

approximately 20 minutes (10 minutes to read the form and understand the information required, and 10 minutes to fill out and file the request, including attaching an image of an acceptable identification document), given that the information to be submitted to FinCEN would be readily available to the person requesting the FinCEN identifier. FinCEN estimates that updates would require 10 minutes (10 minutes to fill out and file the update).

Estimated Total Reporting Burden Hours: FinCEN estimates the total burden hours of individuals initially applying for a FinCEN identifier during Year 1 (2024) to be 108,535,⁸ with an annual burden of 16,662 hours thereafter.⁹ The five-year average of initial application burdens is 35,034 hours. FinCEN estimates the burden hours of individuals updating information related to FinCEN identifiers to be 2,030 in Year 1 (2024),¹⁰ with an annual burden of 4,429 hours thereafter.¹¹ The five-year average of updated application burdens is 3,949 hours. The total five-year average of time burdens is 38,983.

Estimated Total Reporting Cost: The total cost of FinCEN identifier applications for individuals in Year 1 (2024) is estimated to be \$6.2 million, with an annual cost of \$945,667 thereafter.¹² The five-year average cost of initial applications is \$1,988,431. The total cost of FinCEN identifier updates for individuals in Year 1 (2024) is estimated to be \$115,219, with an annual cost of \$251,386 thereafter.¹³ The five-year average cost of updated applications is \$224,153. The total five-year average cost is \$2,212,584.

Request for Comments

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Comments submitted in response to this notice will be summarized and included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the

collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services required to provide information.

Himamauli Das,

Acting Director, Financial Crimes Enforcement Network.

Appendix—FinCEN Identifier Application Summary of Data Fields

Note: Form is only available to persons who have already obtained *login.gov* accounts and have signed in through *login.gov*. Lines that must be filled in for a report to be accepted are identified with the * symbol next to the line number. *Italicized text* provides a description and/or explanation of lines and response options for purposes of this PRA notice.

Filing Information

1. FinCEN ID (*assigned by FinCEN and cannot be edited; populates automatically if individual has already applied for and received a FinCEN Identifier, based on the linkage empty if filer has not already received a FinCEN Identifier*)
2. Date Last Amended (*assigned by FinCEN and cannot be edited; populates automatically with the date the information associated with the FinCEN Identifier was last updated if individual has already applied for and received a FinCEN Identifier, based on the linkage between login.gov account and FinCEN Identifier assigned to the account; line 2 is empty if filer has not already received a FinCEN Identifier*)

Part I. Individual Information

Full legal name:

3. * First name
4. Middle name (*required if individual has a middle name*)
5. * Last name
6. Suffix (*required if the individual's name has a suffix*)

Date of birth:

7. * Date of birth

Address: (report both business address and residential address if the FinCEN ID will be used for both a Company Applicant and a Beneficial Owner)

8. * Address type (*check the box that applies to the type of address to be provided in lines 9–13*)
 - a. Residential address
 - b. Business address
9. * Address (number, street, and apt. or suite no.)
10. * City
11. * Country/Jurisdiction (*select from list of countries/jurisdictions*)
12. * State (*select from list when United States, Canada, or Mexico is the country/jurisdiction selected in line 11; if a U.S.*

Territory is the country/jurisdiction selected in line 11, line 12 populates automatically with the selected U.S. Territory; if a foreign country is the country/jurisdiction selected in line 11, line 12 remains empty)

13. * ZIP/Foreign postal code
Form of identification and issuing jurisdiction:
14. * Identifying document type (*select one from list of lines 14a–14d*)
 - a. State-issued driver's license
 - b. State/local/Tribe-issued ID
 - c. U.S. passport
 - d. Foreign passport
15. * Identifying document number
16. * Identifying document issuing jurisdiction (*select country/jurisdiction in line 16a and complete lines 16b–16d if applicable*)
 - a. Country/Jurisdiction (*select from list of countries/jurisdictions*)
 - b. State (*select from list when the United States is the country/jurisdiction selected in line 16a and the identifying document is issued by a State; if a U.S. Territory is the country/jurisdiction selected in line 16a, line 16b populates automatically with the selected U.S. Territory; if a foreign country is the country/jurisdiction selected in line 16a, line 16b remains empty*)
 - c. Local/Tribal (*select from list when the United States is the country/jurisdiction selected in line 16a and the identifying document is issued by a local jurisdiction or Tribe; if local jurisdiction or Tribe is not included in the list, select "Other" and go to line 16d; if a U.S. Territory or foreign country is the country/jurisdiction selected in line 16a, line 16c remains empty*)
 - d. Other local/Tribal name (*enter name of local jurisdiction or Tribe that was not included in the list for line 16c*)
17. * Identifying document image (*attach image of identifying document referred to in lines 14–16*) (upload instructions will be provided here)

Certification

18. * I certify that the information furnished is true, correct, and complete. I understand that the willful provision of false or fraudulent beneficial ownership information to FinCEN may result in civil or criminal penalties.
 - a. I agree (*check the box to certify*)

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0905]

Agency Information Collection Activity Under OMB Review: Legal Services for Homeless Veterans and Veterans At-Risk for Homelessness (LSV) Grant Program

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

⁸ 325,569 × (20/60) = 108,535.

