

Date: October 21–22, 2024.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute Shady Grove 9609 Medical Center Drive, Room 7W624 Rockville, Maryland 20850 (Virtual Meeting).

Contact Person: Tushar Deb, Ph.D., Scientific Review Officer, Resources and Training Review Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W624, Rockville, Maryland 20850, 240–276–6132, tushar.deb@nih.gov. (Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: July 12, 2024.

David W. Freeman,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–15819 Filed 7–17–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for the Office of Management and Budget (OMB) Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Project: Revision of Mental Health Client/Participant Outcome Measures and Infrastructure, Prevention, and Promotion Indicators (OMB No. 0930–0285)

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for a revision to extend the expiration date for the previously approved instruments and data collection activities for the Center Mental Health Services Mental Health Client/Participant Outcome Measures and Infrastructure, Prevention, and Promotion Indicators (OMB No 0930–0285) that expires on March 30, 2025.

To be fully accountable for the spending of Federal funds, SAMHSA requires all programs to collect and report data to ensure that program goals and objectives are met. Data are collected and used to monitor and improve performance of each program and ensure appropriate and thoughtful spending of Federal funds.

SAMHSA requests to continue using and extend the expiration date for the currently approved Client-level Mental Health Client/Participant Outcome measures and Infrastructure, Prevention, and Promotion indicators and to extend the expiration date.

These two data collections maintain capacity and requirements to report qualitative performance and quantitative outcomes for all Center for Mental Health Services discretionary grant programs, including: demographic characteristics of clients served; social determinants of health of clients served before, during, and at end of services; numbers of clients served; and process measures, outputs, outcomes, of grant program required activities.

Currently, the information collected from these data collections is entered and stored on SAMHSA’s Performance Accountability and Reporting System (SPARS), which is a real-time, performance management system that

captures information on mental health and substance abuse treatment services delivered in the United States through discretionary grantees. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 (GPRMA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMHSA and its Centers will use the data collected for annual reporting required by GPRMA, to describe clients and individuals served and to summarize outputs and outcomes of grant program activities. SAMHSA and its Centers will use the data for annual reporting. SAMHSA’s report for each fiscal year will include actual results of performance monitoring for the three preceding fiscal years. Information collected through this request will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with SAMHSA-specific performance domains, and to assess the accountability and performance of its discretionary grant programs. The information collected through this request will allow SAMHSA to improve its ability to assess the impact of its programs on key outcomes of interest and to gather vital descriptive characteristics about clients served by discretionary grant programs.

Currently, there are 76,209 total burden hours in the two data collections. SAMHSA is requesting an increase to 139,178 hours to account for additional grantees having reporting requirements and to account more fully for the time needed to report quarterly on the IPP indicators. The proposed estimate of time to collect data and complete the instruments is shown in table 1.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

SAMHSA tool	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Client-level baseline assessment—interview	75,600	1	75,600	0.3	22,680
Client-level baseline assessment—administrative	84,000	1	84,000	0.1	8,400
Client-level 3- or 6-month reassessment—interview	53,760	1	53,760	0.3	16,128
Client-level 3- or 6-month reassessment—administrative ...	67,200	1	67,200	0.1	6,720
Client-level discharge assessment—interview	12,500	1	12,500	0.3	3,750
Client-level discharge assessment—administrative	25,000	1	25,000	0.1	2,500
Section H Program Specific Data: baseline, 3- or 6-month reassessment, and clinical discharge	75,000	2	150,000	0.1	15,000
Subtotal	393,060	.....	468,060	.....	75,178
Infrastructure development, prevention, and mental health promotion quarterly record abstraction	2,000	4	8,000	8	64,000
Subtotal	2,000	.....	8,000	.....	64,000

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN—Continued

SAMHSA tool	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Total	395,060	.....	476,060	.....	139,178

Send comments to SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov.

Written comments should be received by September 16, 2024.

Alicia Broadus,
Public Health Advisor.

[FR Doc. 2024–15811 Filed 7–17–24; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–6482–N–01]

Housing Trust Fund: Fiscal Year 2024 Allocation Notice

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice of fiscal year 2024 funding awards.

SUMMARY: The Housing and Economic Recovery Act of 2008 (HERA) established the Housing Trust Fund (HTF) to be administered by HUD. Pursuant to the Federal Housing Enterprises Financial Security and Soundness Act of 1992 (the Act), as amended by HERA, eligible HTF grantees are the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of Northern Mariana Islands, and the United States Virgin Islands. This notice announces the formula allocation amount for each eligible HTF grantee.

