

Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 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 for annual reporting required by GPRA and comparing baseline with discharge and follow-up data. GPRA requires that SAMHSA's fiscal year report include actual results of performance monitoring for the three

preceding fiscal years. The additional information collected through this process will allow SAMHSA to: (1) Report results of these performance outcomes; (2) maintain consistency with SAMHSA-specific performance domains, and (3) assess the accountability and performance of its discretionary and formula grant programs.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

SAMHSA tool	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours
Baseline Interview Includes SBIRT Brief TX, Referral to TX, and Program-specific questions	179,668	1	179,668	0.60	107,801
Follow-Up Interview with Program-specific questions <sup>1</sup>	143,734	1	143,734	0.60	86,240
Discharge Interview with Program-specific questions <sup>2</sup>	93,427	1	93,427	0.60	56,056
SBIRT Program—Screening Only	594,192	1	594,192	0.13	77,245
SBIRT Program—Brief Intervention Only Baseline	111,411	1	111,411	.20	22,282
SBIRT Program—Brief Intervention Only Follow-Up <sup>1</sup>	89,129	1	89,129	.20	17,826
SBIRT Program—Brief Intervention Only Discharge <sup>2</sup>	57,934	1	57,934	.20	11,587
<b>CSAT total</b>	<b>885,271</b>		<b>1,269,495</b>		<b>379,037</b>

**Note:** Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

<sup>1</sup> It is estimated that 80% of baseline clients will complete this interview.

<sup>2</sup> It is estimated that 52% of baseline clients will complete this interview.

Written comments and recommendations concerning the proposed information collection should be sent by September 20, 2018 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA\_Submission@omb.eop.gov*. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,  
Statistician.

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**DEPARTMENT OF HOMELAND SECURITY**

**U.S. Customs and Border Protection [1651-0109]**

**Agency Information Collection Activities: Guam—CNMI Visa Waiver Information**

**AGENCY:** U.S. Customs and Border Protection (CBP), Department of Homeland Security.

**ACTION:** 30-Day notice and request for comments; revision and extension of an existing collection of information.

**SUMMARY:** The Department of Homeland Security, U.S. Customs and Border Protection will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (PRA). The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted (no later than September 20, 2018) to be assured of consideration.

**ADDRESSES:** Interested persons are invited to submit written comments on this proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the OMB Desk Officer for Customs

and Border Protection, Department of Homeland Security, and sent via electronic mail to *dhsdeskofficer@omb.eop.gov*.

**FOR FURTHER INFORMATION CONTACT:**

Requests for additional PRA information should be directed to Seth Renkema, Chief, Economic Impact Analysis Branch, U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street NE, 10th Floor, Washington, DC 20229-1177, Telephone number (202) 325-0056 or via email *CBP\_PRA@cbp.dhs.gov*. Please note that the contact information provided here is solely for questions regarding this notice. Individuals seeking information about other CBP programs should contact the CBP National Customer Service Center at 877-227-5511, (TTY) 1-800-877-8339, or CBP website at <https://www.cbp.gov/>.

**SUPPLEMENTARY INFORMATION:** CBP invites the general public and other Federal agencies to comment on the proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*). This proposed information collection was previously published in the **Federal Register** (83 FR 27340) on June 12, 2018, allowing for a 60-day comment period. This notice allows for an additional 30 days for public comments. This process is conducted in accordance with 5 CFR 1320.8. Written

comments and suggestions from the public and affected agencies should address one or more of the following four points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) suggestions to enhance the quality, utility, and clarity of the information to be collected; and (4) suggestions to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses. The comments that are submitted will be summarized and included in the request for approval. All comments will become a matter of public record.

#### Overview of This Information Collection

*Title:* Guam-CNMI Visa Waiver Information.

*OMB Number:* 1651-0109.

*Form Number:* CBP Form I-736.

*Type of Review:* Revision and Extension (with change).

*Action:* CBP proposes to revise and extend the expiration date of this information collection with an increase to the burden hours due to the proposed changes to the information collected.

