiating a joint effort with NIH to answer questions such as how and why UPFs can harm people's health.

a. In considering nutritional attributes (such as information presented on the Nutrition Facts label), to what extent, if any, and how, should nutritional composition or the presence of certain nutrients be incorporated in a definition of UPFs? Please provide supporting data and explain your rationale in your response.

b. What other attributes, such as energy density or palatability, might be used to characterize a food as ultra-processed? Please provide supporting data and explain your rationale in your response. If relevant to your answer, please also provide suggestions on how these attributes can be measured and/or potentially be incorporated into a definition of UPFs, if they are not readily apparent on the food labeling.

(6) FDA and USDA are exploring whether and how to incorporate various factors, such as the ones discussed in the questions above, into a uniform definition of UPFs. How might these factors be integrated in the classification of a food as ultra-processed in a way that can be systematically measured and applied to foods sold in the U.S.? And what considerations should be taken into account in incorporating such a classification in food and nutrition policies and programs?

III. References

The following references marked with an asterisk (*) are on display at the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they also are available electronically at *https://www.regulations.gov.* References without asterisks are not on public display at *https://www.regulations.gov* because they have copyright restriction. Some may be available at the website address, if listed. References without asterisks are available for viewing only at the Dockets Management Staff. Although FDA verified the website addresses in this document, please note that websites are subject to change over time.

* 1. Murphy, S.L., Kochanek, K.D., et al., ''Mortality in the United States, 2023.'' *NCHS Data Brief,* No. 521. Hyattsville, MD: National Center for Health Statistics. 2024. Accessed June 6, 2025. Available at *https://stacks.cdc.gov/view/cdc/170564.*

2. Lane M.M., Davis, J.A., et al., ''Ultraprocessed food and chronic noncommunicable diseases: a systematic review and meta-analysis of 43 observational studies.'' *Obesity Reviews.* 2021;22(3):e13146. Accessed June 6, 2025. Available at *https://doi.org/10.1111/obr.13146.*

3. Cordova R., Viallon, V., et al., ''Consumption of ultra-processed foods and risk of multimorbidity of cancer and cardiometabolic diseases: a multinational cohort study.'' *Lancet Regional Health Europe.* 2023;35:100. Accessed June 6, 2025. Available at *https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00190-4/fulltext.*

4. Lane M.M., Gamage, E., et al., ''Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses.'' *BMJ.* 2024;384:e077310. Accessed June 6, 2025. Available at *https://doi.org/10.1136/bmj-2023-077310.*

5. Hall, K.D., Ayuketah, A., et al., ''Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain: An Inpatient Randomized Controlled Trial of Ad Libitum Food Intake.'' *Cell Metabolism.* 2019; 30:67–77. Accessed June 2, 2025. Available at: *https://doi.org/10.1016/j.cmet.2019.05.008.*

6. Popkin, B., Miles, D., et al., ''A policy approach to identifying food and beverage products that are ultra-processed and high in added salt, sugar and saturated fat in the United States: a cross-sectional analysis of packaged foods,'' *The Lancet Regional Health—Americas.* 2024; 32: 100713. Accessed June 2, 2025. Available at *https://doi.org/10.1016/j.lana.2024.100713.*

* 7. Make America Healthy Again Commission, ''The MAHA Report: Make Our Children Healthy Again,'' The White House. 2025. Accessed June 2, 2025. Available at *https://www.whitehouse.gov/maha/.*

8. Juul, F., Parekh, N., Martinez-Steele, E., et al., ''Ultra-processed food consumption among US adults from 2001 to 2018,'' *The American Journal of Clinical Nutrition.* 2022; 115: 211–221. Accessed June 2, 2025. Available at *https://doi.org/10.1093/ajcn/nqab305.*

9. Wang, L., Martinez-Steele, E., et al., ''Trends in Consumption of Ultraprocessed Foods Among US Youths Aged 2–19 Years, 1999–2018,'' *Journal of the American Medical Association.* 2021; 326(6):519–530. Accessed June 2, 2025. Available at *https://doi.org/10.1001/jama.2021.10238.*

* 10. U.S. Food and Drug Administration and National Institutes for Health (NIH). ''FDA and NIH Announce Innovative Joint Nutrition Regulatory Science Program.'' Accessed June 2, 2025. Available at *https://www.fda.gov/news-events/press-announcements/fda-and-nih-announce-innovative-joint-nutrition-regulatory-science-program.*

11. Gibney, M.J., ''Ultra-Processed Foods: Definitions and Policy Issues.'' *Current developments in nutrition.* 2019; 3:nzy077. Accessed June 2, 2025. Available at *https://doi.org/10.1093/cdn/nzy077.*

12. Crino, M., Barakat T., et al., ''Systematic Review and Comparison of Classification Frameworks Describing the Degree of Food Processing,'' *Nutrition and Food Technology.* 2017; 3(1). Accessed June 2, 2025. Available at *http://dx.doi.org/10.16966/2470-6086.138.*

13. de Araújo, T.P., de Moraes, M.M., et al., ''Food Processing: Comparison of Different Food Classification Systems,'' *Nutrients.* 2022; 14: 729. Accessed June 2, 2025. Available at *https://doi.org/10.3390/nu14040729.*

