

information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington DC 20551-0001, not later than May 10, 2024.

A. Federal Reserve Bank of San Francisco (Joseph Cuenco, Assistant Vice President, Formations & Transactions) 101 Market Street, San Francisco, California 94105-1579. Comments can also be sent electronically to sf.fisc.comments.applications@sf.frb.org:

1. *Alfred Lee Finley and Susan N. Finley, Fort Worth, Texas*; to acquire additional voting shares of GBank Financial Holdings Inc, and thereby indirectly acquire voting shares of GBank, both of Las Vegas, Nevada.

In addition, ALF Operating Partners, Fort Worth, Texas, Alfred Lee Finley, Partner; to join the Finley Family Group, a group acting in concert, to retain voting shares of GBank Financial Holdings Inc, and thereby indirectly retain voting shares of GBank.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2024-08902 Filed 4-24-24; 8:45 am]

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FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at

the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than May 28, 2024.

A. Federal Reserve Bank of Kansas City (Jeffrey Imgarten, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri, 64198-0001. Comments can also be sent electronically to KCApplicationComments@kc.frb.org:

1. *Stockton Bancshares, Inc., Stockton, Kansas*; to merge with Coffeyville Bancorp, Inc., and thereby indirectly acquire Community State Bank, both of Coffeyville, Kansas.

B. Federal Reserve Bank of Dallas (Karen Smith, Director, Mergers & Acquisitions) 2200 North Pearl Street, Dallas, Texas 75201-2272. Comments can also be sent electronically to Comments.applications@dal.frb.org:

1. *Integrity Bancorp, Inc.*; to become a bank holding company by acquiring Integrity Bank SSB, both of Houston, Texas.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2024-08903 Filed 4-24-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for The REACH Lark Galloway-Gilliam Award for Advancing Health Equity Challenge (REACH Lark Award Challenge)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the 2024 Racial and Ethnic Approaches to Community Health (REACH) Lark Galloway-Gilliam for Advancing Health Equity Award Challenge (REACH Lark Award Challenge). This biennial challenge was established in 2019 to recognize extraordinary individuals, organizations, or community coalitions associated with the REACH program whose work has contributed to the implementation of culturally tailored interventions that advance health equity, reduce health disparities, and increase community engagement to address preventable risk behaviors (e.g., tobacco use, poor nutrition, and physical inactivity).

DATES: The Challenge will accept applications from April 29, 2024, through June 21, 2024.

FOR FURTHER INFORMATION CONTACT: Stormie Israel, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Hwy., NE, Mailstop S107-5, Atlanta, GA 30341, Telephone: 770-488-2964, Email: dnpaopolicy@cdc.gov.

SUPPLEMENTARY INFORMATION: Racial and ethnic disparities in health remain pervasive across the United States. CDC administers REACH, a national program that provides funding to State and local health departments, tribes, universities, and community-based organizations. Since REACH was established in 1999, the program has demonstrated success in addressing these disparities and advancing health equity by engaging with diverse communities and implementing culturally tailored interventions. For more information about the REACH program, visit <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm>.

The intent of this challenge is to recognize individuals, organizations, or community coalitions associated with

the REACH program that meaningfully assisted with and carried out culturally tailored interventions that advance health equity, reduce health disparities, and increase community engagement to address preventable risk behaviors (e.g., tobacco use, poor nutrition, physical inactivity, and inadequate access to clinical services) in populations/groups disproportionately affected by chronic disease; including, African American/ Black, American Indian or Alaska Native, Asian, Hispanic or Latino, and Native Hawaiian or other Pacific Islander persons. To support the science and practice of improving health equity, this challenge can help further the goals of the REACH program by documenting and further disseminating the innovative or unique interventions employed by individuals, organizations, or community coalitions applying or nominated for this award.

Subject of Challenge Competition: The CDC's National Center for Chronic Disease Prevention and Health Promotion is conducting this Challenge under the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education, and Science (COMPETES) Reauthorization Act of 2010, as amended (15 U.S.C. 3719).

