emergency department (ED) visit data with CDC. The AVERT program provides funding to jurisdictions to conduct routine monitoring of ED visits related to violence-related injuries and mental health conditions, and to analyze these data in a timely manner and share these data with CDC to support public health surveillance and response. AVERT also ensures that participating jurisdictions use their data to track these violent injury outcomes by providing jurisdictions standardized definitions, which can facilitate rapid identification and tracking of violence and mental health related ED visits. AVERT leverages existing ED data collection efforts deployed across state health departments through CDC's National ED Syndromic Surveillance program. The Office of Public Health Data, Surveillance, and Technology (OPHDST) in CDC operates the National Syndromic Surveillance Program (NSSP) BioSense Platform (OMB Control No. 0920–0824) through which state and local health departments share preliminary ED visit data from approximately 85% of ED facilities in the US (≤7,500 participating EDs).

AVERT will continue to establish and maintain local and state information collection of violence-related injuries and mental health conditions and provide public health partners and the public with more timely and useful violence surveillance data than is currently available. Jurisdictions provide CDC access to their syndromic surveillance data from EDs in CDC's NSSP system. Health departments have used this data to populate state data dashboards and develop alerts for local communities. In addition, health departments have used this data in concert with other violence data sources, including the National Violent Death Reporting System, to gain a better overall picture of violence-related injuries in their communities.

Health departments sharing syndromic surveillance data with CDC will be required to complete the *ED Violence Data Form* on a bimonthly basis using data from existing state and local ED data collection efforts, described previously.

In Year 1, the AVERT program received funding to support a total of 12 jurisdictions. Additionally, through collaboration with NSSP, the AVERT program has developed advanced scripts and standardized data reports. As a result, participating jurisdictions will receive these reports directly and will no longer need to develop their own. This has reduced estimated burden hours. CDC requests OMB approval for an estimated 18 annual burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Total number of responses per respondent (annual No.)	Average burden per response (hours)	Total annual burden (hours)
Participating health departments sharing case-level ED data with CDC through the NSSP BioSense (OMB #0920–0824).	ED form (ED violence data form).	12	6	15/60	18
Total					18

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–10513 Filed 5–26–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1282]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''The Performance Measures Project: Improving Performance Measurement and Monitoring by CDC Programs'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on February 24, 2026 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

The Performance Measures Project: Improving Performance Measurement and Monitoring by CDC Programs (OMB Control No. 0920–1282; Exp. 06/30/2026)—Revision—Office of the Policy, Performance, and Evaluation (OPPE), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Each year, approximately 75% of the CDC's congressionally appropriated funding goes to extramural organizations, including state and local partners, via contracts, grants, and, most commonly, cooperative agreements. The availability of funding for grants and cooperative agreements is announced through a Notice of Funding Opportunity (NOFO). CDC awards up to 100 new, non-research NOFOs each year (each funded for 1–5 years). These awards may have only a few funded recipients or more than 50, such as when a CDC program provides funding to all states and territories. Monitoring and reporting of program performance is required of any non-federal entity receiving federal funds under 45 CFR 75.342; ''The non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved.''

CDC's Performance and Evaluation Office (PEO) provides technical assistance to CDC programs and funding recipients with the immediate goal of monitoring progress and the long-term goals of improving performance and maximizing public health impact. Greater public health impact can be achieved by the development of performance measures and monitoring plans that are customized to the goals outlined in each NOFO. PEO therefore provides consultations for the development of NOFO-specific performance measures and the development of each NOFO's logic model, *i.e.,* a graphic depiction of the relationship between the funded activities and the intended effects or outcomes of those activities in the short, medium, and/or long term. PEO has also developed templates that can be further customized by CDC/ATSDR programs participating in the Performance Measures Project (PMP). These templates include a sample ''Recipient Codebook Technical Specification'' and a sample ''Recipient Data Reporting Guide.'' After the templates are finalized by PEO and the CDC/ATSDR program, the templates are completed by the recipients of CDC/ATSDR funding.

CDC requests OMB approval to continue information collection for the PMP, with no changes except for the request for additional burden hours. Individual collection requests submitted under this Generic Clearance will continue to include the tailored forms and a supplementary template that provides a description of program purpose and the estimated burden of information collection. Through this Revision, CDC requests additional capacity to ensure seamless continuation of individual GenIC data collections that were previously approved (34,949 hours), but have not been completed. Combined with the estimated annualized burden hours for new GENICs (70,000 hours), CDC estimates 104,949 total annualized burden hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of responses	Number of responses per respondent per year	Average burden per response (in hours)
CDC/ATSDR Award Recipients (new GENICs)	Performance Measures Project Information Collection Tool.	1,750	1	40
CDC/ATSDR Award Recipients (continuation of previously approved GENICs).	Performance Measures Project Information Collection Tool.	3,236	1	10.8

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–10511 Filed 5–26–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1397]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request ''CDC's Milestone Tracker App User Surveys'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on March 24, 2026 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570.