Conditions—Drugs and Biologics, available at: *https://www.fda.gov/files/drugs/published/Expedited-Programs-for-Serious-Conditions-Drugs-and-Biologics.pdf*) for which a tropical disease priority review voucher, rare pediatric disease priority review voucher, or material threat MCM priority review voucher is redeemed, FDA considers the application to be submitted on the date FDA receives the final portion of the application that the applicant identifies as complete.''

3. On page 45043, in the third column, in section V.B titled ''Wire Transfer Payment Process,'' the second sentence is deleted, and the third sentence is revised as follows: ''For all priority reviews, please use the unique user fee ID number generated for the *Pay.gov* feature.)''

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–15147 Filed 7–27–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Applicant Organizational National Provider Identifiers and Centers for Medicare & Medicaid Services Certification Numbers Form

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 September 28, 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: Applicant Organizational National Provider Identifiers and Centers for Medicare & Medicaid Services Certification Numbers Form, OMB No. 0906–xxxx New.

Abstract: HRSA is proposing a new form to collect organizational National Provider Identifiers (Type 2 NPIs) and CMS Certification Numbers (CCNs) from organizations that apply for HRSA award funding through *Grants.gov*. The form will be completed as part of the *Grants.gov* funding application. This collection is limited to organizational identifiers and will only collect an NPI and/or CCN only from organizations that already have one. An organization is not required to have, or to obtain, an NPI or CCN in order to apply for or receive HRSA funding, and individual applicants (persons) are not asked to provide an individual (Type 1) NPI. Organizational NPIs are issued by the Centers for Medicare & Medicaid Services (CMS) through the National Plan and Provider Enumeration System. CCNs are issued by CMS to providers and suppliers that obtain Medicare or Medicaid certification.

The purpose of this proposed collection is to strengthen the evidence HRSA uses to understand how it meets its mission of improving health outcomes through access to quality services, a skilled health workforce, and innovative, high-value programs. This collection is authorized under section 301 of the Public Health Service Act (42 U.S.C. 241), which authorizes the Secretary of Health and Human Services to conduct and support research, investigations, experiments, demonstrations, and studies relating to the causes; diagnosis; treatment; control; and prevention of disease, and to collect and make available information on those activities, including the provision of technical assistance on statistical methods.

HRSA collects this information to support research, program evaluation, and evidence-building consistent with its broader obligations to measure whether award recipients meet program objectives (*e.g.,* 2 CFR 200.301(a)) and to ensure the data underlying HRSA's performance reporting are reliable and accurate (*e.g.,* 31 U.S.C. 1115(b)(7)–(8)), and consistent with the agency evidence-building plan obligations of the Foundations for Evidence-Based Policymaking Act of 2018 (see 5 U.S.C. 312). These provisions inform why reliable provider identity data are useful to HRSA; the authority for this collection is 42 U.S.C. 241. Further, collecting information will enhance accountability in HRSA funding and enable the agency to minimize fraud, waste, and abuse by ensuring that its funding of entities is non-duplicative with funding provided by CMS.

Linking HRSA program data to other datasets, and particularly to datasets at CMS, is currently difficult because HRSA lacks an identifier that reliably and consistently identifies funded organizations across its many programs and across externally available health-care delivery-system data. The Unique Entity Identifier (UEI) obtained from *SAM.gov* identifies the legal entity that receives an award, but it is not used in health-care transactions and does not appear in CMS claims, encounter, certification, or quality datasets. Organizational NPIs and CCNs address this gap because they are already embedded as standard provider-identity keys in widely used, publicly available CMS datasets. The organizational NPI is the standard unique identifier for organization health care providers used in HIPAA-standard transactions and is therefore a stable, externally recognized organizational key; this descriptive fact about how NPIs are used is the reason HRSA considers the NPI a reliable identifier, and is not the legal authority for this collection. CCNs identify Medicare- and Medicaid-certified institutional providers and are the standard key for linking certified facilities to CMS institutional claims, certification files, cost reports, and facility-level quality data.

Need and Proposed Use of the Information: All applicants for HRSA funding through *Grants.gov* must obtain a UEI from *SAM.gov* before beginning a funding application. Because UEI does not appear in CMS provider and claims data, collecting organizational NPIs and CCNs from organizations that already have them allows HRSA to link its program and award data to publicly available external datasets that use those identifiers. Such linkage supports more accurate, efficient, and credible agency analyses of program reach, utilization, cost, quality, and outcomes.

For organizational applicants, the organizational NPI and CCN function as enterprise-level provider-identity keys

that connect HRSA's internal funding, program, and service-site data to the external health-care delivery system. The organizational NPI connects funded organizations—including non-institutional providers such as health center organizations, clinics, group practices, laboratories, pharmacies, behavioral health organizations, and telehealth providers—to Medicare professional and supplier claims, Medicare Advantage encounter data, Transformed Medicaid Statistical Information System data, and National Plan and Provider Enumeration System organizational reference files. The CCN connects funded or supported certified facilities—such as hospitals, Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers, hospices, home health agencies, and end-stage renal disease facilities—to CMS institutional claims, the Provider of Services files, Healthcare Cost Report Information System cost reports, and CMS facility-level quality and outcomes data.