⁹ 49,985 × (20/60) = 16,662.

¹⁰ 12,180 × (10/60) = 2,030.

¹¹ 26,575 × (10/60) = 4,429.

¹² (\$56.76 × (20/60)) × 325,569 = \$6,159,488.81 and (\$56.76 × (20/60)) × 49,985 = \$945,666.84.

¹³ (\$56.76 × (10/60)) × 12,180 = \$115,218.68 and (\$56.76 × (10/60)) × 26,575 = \$251,386.22.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Health Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

DATES: 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. Refer to “OMB Control No. 2900–0905.”

FOR FURTHER INFORMATION CONTACT: Maribel Aponte, Office of Enterprise and Integration, Data Governance Analytics (008), 810 Vermont Ave. NW, Washington, DC 20006, (202) 266–4688 or email maribel.aponte@va.gov. Please refer to “OMB Control No. 2900–0905” in any correspondence.

SUPPLEMENTARY INFORMATION:

Authority: 44 U.S.C. 3501–3521.

Title: Legal Services for Homeless Veterans and Veterans At-Risk for Homelessness (LSV) Grant Program, VA Forms 10–318a–b and 10–319a–b.

OMB Control Number: 2900–0905.

Type of Review: Extension of a currently approved collection.

Abstract: Public Law 116–315, Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, provided authority for VA’s Homeless Programs Office (HPO) to grant funding to eligible organizations that will coordinate or provide legal services to Veterans who are homeless or at-risk of homelessness. Several sections, including section 4202, of the Act were created to better serve Veterans who are struggling with homelessness or housing insecurity. Requests for funding by applicants are likely to exceed the amount of funding appropriated to the VA for these grants. The VA must collect data to prioritize applicants for funding. The legal authority for this data collection is found under 38 U.S.C., part I, chapter 5,

section 527, which authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs Programs, the goal of which is to improve health care and services for Veterans. This information collection includes grant eligibility criteria, application requirements, scoring criteria, constraints on the allocation and use of the funds, and other requirements necessary to implement this grant program.

HPO will use information collected to determine if an applicant is eligible to receive grant funding. HPO also will obtain information necessary to ensure that federal funds are awarded to applicants who are financially stable and have the capacity to conduct the program for which a grant is awarded. HPO could not perform its statutory obligation to administer the program if this data were not collected.

The following forms will be used to collect data for the LSV Grant Program:
VA Form 10–318a—Application for Legal Services Grant: This form will be used to collect data from eligible entities that are applying to be Legal Services for Homeless and At-Risk Veterans grant recipients. The items required in this application are used to determine if an applicant can provide legal services to Veterans. The scoring criteria is at VA’s discretion and is not mandated by the statute.

VA Form 10–318b—Renewal Application for Legal Services Grant: This form will be used to collect data from existing grantees that were previously awarded Legal Services for Homeless and At-Risk Veterans grants.

VA Form 10–319a—Quarterly Grantee Performance Reports for Legal Services Grant: HPO will collect this information to ensure that grantees comply with program requirements described in 38 CFR part 79 and their grant agreements.

VA Form 10–319b—Program or Budget Change and Corrective Action Plan for Legal Services Grant: This information is needed for a grantee to inform HPO of significant changes that will alter their approved grant program. HPO may require grantees to initiate and develop corrective action plans, and submit to VA for approval.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period

soliciting comments on this collection of information was published at 87 FR 215 on November 8, 2022, pages 67538 and 67539.

Total Annual Number of Responses = 485.

Total Annual Time Burden = 4,070 hours.

VA Form 10–318a—Application for Legal Services Grant

Affected Public: Private sector.

Estimated Annual Burden: 2,400 hours.

Estimated Average Burden per Respondent: 24 hours.

Frequency of Response: Once annually.

Estimated Number of Respondents: 100.

VA Form 10–318b—Renewal Application for Legal Services Grant

Affected Public: Private sector.

Estimated Annual Burden: 1,500 hours.

Estimated Average Burden Per Respondent: 20 hours.

Frequency of Response: Once annually.

Estimated Number of Respondents: 75.

VA Form 10–319a—Quarterly Grantee Performance Report

Affected Public: Private sector.

Estimated Annual Burden: 150 hours.

Estimated Average Burden per Respondent: 30 minutes.

Frequency of Response: Four times per year.

Estimated Number of Respondents: 75.

VA Form 10–319b—Program or Budget Change and Corrective Action Plan (CAP)

Affected Public: Private sector.

Estimated Annual Burden: 20 hours.

Estimated Average Burden per Respondent: 2 hours.

Frequency of Response: Once annually.

Estimated Number of Respondents: 10.

By direction of the Secretary.

Maribel Aponte,

VA PRA Clearance Officer, Office of Enterprise and Integration, Data Governance Analytics, Department of Veterans Affairs.

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