

A. Federal Reserve Bank of Boston (Prabal Chakrabarti, Executive Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210–2204. Comments can also be sent electronically to *BOS.SRC.Applications.Comments@bos.frb.org*:

1. *Mascoma Mutual Financial Services Corporation*, (“*Mascoma*”), *Lebanon, New Hampshire*; to merge with Androscoggin Bancorp, MHC, and thereby indirectly acquire Androscoggin Savings Bank, both of Lewiston, Maine. In addition, *Mascoma*, through the acquisition of Portland Trust Company, LLC, Portland, Maine, would engage in providing trust company functions pursuant to section 225.28(b)(5) of the Board’s Regulation Y.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2026–11203 Filed 6–3–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection

Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Autism CARES Initiative Evaluation, OMB No. 0915–0335—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than August 3, 2026.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Autism CARES Initiative Evaluation, OMB No. 0915–0335—Revision.

Abstract: HRSA provides funds to support several programs related to autism, as authorized by 42 U.S.C. 280i–1 (section 399BB of the Public Health Service Act), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2024 (Pub. L. 118–180). Through the Autism CARES Initiative, HRSA strengthens systems of care for autistic individuals and those with other developmental disabilities and their families. The Autism CARES Initiative advances several goals, including: increasing awareness of autism/developmental disabilities and developmental milestones; improving access to coordinated, high-quality services across clinical and community settings; addressing workforce shortages through interdisciplinary training; reducing barriers to timely screening and diagnosis; identifying and disseminating evidence-based practices; supporting healthy transition to adulthood; and building a broader evidence base through research. Engagement with families and individuals with personal experience in autism and other developmental disabilities is a key component of all programs to ensure community needs are prioritized and met. To inform ongoing program monitoring and continuous improvement, HRSA is conducting a multi-year evaluation that (1) measures outputs and outcomes across program components (*e.g.*, training, research, transition to adulthood, and resource/technical assistance centers); (2) identifies promising practices and implementation facilitators; (3) assesses how investments function as a system to advance shared outcomes; and (4) provides annual, decision-ready findings for HRSA leadership and project officers. The evaluation builds on prior Autism CARES assessments by updating the tools to continue collecting certain data and adjusting to collect data to gain deeper understanding of the programs. It also leverages existing administrative reporting (*e.g.*, Discretionary Grants Information System, approved under 0915–0298; as

well as grantee progress and final reports).

This ICR is a revision to the currently approved Autism CARES Evaluation information collection and reflects updates to the evaluation design and data collection approach for the current evaluation period. The revised collection retains a mixed-methods framework but introduces targeted changes to instruments, respondent engagement, and burden estimates. Specifically, the revised data collection eliminates one-time, grantee-specific, semi-structured interviews and the research quantitative data collection form included in the prior clearance, replacing them with semi-structured, time-limited virtual focus groups designed to elicit cross-program and systems-level insights. The annual grantee survey is retained as the primary standardized data collection instrument and refined to support longitudinal monitoring across all Autism CARES awardees through a single consolidated response per award. These revisions reduce redundancy across instruments, streamline data collection protocols, and shift qualitative data collection toward lower-burden group-based discussions. As a result of these changes, the estimated burden hours differ substantially from the previously approved package and reflect a reduced annualized burden estimate.

Need and Proposed Use of the Information: To complement existing administrative, grantee-reported data and to minimize duplication, the evaluation proposes two targeted, low-burden collections that will support performance monitoring, learning, and quality improvement across the Autism CARES portfolio:

- **Web-Based Grantee Survey**—A brief, program-level web survey administered annually to the full universe of Autism CARES awardees (one consolidated response per award from the Project Director/Principal Investigator). The instrument includes a stable set of core items by program family (training, research, transition to adulthood, and resource/technical assistance centers) to track year-over-year patterns in outputs, activities, successes, challenges, and perceived impacts. Selected open-ended prompts also capture concise examples. No personally identifiable information or protected health information will be collected; responses reflect award-level activities only. Administration is planned via a secure REDCap configuration with tokenized links and save-and-return functionality.
- **Virtual Focus Groups**—A limited number of virtual focus group

discussions conducted each year to elicit qualitative insights that help explain quantitative patterns and illuminate system functioning across the portfolio. Topics will rotate across the evaluation period to address priority themes (e.g., awareness and dissemination; expanding and advancing the workforce; translating research to practice improving outcomes; improving youth transition to adulthood; and cross-cutting systems effects). Participant selection will purposefully include input from across grantee program components (grantee leadership/staff, trainees, researchers) and key stakeholders (family members/self-advocates, partner organizations) to capture a range of perspectives and surface actionable implementation lessons and promising practices. Sessions will follow standardized

discussion guides, be recorded on secure platforms, securely transcribed, and analyzed alongside administrative and survey data to support annual products and recommendations for improvement.

To reduce burden, the evaluation will use data collected through existing HRSA grant reporting. These sources include Discretionary Grants Information System (currently approved under 0915–0298), as well as grantee progress and final reports.

Likely Respondents: The respondents to the Grantee Survey will be the 99 Project Directors or Principal Investigators of each award within the universe of Autism CARES awardees. The focus groups will engage with grantee leadership, staff, trainees, and researchers as well as other key stakeholders, including family

members/self-advocates, and partner organizations.

Burden Statement: Burden in this context means the time expended by people 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 total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL 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
Grantee Survey	^a 99.0	1	99.0	0.5	49.5
Grantee Focus Groups	^b 40.0	1	40.0	1.5	60.0
Stakeholder Focus Groups	^c 12.5	1	12.5	1.5	18.8
Total	^d 151.5	151.5	128.3

General: The table reports integer values for the annual number of respondents and responses. In cases when underlying assumptions about totals over the 4-year period covered by PRA clearance resulted in a fractional count of respondents per year, that count was rounded upward to the nearest integer. When the estimated average burden hours are less than one, the table reports the value as the fraction of 60 minutes.

^a Assumes all 99 grantees will respond to the survey in each year.

^b Assumes 16 focus group meetings with 10 grantee participants over the course of 4 years. Number of respondents is the average number of participants per year.

^c Assumes 5 focus group meetings with 10 stakeholder participants over the course of 4 years. Stakeholders include self-advocates, family members of individuals with autism, and grantee partner organizations. Number of respondents is the average number of participants per year.

^d The total annual number of respondents is a sum of the rows in the table above and does not adjust for potential overlap between respondent groups across rows.

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.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–11167 Filed 6–3–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and

Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities" unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 11¹/₈%, as fixed by the Secretary of the Treasury, is certified for the quarter ended September 30, 2025; 11⁵/₈% for the quarter ended December 31, 2025; and 11³/₈% for the quarter ended March 31, 2026. This rate is based on the Interest Rates for Specific Legislation, "National Health

Services Corps Scholarship Program (42 U.S.C. 2540(b)(1)(A))" and "National Research Service Award Program (42 U.S.C. 288(c)(4)(B))." This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

Yianting Lee,

Acting Director, Office of Financial Policy and Reporting.

[FR Doc. 2026–11171 Filed 6–3–26; 8:45 am]

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