FOR FURTHER INFORMATION CONTACT: Virginia Sardone, Director, Office of Affordable Housing Programs, Room 7160 Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410–7000; telephone (202) 708–2684. (This is not a toll-free number). HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. To learn more about how to make an accessible telephone call, please visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>.

SUPPLEMENTARY INFORMATION: Section 1131 of HERA, Division A amended the Act to add a new section 1337 entitled “Affordable Housing Allocations” and a new section 1338 entitled “Housing Trust Fund.” Congress authorized the Housing Trust Fund (HTF) with the stated purpose of: (1) Increasing and preserving the supply of rental housing for extremely low-income families with incomes between 0 and 30 percent of area median income and very low-income families with incomes between 30 and 50 percent of area median income, including homeless families, and (2) increasing homeownership for extremely low-income and very low-income families. Section 1337 of the Act (12 U.S.C. 4567) requires Federal National Mortgage Association (Fannie Mae) and Federal Home Loan Mortgage Corporation (Freddie Mac) to set-aside 4.2 basis points (.042 percent) of the unpaid principal of their new mortgage purchases annually to fund the HTF and the Capital Magnet Fund. Each year, 65% of the amounts set aside by Fannie Mae and Freddie Mac are then allocated to the HTF.

Section 1338 of the Act (12 U.S.C. 4568) directs HUD to establish, through regulation, the formula for the distribution of amounts made available for the HTF. The provisions in section 1338(c)(3) of the Act (12 U.S.C. 4568(c)(3)) specify the factors to be used for the formula and priority for certain factors. The HTF implementing regulations are at 24 CFR part 93. The factors and methodology HUD uses to allocate HTF funds among eligible grantees are established in the HTF regulation at 24 CFR 93.50, 93.51, and 93.52.

The funding announced for Fiscal Year 2024 through this notice is \$214,112,536.70. Appendix A to this notice provides the HTF allocation amount for each grantee.

Maria Claudette Fernandez,
General Deputy Assistant Secretary for Community Planning and Development.

Appendix A: FY 2024 Housing Trust Fund Allocation Amounts

Grantee	FY 2024 allocation
1. Alabama	\$3,144,833.37

Grantee	FY 2024 allocation
2. Alaska	3,144,833.37
3. Arizona	3,434,122.34
4. Arkansas	3,000,094.92
5. California	21,561,035.25
6. Colorado	3,213,158.50
7. Connecticut	3,144,833.37
8. Delaware	3,000,094.92
9. District of Columbia ..	3,144,833.37
10. Florida	7,297,924.05
11. Georgia	4,454,124.92
12. Hawaii	3,144,833.37
13. Idaho	3,144,833.37
14. Illinois	6,053,256.61
15. Indiana	3,165,160.77
16. Iowa	3,144,833.37
17. Kansas	3,144,833.37
18. Kentucky	3,144,833.37
19. Louisiana	3,144,833.37
20. Maine	3,144,833.37
21. Maryland	3,215,521.54
22. Massachusetts	4,233,855.37
23. Michigan	4,162,030.20
24. Minnesota	3,144,833.37
25. Mississippi	3,144,833.37
26. Missouri	3,153,844.72
27. Montana	3,144,833.37
28. Nebraska	3,144,833.37
29. Nevada	3,144,833.37
30. New Hampshire	3,144,833.37
31. New Jersey	5,367,920.02
32. New Mexico	3,144,833.37
33. New York	12,459,948.67
34. North Carolina	9,349,938.86
35. North Dakota	3,144,833.37
36. Ohio	4,676,009.12
37. Oklahoma	3,144,833.37
38. Oregon	3,193,409.99
39. Pennsylvania	5,276,312.45
40. Rhode Island	3,144,833.37
41. South Carolina	3,144,833.37
42. South Dakota	3,144,833.37
43. Tennessee	3,150,564.64
44. Texas	8,605,522.64
45. Utah	3,144,833.37
46. Vermont	3,144,833.37
47. Virginia	3,838,928.42
48. Washington	4,182,091.31
49. West Virginia	3,144,833.37
50. Wisconsin	3,257,782.86
51. Wyoming	3,144,833.37
52. Puerto Rico	712,713.46
53. American Samoa	0
54. Guam	49,843.91
55. Northern Marianas ..	24,268.89
56. Virgin Islands	47,180.18
Total	214,112,536.70

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