

small banks. Small banks with assets of at least \$412 million as of December 31 of both of the prior two calendar years and less than \$1.649 billion as of December 31 of either of the prior two calendar years are intermediate small banks.

The Agencies publish current and historical asset-size thresholds on the website of the Federal Financial Institutions Examination Council.⁷

By order of the Board of Governors of the Federal Reserve System, acting through the Deputy Secretary of the Board under delegated authority.

Benjamin W. McDonough,
Deputy Secretary of the Board.

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on December 23, 2025.

Debra A. Decker,
Executive Secretary.

[FR Doc. 2026-00042 Filed 1-6-26; 8:45 am]

BILLING CODE 6210-01-P; 6714-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Ryan White HIV/AIDS Program (RWHAP) Parts A and B Unobligated Balances and Rebate Addendum Tables, OMB No. 0906-0047—Extension

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on

HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than February 6, 2026.

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 Review—Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Ryan White HIV/AIDS Program Parts A and B Unobligated Balances and Rebate Addendum Tables—OMB No. 0906-0047—Extension.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states and territories, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people diagnosed with HIV. Nearly two-thirds of RWHAP clients (patients) live at or below 100 percent of the federal poverty level. Since 1990, RWHAP has developed a comprehensive system of HIV service providers who deliver high quality direct health care and support services to over half a million people with diagnosed HIV—more than 50 percent of all people with diagnosed HIV in the United States.

Grant recipients funded under RWHAP Parts A, B, C, and D (codified under Title XXVI of the Public Health Service Act) are required to report financial data to HRSA at the beginning (Allocations Report) and at the end of each grant budget period (Expenditures Report) using the designated HRSA grant submission software which is approved by OMB under the 0915-0318 control number. HRSA collects unobligated balances (UOB) of federal funds and rebate addendum information by subprogram from their grant

recipients. A UOB is the cumulative amount that is available for obligation in an unexpired account. HRSA uses the UOB and rebate addendum financial information to determine formula funding as directed by the RWHAP statute. HRSA is not planning to make changes to this information collection as part of this extension request.

Federal award expenditure data were previously collected when grant recipients submitted their annual Federal Financial Report (FFR SF-425), which HRSA then combined with the UOB and rebate addendum tables submitted by recipients using the designated HRSA grant submission software. HRSA created the currently approved instrument, which has been in use for several years now, to streamline the process for grant recipients by collecting financial information in the same location and at the same time as the FFR SF-425. Whereas grant recipients previously completed the FFR SF-425 in the HRSA Electronic Handbooks, they now complete it in the Payment Management System. Additionally, grant recipients complete the UOB and rebate addendum data tables as part of their FFR SF-425 submission in the Payment Management System.

A 60-day notice was published in the **Federal Register** on August 29, 2025, vol. 90, No. 166; pp. 42253-55. There were no public comments.

Need and Proposed Use of the Information: Before implementing the current process described above, RWHAP Part A and Part B recipients completed the UOB and rebate addendum tables in a non-electronic form and uploaded them as attachments to their FFR SF-425 submission. Renewal of the current process will continue to increase transparency and improve the quality of data submitted to HRSA. These UOB and rebate addendum tables are essential for allowing HRSA to ensure that RWHAP recipients are meeting the goal of accountability to Congress, clients, advocacy groups, and the general public. Information provided in the UOB and rebate addendum tables is critical for HRSA, cities, states and territories, local clinics, and individual providers to evaluate the effectiveness of these programs.

⁷ See <https://www.ffiec.gov/cra/examinations.htm> ("Current and Historical Asset-Size Thresholds and Examples").

CURRENTLY APPROVED RWHAP PART A TABLE

Unobligated balance (UOB) of Federal funds by subprogram

Category	Federal funds authorized	Unexpended carryover	Prior year (FY 20XX)	Current year (FY 20XX)
Part A Formula Part A Supplemental Part A MAI				

CURRENTLY APPROVED RWHAP PART B TABLE

Unobligated balance (UOB) of Federal funds by subprogram

Category	Federal funds authorized	Unexpended carryover	Prior year (FY 20XX)	Current year (FY 20XX)
Part B Base Part B ADAP Part B Emerging Communities Part B MAI Part B ADAP Supplemental Part A Transfer				

CURRENTLY APPROVED RWHAP PART B REBATE TABLE

Ryan White Rebate Funding

Total Rebates Available	
Expended Rebate Amount	
Unexpended Rebate	
Expended Rebate Amount to be Used to Reduce UOB	

Likely Respondents: HRSA RWHAP Parts A and B Grant Recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to

develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to

a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The last total annual burden hours estimated are summarized in the table below.

