• Assisted households, by type of LIHEAP assistance and funding source, with at least one member age 2 years or under.

• Assisted households, by type of LIHEAP assistance and funding source, with at least one member ages 3 years through 5 years.

• Assisted households, regardless of the type(s) of LIHEAP assistance or funding source, having at least one member 60 years or older, disabled, or 5 years old or younger.

Indian tribal grant recipients are required to submit data only on the number of households, by funding source, receiving heating, cooling, energy crisis, and/or weatherization benefits. To account for this difference, tribal grant recipients use the Annual LIHEAP Household Report Short Format.

The information is being collected for the department's annual LIHEAP report to Congress. The data also provides information about the need for LIHEAP funds. Finally, the data are used in the calculation of LIHEAP performance measures under the Government Performance and Results Act of 1993. The data elements will allow for the accuracy of measuring LIHEAP targeting performance and LIHEAP cost efficiency.

OCS proposes revisions to reduce the administrative burden and length of form. The proposed revisions include the following:

• Remove reporting requirements related to sex, race, and ethnicity, which are not required for statutory LIHEAP reporting or performance measurement.

• Remove data elements associated with supplemental LIHEAP funding provided under the Coronavirus Aid, Relief, and Economic Security Act and the American Rescue Plan Act, as these funding sources have expired and are no longer applicable to ongoing program operations.

Additionally, OCS proposes to adjust the burden estimates to no longer account for burden at the household level. This report is an administrative request for grant recipients, and the LIHEAP statute gives grant recipients flexibility on how they collect household data.

Overall, these targeted changes reduce respondent burden, improve clarity of reporting instruments, and ensure the collection remains focused on current statutory and programmatic requirements.

Respondents: State governments, tribal governments, U.S. territories, and the District of Columbia.

Annual Burden Estimates

Burden estimates have been updated to reflect the changes described above, which include revisions to the report as well as an adjustment to the burden estimates for respondents, to reduce burden at the household level. This burden has been reduced by analyzing fiscal year 2026 LIHEAP Model Plans to calculate how grant recipients determine eligibility. Based on LIHEAP Model Plans, 25 of the 52 state grant recipients use categorical eligibility to determine LIHEAP household eligibility. LIHEAP categorical eligibility makes a household automatically income-eligible for energy assistance if *any* member receives benefits from programs like Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, or Supplemental Security Income, bypassing the typical income test, though income is still used to set benefit amounts. This simplifies and reduces the burden on households. Based on past average data, those 25 states make up about 55 percent of all assisted households. To calculate this burden, we used an estimate for the annual number of LIHEAP household applicants multiplied by an average of ⅓ of an hour to provide the data required by the Household Report. The estimated time per response for the short format, completed by tribal governments some small territories, was reduced from 10 hours to six hours per response. The long format, completed by all states, District of Columbia, and Puerto Rico, was reduced from 67 hours to 41 hours per response.

Instrument	Number of respondents	Annual number of responses per respondent	Average hour burden per response	Annual burden hours
Long Format	52	1	41	2,132
Short Format	133	1	6	798
Household Application	6,160,000	1	.3	1,848,000
Total Annual Burden Hours				1,850,930

Authority: U.S.C. 8629 and 45 CFR 96.82.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–11834 Filed 6–11–26; 8:45 am]

BILLING CODE 4184–80–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; Delta States Rural Development Network Grant Program, OMB No. 0915–0386—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 July 13, 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: Delta States Rural Development Network Grant Program, OMB No.0915–0386—Revision.

Abstract: The Delta States Rural Development Network Grant (Delta) Program is authorized by the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)). The Delta Program supports projects that demonstrate evidence-based and/or promising approaches around cardiovascular disease, diabetes, acute ischemic stroke, or obesity to improve health status in rural communities throughout the Delta Region. Key features of Delta Program-supported projects are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replicability, and sustainability. HRSA collects information from Delta Program award recipients using an OMB-approved set of performance measures and wants to revise that information collection.

A 60-day notice published in the **Federal Register** on March 18, 2026, vol. 91, No. 52; pp. 13041–13042. There were no public comments.

Need and Proposed Use of the Information: The purpose of the data collection is for HRSA to assess Delta Program awardees' progress in meeting the program goals, and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the Delta Program and ensure funds are effectively used to provide services that meet the target population's needs.

HRSA seeks to revise the approved information collection, which Delta Program awardees will submit to HRSA on an annual basis. The proposed revisions include modifying how HRSA displays race and ethnicity measures in the data collection platform by making it display as two separate questions for current Delta Program recipients. As the Delta Program recipients are currently in an active project period, this proposed revision would minimize any disruptions to their existing data collection processes and help maintain consistent data reporting to HRSA.

Additionally, the estimated total burden hours have increased to reflect the time required for current Delta Program awardees to complete data collection-related training for their internal staff as well as staff within their network partnerships. There are several additional contributing factors to the increase in estimated total burden. These grantee organizations vary in data collection and reporting capacity as well as vary in the number of network organizations they must coordinate with to report this data to HRSA. Furthermore, the grantee organization and its network organizations may not share the same data collection systems/platforms. As a result, this increase in total burden accounts for the time that Delta Program awardees will need to compile and review data quality from its network organizations prior to submitting the data to HRSA.

Likely Respondents: Respondents will be the Delta Program award 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 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
Delta States Rural Development Network Program Performance Measures	12	1	12	72.75	873
Total	12	1	12	72.75	873

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–11828 Filed 6–11–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Biomedical Imaging and Bioengineering; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Biomedical Imaging and Bioengineering.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The meeting will be videocast and can be accessed from the NIH Videocast website at the following links: *https://videocast.nih.gov/* or *https://www.nibib.nih.gov/about-nibib/advisory-council.*

Name of Committee: National Advisory Council for Biomedical Imaging and Bioengineering.