The "applicant" refers to each individual, organization, or community coalition that submits an application or nomination. The "nominee" refers to each individual or organization/ community coalition who is nominated, whether self-nominated or nominated by a separate individual or organization.

Applicants will be asked to respond to a series of questions related to how the nominee assisted with and carried out culturally tailored interventions to advance health equity, reduce health disparities, and increase community engagement to address preventable risk behaviors (e.g., tobacco use, poor nutrition, physical inactivity, and inadequate access to clinical services) in populations or groups disproportionately affected by chronic disease, including African American/ Black, American Indian or Alaska Native, Asian, Hispanic or Latino, and Native Hawaiian or other Pacific Islander persons.

Award Approving Official: Mandy K. Cohen, MD, MPH, Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

Eligibility Rules for Participating in the Challenge

The REACH Lark Award Challenge is open to the public. To be eligible for

this award, nominees must meet the following eligibility requirements:

(1) Shall have completed the application (for self-nominees) or have had an application submitted on their behalf (for those nominated by others) for the competition under the rules promulgated by HHS/CDC;

(2) Shall have complied with all the requirements under this section and satisfy one of the following requirements:

a. Be a currently or previously funded CDC REACH recipient that has not previously received the REACH Lark Award in any year; or

b. Be a technical assistance provider to a former or current REACH recipient (current and past REACH recipients can be found at: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm>); or

c. Be a partner organization, part of a partner network, or coalition members that collaborated on REACH-related work with a current or previously funded REACH recipient;

(3) Shall not have been a REACH Lark Award Challenge recipient in any previous year;

(4) Shall be either:

a. A U.S. citizen or legal permanent resident, eighteen years of age or older, if the nominee is an individual or group of individuals; or

b. Incorporated in and maintain a primary place of business in the United States, if the nominee is an entity; where the United States means a State, the District of Columbia, the Commonwealth of Puerto Rico, and any other territory or possession of the United States;

(5) Shall not be a federal entity or federal employee acting within the scope of their employment;

(6) Shall not be an employee of or contractor of CDC;

(7) Shall not use federal funds from a grant or cooperative agreement to develop COMPETES Act challenge applications for this challenge, if the applicant is a federal grantee;

(8) Shall not use federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission, if the applicant is a federal contractor;

(9) Shall not be deemed ineligible because an individual or team applicant or nominee used federal facilities or consulted with federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

(10) By participating, the applicant represents, warrants, and agrees that the

entry contains accurate information. If an applicant is nominating another individual, organization, community coalition (e.g., not self-nominating), the applicant must provide acknowledgement in writing that the nominee consents to being nominated.

(11) Applicants and nominees must agree to be recognized if selected as a winner and agree to participate in an interview with CDC staff to provide information that may be used by CDC staff to write a success story that describes the intervention(s) that advanced health equity. Winners and their intervention(s) may be recognized, and the success story may be made public, including but not limited to press releases, the challenge website, and Division of Nutrition, Physical Activity, and Obesity and CDC Resources, and other publicly available platforms (e.g., social media, CDC website, etc.).

(12) By participating in this challenge, applicants agree to assume any and all risks related to participating in the challenge. Applicants also agree to waive claims against the federal government and its related entities, except in the case of willful misconduct, when participating in the challenge, including claims for injury; death; damage; or loss of property, money, or profits; and including those risks caused by negligence or other causes.

Applicants and nominees who are not selected for the award may be asked for permission for CDC to share information about successful interventions that promoted health equity on CDC's Division of Nutrition, Physical Activity, and Obesity website, the CDC website, social media, or other platform generally with appropriate attribution to the applicant or nominee.

Registration Process for Participants

To participate and submit an application, interested parties should go to <https://www.challenge.gov>. The application requires responses to questions related to eligibility, followed by three questions related to the nominee's work; the answer to each of the three questions should be no longer than 300 words. Applicants can also submit supplemental materials that demonstrate the nominee's work and/or impact. Supplemental materials are not to exceed 10 total pages. Examples of supplementary materials include PDF of online content and other forms of written materials (e.g., news articles, evaluation reports, or success stories).

