trustee, both of Piedmont, Oklahoma; the JVA Inheritance Trust for John T. Anderson, John T. Anderson, as trustee, both of Crescent, Oklahoma; the JVA Inheritance Trust for Barry L. Anderson, Barry L. Anderson, as trustee, both of Guthrie, Oklahoma; and the JVA Inheritance Trust for Patti J. Rains, Patti J. Rains, as trustee, both of Oklahoma City, Oklahoma; to join the Anderson Family Group, a group acting in concert, to acquire voting shares of F&M Bancshares, Inc., Crescent, Oklahoma, and thereby indirectly acquire voting shares of F&M Bank, Edmond, Oklahoma. Terry V. Anderson, John T. Anderson, Barry L. Anderson, and Patti J. Rains are members of the Anderson Family Group and were each previously permitted by the Federal Reserve System to acquire voting shares of F&M Bancshares, Inc., in their individual capacities.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2026–15367 Filed 7–29–26; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Information collection notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the extension without change of the information collection project ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' (0935–0179).

DATES: Comments on this notice must be received by August 31, 2026.

ADDRESSES: Written comments should be submitted to: Margie Shofer, Reports Clearance Officer, AHRQ, by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Margie Shofer, AHRQ Reports Clearance Officer, (301) 427–1696, or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences, and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communication between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management. The current clearance was approved on November 7, 2023 (OMB Control Number 0935–0179) and will expire on November 30, 2026.

Method of Collection

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: (1) the target population to which generalizations will be made; (2) the sampling frame; (3) the sample design (including stratification and clustering); (4) the precision requirements or power calculations that justify the proposed sample size; (5) the expected response rate; (6) methods for assessing potential nonresponse bias; (7) the protocols for data collection; (8) and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated total burden hours for the respondents. Mail surveys are estimated to average 15 minutes, telephone surveys 40 minutes, web-based surveys 10 minutes, focus groups two hours, and in-person interviews are estimated to average 50 minutes. Mail surveys may also be sent to respondents via email and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys does not count as a telephone survey. The total burden hours for the 3 years of the clearance are estimated to be 10,900 hours.

Exhibit 2 shows the estimated cost burden for the respondents. The total cost burden for the 3 years of the clearance is estimated to be $226,932.

EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Mail/email *	5,000	1	15/60	1,250
Telephone	200	1	40/60	133
Web-based	5,000	1	10/60	833
Focus Groups	500	1	2.0	1,000
In-person	200	1	50/60	167

EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS—Continued

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total	10,900	N/A	N/A	3,383

* May include telephone non-response follow-up in which case the burden will not change.

EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate *	Adjusted average hourly wage rate **	Total cost burden (total burden hours × adjusted average hourly wage rate)
Mail/email	5,000	1,250	$33.54	$67.08	$83,850
Telephone	200	133	33.54	67.08	8,922
Web-based	5,000	833	33.54	67.08	55,878
Focus Groups	500	1,000	33.54	67.08	67,080
In-person	200	167	33.54	67.08	11,202
Total	10,900	3,383	33.54	67.08	226,932

* Bureau of Labor & Statistics on ''Occupational Employment and Wages, May 2025'' *for all occupations found at the following URL:* National Occupational Employment and Wage Estimates (*bls.gov*) for the respondents.

** Adjusted Average Hourly Wage Rate is 200% of the average hourly rate. It is a fully loaded rate that includes the benefit costs of respondents.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 27, 2026.

Jeffrey Toven,

Executive Officer.

[FR Doc. 2026–15326 Filed 7–29–26; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Information collection notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the extension with change of the currently approved information collection ''AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Health Plans'' (OMB Control number 0935–0165, last approved on December 31, 2023).

DATES: Comments on this notice must be received by September 28, 2026.

ADDRESSES: Written comments should be submitted to: Margie Shofer, Reports Clearance Officer, AHRQ, by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Margie Shofer, AHRQ Reports Clearance Officer, (301) 427–1696, or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The CAHPS Health Plan Database consists of data from the AHRQ CAHPS Health Plan Survey. Health plans in the U.S. are asked to voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The development of the CAHPS Health Plan Survey began in 1995 in response to requests from health plans, purchasers, and the Centers for Medicare and Medicaid Services (CMS) to provide comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement. Since that time, the survey has been refined and updated to reflect field feedback from industry experts; reports from health plan participants, data collection vendors (the organization that helps carry out the technical and operational parts of a survey and database submission), and other users; evidence from cognitive testing and focus groups; and extensive psychometric data analysis. Version 5.0 of the Health Plan Survey was released in 2012. The National Quality Forum endorsed the 5.0 version of the Health Plan Survey in 2015. Version 5.1 was released in 2020 to acknowledge the various ways in which enrollees may