

Authority: Social Security Act, Section 409 & 411; 45 CFR 286.245–286.285.

Mary C. Jones,
ACF/OPRE Certifying Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Assistance Listing Number: 93.568]

Proposed Reallotment of Fiscal Year 2025 Funds for the Low Income Home Energy Assistance Program

AGENCY: Office of Community Services (OCS), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice for public comment.

SUMMARY: The ACF OCS announces a preliminary determination that funds from the federal fiscal year 2025 (FY25) Low Income Home Energy Assistance Program (LIHEAP) are available for reallocation to states, territories, tribes, and tribal organizations that received FY26 direct LIHEAP awards. The purpose of this proposed action is to redistribute FY25 annual LIHEAP funds and FY24 and FY25 Infrastructure Investment and Jobs Act (IIJA) funds

that recipients were unable to obligate or carry over to FY26. No subrecipients of these recipients or other entities may apply for these funds.

DATES: Comments are due April 30, 2026.

ADDRESSES: Comments may be submitted to: Kate Thomas, Senior Advisor, 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*.

FOR FURTHER INFORMATION CONTACT: Kate Thomas, Senior Advisor, 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: Based on a review of FY25 Quarter 3 (Q3) reports and the Carryover and Reallotment Reports (CRR), which include information on unobligated balances, ACF has determined that \$2,697,089 of FY25 LIHEAP funds will be available for reallotment for FY26. In addition, \$484,019.07 in IIJA funds will be reallotted. The total of the two combined is \$3,181,108.07. LIHEAP recipients submitted the FY25 Q3 reports and FY25 CRRs to OCS in accordance with the requirements of 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)(1)(B), beginning the week of August 25, 2025, ACF began outreach to each of the 35 recipients with unobligated block grant funds above their carryover caps according to their Q3 reports and CRR, and 60 recipients that had IIJA funds about the carryover caps. Using emails and phone calls, ACF informed each recipient of the amount that, according to the recipients' reports, the recipient needed to obligate before September 30, 2025, or would need to return for de-obligation and redistribution to FY26 recipients as part of the reallotment. ACF conducted outreach the week of February 2, 2026, to finalize these reallotment amounts based on Q3 reports and CRR information.

All LIHEAP recipients who receive a portion of these funds will be notified of the final reallotment amount redistributed to them for FY26. This decision will also be published in the **Federal Register**.

The FY25 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 block grant funds to be returned for reallotment	Preliminary amount available for reallotment ¹
Alaska	\$258,497
Absentee Shawnee Tribe	2,478
Alabama-Quassarte Tribal Town	12,595
Sitka Tribe Of Alaska	25,391
Ponca Tribe Of Oklahoma	26,304
Karuk Tribe of California	32,265
Kalispel Indian Community of the Kalispel Reservation	5,284
Sac & Fox Nation	2,792
Nanticoke Lenni-Lenape Indians of NJ,	50,587
Hoh Indian Tribe	5,114
Salt River Pima-Maricopa Indian Community	5,052
Kickapoo Tribe of Oklahoma	2,828
Monacan Indian Nation	20,195
Mississippi Band of Choctaw Indians	15,976
Nooksack Tribe	5,441
Poarch Band of Creek Indians	49,986
Standing Rock Sioux Tribe	638,197
Mowa Band of Choctaw Indians	88,421
Pleasant Point Indian Reservation	122,023
Confederated Tribes Of Warm Springs Reservation Of Oregon	77,481
Inter Tribal Council of Michigan Inc	9,495
Jicarilla Apache Nation	19,004
White Mountain Apache	101,103
Colorado River Indian Tribes	947
Northern Arapaho Tribe	16,828
Oglala Sioux Tribe	369,377
Eastern Shoshone Tribe	70,093
Paiute Indian Tribe of Utah	11,991
Confederated Tribes and Bands of Yakama Nation	118,386
Three Affiliated Tribes	376,883

Name of recipient that has block grant funds to be returned for reallocation	Preliminary amount available for reallocation ¹
Northern Cheyenne Tribe	42,986
Lower Elhwa Tribal Community Council	15,720
Muckleshoot Indian Tribe	43,980
Pueblo of Jemez	13,343
Chuathbaluk	40,046
Total	2,697,089

¹ Preliminary funds identified for reallocation are based on amounts reported as unobligated and in excess of LIHEAP's 10 percent carryover cap by 35 recipients, as reflected in either the FY25 Quarter 3 (Q3) report or the Carryover and Reallocation Report (CRR). These figures are subject to further reconciliation by OCS using recipients' Federal Financial Reports (FFRs), CRRs, and PMS data. Final reallocation amounts may change following reconciliation.