14. Monteiro, C.A., ''Nutrition and Health. The Issue Is Not Food, nor Nutrients, so Much as Processing.'' *Public Health Nutrition.* 2009; 12: 729–731. Accessed June 2, 2025. Available at *https://doi.org/10.1017/S1368980009005291.*

15. Monteiro, C.A., Cannon, G., et al., ''Ultra-processed foods, diet quality, and health using the NOVA classification system,'' *Food and Agriculture Organization of the United Nations.* 2019. Accessed June 5, 2025. Available at *https://openknowledge.fao.org/bitstreams/5277b379-0acb-4d97-a6a3-602774104629/download.*

16. Monteiro, C.A., Cannon, G., et al., ''Ultra-Processed Foods: What They Are and How to Identify Them.'' *Public Health Nutrition.* 2019; 22: 936–941. Accessed June 2, 2025. Available at *https://doi.org/10.1017/S1368980018003762.*

17. Monteiro C.A., Cannon G., et al., ''The UN Decade of Nutrition, the NOVA food classification and the trouble with ultra-processing,'' *Public Health Nutrition.* 2018; 21(1):5–17. Accessed June 2, 2025. Available at *https://doi.org/10.1017/s1368980017000234.*

* 18. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020–2025.* 9th ed. 2020. Accessed June 2, 2025. Available at

https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

Robert F. Kennedy, Jr.,

Secretary, U.S. Department of Health and Human Services.

Brooke L. Rollins,

Secretary, U.S. Department of Agriculture.

[FR Doc. 2025–14089 Filed 7–24–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Cancellation of Meeting

Notice is hereby given of the cancellation of the Center for Scientific Review Special Emphasis Panel, Program Projects: NIA Program Project Applications (P01) Review, August 12, 2025, 9:00 a.m. to August 12, 2025, 12:00 p.m., National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the **Federal Register** on July 2, 2025, 90 FR 29030, Doc number 29030–29031.

The meeting is cancelled due to the re-assignment of applications.

Dated: July 22, 2025.

Sterlyn H. Gibson,

Program Specialist, Office of Federal Advisory Committee Policy.

[FR Doc. 2025–14008 Filed 7–24–25; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; In Vitro Assessments of Antimicrobial Activity (IVAAA) N01–Task Area B: Viruses.

Date: August 27–29, 2025.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate contract proposals.

Address: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Dylan P. Flather, Ph.D., Scientific Review Officer, National Institutes of Health, Hamilton, MT 59840, (406) 802–6209, *dylan.flather@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Institutional Research Training in Neurosciences (T32/T35).

Date: September 23–24, 2025.

Time: 9:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Anita T. Tandle, Ph.D., Scientific Review Officer, Division of Extramural Activities, Scientific Review Branch, National Institute on Aging, NIH, 5601 Fishers Lane, Suite 8B, Rockville, MD 20892, (240) 204–0329, *tandlea@mail.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 22, 2025.

Sterlyn H. Gibson,

Program Specialist, Office of Federal Advisory Committee Policy.

[FR Doc. 2025–14011 Filed 7–24–25; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

[OMB Control Number 1615–0105]

Agency Information Collection Activities; Revision of a Currently Approved Collection: Notice of Entry of Appearance as Attorney or Accredited Representative

AGENCY: U.S. Citizenship and Immigration Services, Department of Homeland Security.

ACTION: 60-Day notice.

SUMMARY: The Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) invites the general public and other Federal agencies to comment upon this proposed revision of a currently approved collection of information. In accordance with the Paperwork Reduction Act (PRA) of 1995, the information collection notice is published in the **Federal Register** to obtain comments regarding the nature of the information collection, the categories of respondents, the estimated burden (*i.e.,* the time, effort, and resources used by the respondents to respond), the estimated cost to the respondent, and the actual information collection instruments.

DATES: Comments are encouraged and will be accepted for 60 days until September 23, 2025.

ADDRESSES: All submissions received must include the OMB Control Number 1615–0105 in the body of the letter, the agency name and Docket ID USCIS–2008–0037. Submit comments via the Federal eRulemaking Portal website at *https://www.regulations.gov* under e-Docket ID number USCIS–2008–0037.

FOR FURTHER INFORMATION CONTACT: USCIS, Office of Policy and Strategy, Regulatory Coordination Division, John R. Pfirrmann-Powell, Acting Chief, telephone number (240) 721–3000 (This is not a toll-free number. Comments are not accepted via telephone message). Please note contact information provided here is solely for questions regarding this notice. It is not for individual case status inquiries. Applicants seeking information about the status of their individual cases can check Case Status Online, available at the USCIS website at *https://www.uscis.gov,* or call the USCIS Contact Center at 800–375–5283 (TTY 800–767–1833).

SUPPLEMENTARY INFORMATION:

Comments

You may access the information collection instrument with instructions or additional information by visiting the Federal eRulemaking Portal site at: *https://www.regulations.gov* and entering USCIS–2008–0037 in the search box. Comments must be submitted in English, or an English translation must be provided. All submissions will be posted, without change, to the Federal eRulemaking Portal at *https://www.regulations.gov,* and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to consider limiting the amount of personal information that you provide in any voluntary submission you make to DHS. DHS may withhold information provided in comments from public viewing that it determines may impact the privacy of an individual or is offensive. For additional information,