Amount of the Prize

No cash prize will be awarded. A maximum of two applicants (one

individual and one organization/ community coalition) associated with the REACH program will be a recipient of the 2024 REACH Lark Award. Recipients of the REACH Lark Award will receive a plaque (“Winner”). While the winners may be invited to meetings by CDC, attendance at such events is not required as a condition of accepting the award.

Basis Upon Which Winners Will Be Selected

CDC’s Division of Nutrition, Physical Activity, and Obesity’s (DNPAO’s) Office of Policy Partnerships and Communication (OPPC) will select three to five judges based on their knowledge of the REACH program, the science and practice of achieving health equity, and the elimination of health disparities at the national, state, or local levels. Judges may include REACH program senior advisors, other CDC employees, or nonfederal individuals from outside the agency. Participating as a previous REACH Lark Award judge does not disqualify an individual or organization from being an award recipient for the 2024 challenge. Conflict of interest issues related to Judges will be handled, per the COMPETES Act (15 U.S.C. 3719(k)(2)).

Judges will review the applications and select up to two award recipients (one individual and one organization or community coalition) from all eligible entries based on:

(1) **Community Context and Challenge(s)**—The following questions address the challenges of the community in which the nominee works/worked. (10 points)

(a) Describe the priority population with whom the nominee worked. (5 points)

Scoring will be based on the extent to which the nominee worked to address chronic disease risk factors among priority populations experiencing health disparities for chronic diseases including the following: Black or African American people, American Indian/Alaska Native people, Hispanic or Latino people, Asian people, and/or Native Hawaiian/Other Pacific Islander people.

(b) Describe the preventable risk factors associated with chronic diseases (hypertension, heart disease, type 2 diabetes, and/or obesity) that the nominee addressed. (5 points)

Scoring will be based on the extent to which the risk factor(s) addressed align with the REACH program’s goals of advancing health equity. Information about past REACH programs can be found here: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/>

[reach/past_programs/index.htm](https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/past_programs/index.htm).

Examples of risk factors that align with the goals of the REACH program include poor nutrition, physical inactivity, inadequate access to clinical services, and tobacco use.

(c) Describe any relevant additional community characteristics/challenges that will help the judges understand the context of the community in which the nominee worked. (Not scored).

(2) **Strategies**—The following questions pertain to strategies used by the nominee to address the challenge(s) discussed above. (30 points)

(a) Describe the strategies that the nominee used to address challenges and how the nominee’s work aligns with the CDC REACH program’s goals of advancing health equity. (15 points)

Scoring will be based on the extent to which the nominee’s work contributed to developing, implementing, and/or evaluating strategies that were:

(1) Evidence-based or practice-based (5 points)

(2) Culturally tailored and designed to reduce health inequities (5 points)

(3) Supportive of policy, systems, and/or environmental change (5 points)

(b) Describe how the nominee’s work actively and effectively engaged members of the community and partners across different sectors, such as, but not limited to transportation, healthcare, agriculture, emergency food systems, and faith-based and community-based organizations. (15 points)

Scoring will be based on the extent to which the nominee engaged members of the community and partners across different sectors in identifying and implementing strategies.

(3) **Impact**—The following questions pertain to the impact of the nominee’s work on addressing preventable risk factors in a population(s)/group(s) disproportionately affected by chronic diseases. (20 points)

(a) Describe the impact of the nominee’s work on addressing preventable risk factors in populations/groups disproportionately affected by chronic diseases. (20 points)

(i) To the extent possible, provide quantitative data that support impact statements (e.g., number of people served by a strategy, number of people reporting a behavior change, health outcome data if available, etc.).

(ii) Provide qualitative data from community members, partners, co-workers, etc., (e.g., success stories, testimonials, etc.) that provide insight into the impact of nominee’s work.

Scoring will be based on the extent to which the nominee’s work resulted in progress toward addressing preventable

risk factors in the population(s)/group(s) identified in Section 1. While quantitative data is not required, nominations that include quantitative and qualitative data are more likely to paint a more complete picture of the nominee’s contributions and their impact on the community.