Name of recipient that has IJA funds to be returned for reallocation	Preliminary amount available for reallocation ¹
United Cherokee Ani-Yun Wiya Nation	\$936.20
State of Alaska Department of Health	278,613
Chuathbaluk Traditional Council	569.80
Kenaitze Indian Tribe	1.90
Sitka Tribe of Alaska	1,995.60
Cocopah Tribe	467.10
San Carlos Apache Tribe	2,872.50
White Mountain Apache Tribe	4,103.00
Berry Creek Rancheria	166.50
Enterprise Rancheria	63.90
Hopland Band	174.60
Karuk Tribe	1,733
Riverside-San Bernardino Indian Health	1,147.70
Round Valley	738.10
Southern Indian Health Council	147.60
Aroostook Band of Micmac Indians	4,490.60
Houlton Band of Maliseet Indians	4,490.60
Grand Traverse Ottawa/Chippewa Band	596.70
Inter-Tribal Council of Michigan	2,268.20
Pokagon Band of Potawatomi Indians (also in Indiana)	4,095.40
Mississippi Band of Choctaw Indians	1,506.80
Assiniboine & Sioux Tribes (Fort Peck)	3,950.10
Blackfeet Tribe	27,103.00
Confederated Salish and Kootenai	25,766
Chippewa-Cree Tribe	20.70
Fort Belknap Community	9,371.00
Nanticoke Leni-Lenape Tribal Nation	2,498.00
Jicarilla Apache Tribe	264.33
Pueblo of Jemez	296.10
Pueblo of Laguna	1,153.90
Pueblo of Nambe	211.50
Eastern Band of Cherokee Indians	2,289.00
Three Affiliated Tribes (Fort Berthold)	27,676.40
Absentee Shawnee Tribe	170.20
Comanche Indian Tribe	2,239.60
Delaware Tribe of Indians	720.10
Fort Sill Apache Tribe	88.20
Kiowa Indian Tribe	1,351.10
Osage Tribe	3,287.30
Otoe-Missouria Tribe	203.50
Pawnee Tribe	805.60
Ponca Tribe	4,435.90
Quapaw Tribe	607.60
Sac & Fox Tribe of Oklahoma	3,261.88
United Keetoowah	5,741.00
Klamath Tribe	3,907.80
Narragansett Indian Tribe	851.50
Oglala Sioux Tribe	7,258.28
Paiute Indian Tribe of Utah	2,662.50
Colville Confederated Tribes	7,340.98
Jamestown S'Klallam Tribe	226.80
Makah Indian Tribe	1,790.10
Muckleshoot Indian Tribe	819.00
Nooksack Indian Tribe	630.00
Quinault Tribe	1,991.70
Swinomish Indians	970.20
Yakama Indian Nation	8,244.00
Eastern Shoshone of the Wind River	4,713.80

Name of recipient that has IIJA funds to be returned for reallocation	Preliminary amount available for reallocation ¹
Northern Arapaho Nation	7,860.60
Total	484,019.07

¹ Reallocation amounts were calculated by subtracting the allowable 10 percent carryover from each grant recipient's IIJA fund balance in the Payment Management System (PMS). These figures include IIJA funds from both FY 2024 and FY 2025 and reflect amounts from 60 grant recipients. Karuk, Nanticoke, and Sac & Fox are the only grant recipients returning IIJA funds from both FY 2024 and FY 2025. Modoc Tribe of Oklahoma did not receive funding in FY 2026 and is not eligible for reallocation.

If funds are reallocated, then they will be allocated in accordance with 42 U.S.C. 8623 and must be treated by LIHEAP recipients that receive them as funds appropriated for FY26. As FY26 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, 2026. Furthermore, recipients who receive these funds may use them for any purpose authorized under LIHEAP and must add them to their total LIHEAP funds payable for FY26 to calculate 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 FY26 CRRs; (2) reconcile these funds, to the extent that they received them, on their corresponding FFRs; and (3) record, on their FY26 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 FY26 LIHEAP Performance Data Forms.

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

Elizabeth Leo,

Grants Policy Branch Chief, Office of Grants Policy, Office of Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2026-N-2476]

Advancing the Use of Digital Health Technologies in Clinical Investigations for Drugs and Biological Products; Request for Information and Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; Request for information and comments.

SUMMARY: Digital health technologies (DHTs) used for remote data acquisition are playing a growing role in health care and offer important opportunities in clinical research. As outlined in the sixth reauthorization of the Prescription Drug User Fee Act (PDUFA VII) included as part of the FDA User Fee Reauthorization Act of 2022, the Center for Drug Evaluation and Research (CDER) and the Center for Biologics Evaluation and Research (CBER) have committed to supporting the use of DHTs in drug and biological product development. To inform potential FDA activities in this area, CDER and CBER are requesting information to better understand the opportunities and challenges sponsors and other interested parties face in making innovative use of DHTs in clinical investigations of drugs and biological products.

DATES: Either electronic or written comments must be submitted by June 1, 2026.

ADDRESSES: You may submit comments 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 June 1, 2026. 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-2026-N-2476 for "Advancing the Use of Digital Health Technologies in Clinical Investigations for Drugs and Biological Products; Request for Information and Comments." 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." The Agency will review this copy, including the claimed confidential information, in