TOTAL OF PREVIOUSLY ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Part A UOB Table	52	1	52	0.5	26.0
Part B UOB Table	59	1	59	0.5	29.5
Total	111	111	55.5

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Amy P. McNulty,
Deputy Director, Executive Secretariat.
 [FR Doc. 2026–00083 Filed 1–6–26; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; COVID–19 Provider Relief Fund and American Rescue Plan Rural Payment Reporting Activities, OMB No. 0906–0068—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA’s ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than February 6, 2026.

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 Review—Open for

Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: COVID–19 Provider Relief Fund and American Rescue Plan Rural Payment Reporting Activities, OMB No. 0906–0068—Revision.

Abstract: HRSA disbursed the COVID–19 Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural payments to eligible health care providers to support health care-related expenses or lost revenues attributable to the COVID–19 pandemic. Recipients of PRF and ARP Rural payments agreed to a set of Terms and Conditions (T&C), which, among other requirements, mandate compliance with certain reporting requirements that facilitate appropriate oversight of recipients’ use of funds. Providers who have attested to the T&Cs regarding their PRF and ARP Rural payment(s), including the requirement that the provider “shall submit reports as the Secretary determines are needed to ensure compliance with conditions that are imposed on this Payment, and such reports shall be in such form, with such content, as specified by the Secretary in future program instructions directed to all recipients,” will use the HRSA Consolidated PRF Reporting Portal to submit information about their use of PRF and ARP Rural payments.

There will be one new Data Form Element, the Repayment ID, which is generated by HRSA and provided in the email giving the recipient the opportunity to report, and it will be entered by the provider in the HRSA Consolidated PRF Reporting Portal. Approximately 50 data elements will be removed from the PRF and ARP Rural Reporting Portal, including sections on personnel, patient, and facility metrics as well as survey questions on the PRF program. This is because these elements are no longer needed, since the data will be needed for more limited cases, as outlined in the “Likely Respondents” section below. In addition, fields related to PRF interest earned, nursing home

infection control payment expenditures, and other PRF payment expenditures will be consolidated to overall totals. As a result, the total number of elements that can be submitted by recipients will decline from 123 to approximately 53. Furthermore, the supplemental document “Post-Payment Notice of Reporting Requirements” has been updated to reflect the removal of reporting periods 8 and 9 (including the applicable payment received period and period of availability dates), as the Public Health Emergency ended on May 11, 2023.

A 60-day notice was published in the **Federal Register** on June 26, 2025, vol. 90, No. 121; pp. 27324–26. There was one out-of-scope comment criticizing the authorizing legislation. No changes were made to the collection.

Need and Proposed Use of the Information: Information collected will allow for (1) assessing whether recipients have met statutory and programmatic requirements, (2) conducting audits, (3) gathering data required to report on findings with respect to the disbursements of PRF and ARP Rural payments, and (4) supporting program evaluation. HRSA staff will also use information collected to identify and report on trends in health care metrics and expenditures before and during the allowable period for expending PRF and ARP Rural payments.

If the information is not collected, HRSA will not fulfill its responsibility to oversee reporting requirements that facilitate appropriate oversight of recipients’ use of funds, and PRF and ARP Rural recipients will not be able to fulfill their statutory reporting requirement. HRSA will not be able to provide reports to Congress and other stakeholders on the use of more than \$178 billion in PRF funds and \$8.5 billion in ARP Rural funds.

Likely Respondents: PRF and ARP Rural payment recipients who have received more than \$10,000 in aggregate PRF and ARP Rural payments during one of the Payment Received Periods outlined below and agreed to the associated T&Cs are required to submit a report in the HRSA Consolidated PRF Reporting Portal during the applicable Reporting Time Period.

Reporting period	Payment received period (payments exceeding \$10,000 in aggregate received)	Reporting time period
Period 1	April 10, 2020, to June 30, 2020	July 1, 2021, to September 30, 2021.
Period 2	July 1, 2020, to December 31, 2020	January 1, 2022, to March 31, 2022.
Period 3	January 1, 2021, to June 30, 2021	July 1, 2022, to September 30, 2022.
Period 4	July 1, 2021, to December 31, 2021	January 1, 2023, to March 31, 2023.