*Proposed Changes* (Items in italics were previously approved under this information collection):

1. *Surname/Family Name (exactly as in passport)*
2. *(Given) Name and Middle Name*
3. *Are you known by any other names or aliases? (y/n) If yes: Alias Surname/Family Name Alias First (Given) Name*
4. *Date of Birth (mm/dd/yyyy)*
5. *City of Birth*
6. *Country of Birth*
7. *Gender*
8. *Country of Citizenship*
9. *What is your National Identification Number?*
10. *Passport Number*  
—Issuing Country  
—Passport Issuing Date, (mm/dd/yyyy)  
—Passport Expire Date, (mm/dd/yyyy)
11. *Have you ever been a citizen or national of any other country? (Y/N) If yes:*  
—provide the Country of Citizenship/

Nationality.

12. *Have you ever been issued a passport or national identity card for travel by any other country? (Y/N) If yes;*  
provide Issuing Country, Document Type, Document Number, and Expiration Date (mm/dd/yyyy)
13. *Are you now a citizen or national of any other country? (Y/N) If yes, then*  
—provide the Country of Citizenship/Nationality
14. *How did you acquire citizenship/nationality from this country?*
15. *Have you applied for an immigrant or nonimmigrant U.S. visa before? If yes, then:*  
—Place you applied  
—Date you applied (mm/dd/yyyy)  
—Type of visa Requested  
—Was visa Issued? (Y/N) If no, then: was application withdrawn or denied (Y/N). If yes, then has your Visa ever been cancelled? (Y/N)
16. *Are you a member of the CBP Global Entry Program? (Y/N) If yes, provide the PASSID/Membership Number*
17. *Are you under the age of fourteen (14)? (Y/N) If yes:*  
—Father First (Given) Name  
—Father Surname/Family Name  
—Mother First (Given) Name  
—Mother Surname/Family Name
18. **PERSONAL CONTACT INFORMATION**  
—Email  
—Country Code and Phone Number  
—Home Address  
—City  
—State/Province/Region  
—Country
19. **ADDRESS WHILE IN Guam/CNMI**  
—Address  
—City  
—Guam or CNMI  
—Phone Number
20. **EMERGENCY CONTACT INFORMATION IN OR OUT OF THE United States.**  
—Surname/Family Name  
—First (Given) Name  
—Email Address  
—Country Code  
—Phone  
—Country Name
21. *Do you have a physical or mental disorder; or are you a drug abuser or addict; or do you currently have any of the following diseases? Communicable diseases are specified pursuant to section 361(b) of the Public Health Service Act: Cholera, Diphtheria, Tuberculosis infectious, Plague, Smallpox, Yellow Fever, Viral Hemorrhagic Fevers, including Ebola, Lassa,*

*Marburg, Crimean-Congo, Severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality. (Y/N)*

22. *Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority? (Y/N)*
23. *Have you ever violated any law related to possessing, using, or distributing illegal drugs? (Y/N)*
24. *Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide? (Y/N)*
25. *Have you ever committed fraud or misrepresented yourself or others to obtain, or assist others to obtain, a visa or entry into the United States? (Y/N)*
26. *Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government? (Y/N)*
27. *Are you currently seeking employment in Guam or CNMI? (Y/N)*
28. *Were you previously employed in the United States without prior permission from the U.S. government? (Y/N)*
29. *Have you traveled to, or been present in Iraq, Syria, Iran, Sudan, Libya, Somalia, or Yemen on or after March 1, 2011? (Y/N)*

*Affected Public:* Individuals.

*Abstract:* Public Law 110-229

provides for certain aliens to be exempt from the nonimmigrant visa requirement if seeking entry into Guam or the Commonwealth of the Northern Mariana Islands (CNMI) as a visitor for a maximum stay of 45 days, provided that no potential threat exists to the welfare, safety, or security of the United States or its territories, and other criteria are met. Upon arrival at a Guam or CNMI Port-of-Entry, each applicant for admission presents a completed I-736 to CBP. CBP Form I-736 is provided for by 8 CFR 212.1(q) and is accessible at: <http://www.cbp.gov/newsroom/publications/forms?title=736&=Apply> or <https://i736.cbp.dhs.gov/i736/#/home>.

*Estimated Number of Respondents:* 1,560,000.

*Estimated Time per Respondent:* 19 minutes.

*Estimated Total Annual Burden Hours:* 492,960.

Dated: August 16, 2018.

**Seth D. Renkema,**  
Branch Chief, Economic Impact Analysis Branch, U.S. Customs and Border Protection.  
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