Using these identifiers, HRSA can, for example: identify the full set of HRSA programs that support the same provider organization or facility, in order to understand portfolio-level funding concentration, overlap, and potential duplication; distinguish among the legal awardee, the service delivery site, the billing organization, and the certified facility, which are frequently different entities; validate that an organization or facility is represented in CMS certification and enumeration data; detect duplicate or fragmented records across programs using durable, externally verifiable anchors rather than name-and-address matching alone; and build more credible evaluation datasets that compare funded organizations to appropriate comparison groups over time.

This proposed collection differs from HRSA's current practice of collecting these data in two ways. First, it standardizes the collection of organizational (Type 2) NPIs and CCNs across HRSA-supported programs rather than collecting them inconsistently program by program. Second, it does not collect individual (Type 1) NPIs. The collection is limited to organizations that already hold these identifiers; organizations without an NPI or CCN are not required to obtain one, and their eligibility for HRSA funding is unaffected by whether they provide an identifier.

Data collected through this information collection will be used solely for research, evaluation, and analysis of program reach and effectiveness and for purposes of accountability and oversight—for example, identifying entities funded across HRSA and HHS, assessing program performance through internal and external data linkage, and supporting de-duplication, aggregation, and disaggregation of program data. Because this collection is limited to organizational identifiers, it does not collect individual NPIs or other personally identifiable information, and it is not designed to retrieve records about individuals. Data from this ICR will not be used to verify eligibility or compliance for cash or in-kind assistance under HRSA programs.

HRSA recognizes that these identifiers have inherent limitations and intends to account for them analytically: an organizational NPI may represent a parent organization, subpart, or billing unit rather than a specific site; a CCN identifies a certified facility rather than its corporate owner or the HRSA awardee; NPI issuance does not validate licensure or credentialing; and claims and certification data do not capture all HRSA-funded activity (for example, enabling services, outreach, case management, workforce training, technical assistance, uninsured care, and public-health infrastructure). Accordingly, HRSA will treat external claims and certification data as complementary evidence and will maintain time-aware linkages that account for changes in NPI status, CCN status, ownership, and organizational structure.

Likely Respondents: Organizations applying for HRSA funding through *Grants.gov* that already have an organizational NPI and/or a CCN.

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	Applicant type	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Applicant NPIs and CCNs Form.	No NPI or CCN	3,400	1	3,400	0.02	68.00
	One NPI and/or CCN	1,700	1	1,700	0.05	85.00
	Two or more NPIs and/or two or more CCNs.	1,275	1	1,275	0.10	127.50
Total		6,375		6,375		280.50

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. 2026–15221 Filed 7–27–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following 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.

Name of Committee: Center for Scientific Review, Special Emphasis Panel; Fellowships: Neurobiology of Psychiatric and Neurological Disorders and Language Development.

Date: August 20, 2026.

Time: 10:00 a.m. to 9:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Alicia Mariel Jais, PHMD, Scientific Review Officer, SRB, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Dr., Bethesda, MD 20892, (301) 435–3343, *mariel.jais@nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: July 23, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–15184 Filed 7–27–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Environmental Health Sciences; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Board of Scientific Counselors, National Institute Environmental Health Sciences, August 02, 2026, 07:00 p.m. to August 04, 2026, 05:00 p.m., NIEHS/National Institutes of Health, Building 4401, East Campus, 79 T.W. Alexander Drive, Research Triangle Park, NC 27709 which was published in the **Federal Register** on June 29, 2026, FR39108.

This notice is being amended to include an update to the agenda (Open session start times have been updated to: August 3, 2026, 8:00 a.m. and 1:00 p.m.; August 4, 2026, 8:00 a.m. and 10:15 a.m.) The meeting is partially closed to the public. The meeting is partially Closed to the public.

Dated: July 24, 2026.

Denise M. Santeufemio,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–15228 Filed 7–27–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following 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.

Name of Committee: Center for Scientific Review, Special Emphasis Panel; Psychopathology and Cognitive Disorders.

Date: August 19, 2026.

Time: 10:30 a.m. to 9:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Mamatha Garige, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Dr., Bethesda, MD 20892, (301) 443–1706, *mamatha.garige@nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: July 23, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–15183 Filed 7–27–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–7107–N–16; OMB Control No.: 2506–0195]

30-Day Notice of Proposed Information Collection: Rural Capacity Building (RCB) Program

AGENCY: Office of Policy Development and Research, Chief Data Officer, HUD.

ACTION: Notice.

SUMMARY: HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comments from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 30 days of public comment.

DATES: *Comments Due Date: August 27, 2026.*

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. 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.

FOR FURTHER INFORMATION CONTACT: Dr. John L. Murphy, PRA Compliance