

capability of the offeror to successfully execute. Any proposed deviation must be agreed to by GSA. There are no Federal funds available for reuse or proposed deviations from the security criteria.

- The RLP will allow for redevelopment of all buildings and parcels at 202 through 220 South State Street or one, two, or all three buildings.
- The RLP will require the offeror to demonstrate their expertise in historic preservation to successfully execute the reuse project as stated in the Programmatic Agreement.

- No Federal funds are available for the rehabilitation, preservation, or restoration of 202, 214, and 220 South State Street; therefore, any rehabilitation or modification of the buildings to meet the security criteria would not be performed at the Federal Government's expense.

GSA may amend this Record of Decision if no RLP responses are received or accepted by GSA.

National Historic Preservation Act

The NHPA section 106 Consultation was concurrent with the NEPA process. The Century Building (202 South State Street) and the Consumers Building (220 South State Street) are historic resources contributing to the Loop Retail Historic District, which are listed in the National Register of Historic Places (NRHP). In this Proposed Action, 214 South State Street is being treated as eligible for listing in the NRHP as a contributing resource to the Loop Retail Historic District. GSA executed the Programmatic Agreement with the Illinois State Historic Preservation Officer and Advisory Council on Historic Preservation on August 26, 2024. The Programmatic Agreement is included as Exhibit A in the ROD.

William Renner,

Director, Facilities Management and Services Programs Division, Great Lakes Region 5, U.S. General Services Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10326]

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 October 11, 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:* Reinstatement without change of a currently approved collection; *Title of Information Collection:* Electronic Submission of Medicare Graduate Medical Education (GME) Affiliation Agreements; *Use:* Existing regulations at § 413.75(b) permit hospitals that share residents to elect to form a Medicare GME affiliated group if they are in the same or contiguous urban or rural areas, if they are under common ownership, or if they are jointly listed as program sponsors or major participating institutions in the same program by the accrediting agency. The purpose of a Medicare GME affiliated group is to provide flexibility to hospitals in structuring rotations under an aggregate full time equivalent (FTE) resident cap when they share residents. The existing regulations at § 413.79(f)(1) specify that each hospital in a Medicare GME affiliated group must submit a Medicare GME affiliation agreement (as defined under § 413.75(b)) to the Medicare Administrative Contractor (MAC) servicing the hospital and send a copy to the Centers for Medicare and Medicaid Services' (CMS) Central Office, no later than July 1 of the residency program year during which the Medicare GME affiliation agreement will be in effect. CMS will use the information contained in electronic affiliation agreements as documentation of the existence of Medicare GME affiliations, and to verify that the affiliations being formed by teaching hospitals for the purposes of sharing their Medicare GME FTE cap slots are valid according to CMS regulations. CMS will also use these affiliation agreements as reference materials when potential issues involving specific affiliations arise. While we have used hard copies of affiliation agreements for those same purposes in the past, we implemented this electronic submission process in order to expedite and ease the process of retrieving, analyzing and evaluating affiliation agreements. *Form Number:* CMS–10326 (OMB control number: 0938–1111); *Frequency:* Annually; *Affected Public:* Private

Sector, Business or other for profits, Not for profit institutions; *Number of Respondents:* 125; *Total Annual Responses:* 125; *Total Annual Hours:* 166. (For policy questions regarding this collection contact Shevi Marciano at 410-786-2874.)

William N. Parham, III

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2024-20527 Filed 9-10-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Children’s Bureau Regional Partnership Grants Final Report Outline (NEW)

AGENCY: Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Children’s Bureau (CB) is requesting a new collection effort for the Regional Partnership Grant (RPG) program, for the use of a Regional Partnership Grants Final Report Outline to collect cumulative project information. Information from the report will aid grant recipients in meeting grant management requirements as well as to support CB in gathering information on the projects to better

monitor the project’s use of funds, implementation successes and challenges and program and service effectiveness.

DATES: *Comments due October 11, 2024.* The Office of Management and Budget (OMB) must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Information from the proposed collection will aid grant recipients in meeting grant management requirements as well as support CB in gathering information on the projects to monitor the project’s use of funds, implementation successes and challenges, and program and service effectiveness. The Regional Partnership Grants Final Report Outline will provide a clear and consistent way for CB to gather information on the projects to better monitor the project’s use of

funds, implementation successes and challenges and program and service effectiveness.

The Regional Partnership Grants program is in its 7th Round of funding, providing a consistent clear template for the project’s final reports will assist CB to ensure appropriate program monitoring and to build the evidence of effective programming and practice for RPG sites and other CB efforts to support families impacted by substance use.

Respondents: Regional Partnership Grants recipients. There are currently two active cohorts (Round 6 and Round 7) of RPG recipients. There are 8 grant recipients in Round 6 and 18 grant recipients in Round 7. Regional Partnership Grants recipients, include state agencies, a judicial court state agency, and community-based organizations (mental health and health care community service providers).

Total Burden Estimates

The Round 6 cohort will complete projects by September 2024, with a Final Report due in fiscal year (FY)25. The Round 7 cohort will continue work through September 2027, with a Final Report due in FY28. There are 8 grant recipients in Round 6 and 18 grant recipients in Round 7. This request includes burden estimates for both cohorts. If needed, the Administration for Children and Families will request an extension to allow for FY28 reporting in 2027. Estimated burden for Round 6 grant recipients is 480 hours in FY 2025. Estimated burden for Round 7 grant recipients is 1080 hours in FY 2028.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
Regional Partnership Grants Final Report Outline	RPG Round 6 (FY25 Reporting) ... RPG Round 7 (FY28 Reporting) ...	1 1	60 60	480 1,080
Estimated total burden for both cohorts (FY25–FY28):		1,560

Authority: Title IV, part B, subpart 2-Promoting Safe and Stable Families, Section 437(f) of the Social Security Act (42 U.S.C. 629g(f)).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024-20425 Filed 9-10-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2024-E-0218]

Determination of Regulatory Review Period for Purposes of Patent Extension; VOQUEZNA TRIPLE PAK—New Drug Application 215152

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or the Agency) has determined the regulatory review period for VOQUEZNA TRIPLE PAK—new drug application (NDA) 215152 and is publishing this notice of that determination as required by law. FDA has made the determination because of the submission of an application to the Director of the U.S. Patent and Trademark Office (USPTO), Department of Commerce, for the extension of a patent which claims that human drug product.