Judges will use the point system outlined in the judging criteria above to select the winner(s).

Additional Information

Information about the winners, such as the name and location of the individual, organization, or community coalition, priority population served, and health outcomes addressed may be shared through press releases, the challenge website, and Division of Nutrition, Physical Activity, and Obesity and CDC Resources, and other publicly available platforms (e.g., social media, CDC website, etc.) Details regarding the winners and their applications may be shared with the public as part of recognition efforts.

The award is named in honor of Lark Galloway-Gilliam, the founding Executive Director of Community Health Councils, Inc. (CHC). CHC began in 1992 to support planning, resource development, and policy education in response to the growing health crisis in the South Los Angeles area and other under-resourced and marginalized communities throughout Los Angeles County. Lark led the CHC team to engage communities and strengthen the connections among organizations to improve health, eliminate disparities, and advance health equity. Lark also served in several leadership roles, including the first president of the National REACH Coalition, the MLK Medical Center Advisory Board, and the Institute for People, Place, and Possibility (IP3) Board of Directors for Community Commons.

Compliance with Rules and Contacting Challenge Winners

Applicants, nominees, and the REACH Lark Award Challenge winners must comply with all terms and conditions of these Official Rules and winning is contingent upon fulfilling all requirements herein. The winners will be notified by email, telephone, or mail after the date of the judging.

Privacy

If applicants choose to provide HHS/ CDC with personal information by registering or filling out the application form through the *Challenge.gov* website, that information will only be used to respond to contestants in matters regarding their submission,

announcements of entrants, finalists, and winners of the contest. Information is not collected for commercial marketing. Winners are permitted to cite that they won this contest.

General Conditions

CDC reserves the right to cancel, suspend, and/or modify the Challenge, or any part of it, for any reason, at CDC's sole discretion.

Participation in this Challenge constitutes an applicants' full and unconditional agreement to abide by the Challenge's Official Rules found at <https://www.Challenge.gov>.

Authority: 15 U.S.C. 3719.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024-08899 Filed 4-24-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10291, CMS-10529, CMS-10722, CMS-R-148, and CMS-10725]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by *May 28, 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* State Collection and Reporting of Dental Provider and Benefit Package Information on the Insure Kids Now! Website and Hotline; *Use:* On the Insure Kids Now (IKN) website, the Secretary is required to post a current and accurate list of dentists and providers that provide dental services to children enrolled in the state plan (or waiver) under Medicaid or the state child health plan (or waiver) under

CHIP. States collect the information pertaining to their Medicaid and CHIP dental benefits. *Form Number:* CMS-10291 (OMB control number: 0938-1065); *Frequency:* Yearly and quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 255; *Total Annual Hours:* 11,781. (For policy questions regarding this collection contact Andrew Snyder at 410-786-1274.)

2. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Quarterly Medicaid and CHIP Budget and Expenditure Reporting for the Medical Assistance Program, Administration and CHIP; *Use:* The Medicaid and CHIP Financial System is a financial reporting system that produces budget estimate statements for Forms CMS-37 and CMS-21B. The Medicaid and CHIP Budget and Expenditure System is a financial reporting system that produces expenditure statements for Forms CMS-64 and CMS-21. All forms are to be filed on a quarterly basis and need to be certified by the states. *Form Number:* CMS-10529 (OMB control number: 0938-1265); *Frequency:* Quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 672; *Total Annual Hours:* 18,144. (For policy questions regarding this collection contact Robert Lane at 410-786-2015.)

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Annual State Report on CMS Value Based Purchasing Arrangements (VBP) Supplemental Rebate Agreements; *Use:* The reported data is being collected to safeguard against unnecessary utilization of such care and services and to assure that state payments to providers of Medicaid services are consistent with efficiency, economy, and quality of care. CMS will collect this data to ensure that VBP programs adopted by states continue to meet these standards. *Form Number:* CMS-10722 (OMB control number: 0938-1385); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 306. (For policy questions regarding this collection contact Abraham Weinschneider at 410-786-5688.)

4. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Limitations on Provider Related Donations and Health Care Related Taxes, Medicaid and