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

Information Collections to Advance State, Tribal, Local, and Territorial (STLT) Governmental Agency System Performance, Capacity, and Program Delivery (OMB Control No. 0920–0879, Exp. 08/31/2026) - Revision—National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans. As part of HHS, CDC conducts critical science and provides health information to people and communities to save lives and protect people from health threats. To this end, CDC and HHS seek to accomplish their mission by collaborating with partners throughout the nation and the world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

In 2011, CDC obtained OMB approval to establish a Generic Clearance for the purpose of facilitating information collection related to domestic public health issues and services that affect and/or involve State, Tribal, Local, and Territorial (STLT) government entities. Since that time, the Generic Clearance has been used to collect information supporting the work of a wide variety of CDC/ATSDR programs and STLT partnerships.

In 2026, CDC seeks OMB approval to continue the Generic Clearance. There are no proposed changes to its purpose and scope, however, the requested number of responses and total burden hours will be reduced based on CDC review of past utilization and revised projections for future use. As in previous approval cycles, the respondent universe will be comprised of STLT governmental staff or delegates acting on behalf of an STLT agency involved in the provision of essential public health services in the United States. Delegate is defined as a governmental or non-governmental agent (agency, function, office or individual) acting for a principal or submitted by another to represent or act on their behalf. The STLT agency is represented by an STLT entity or delegate with a task to protect and/or improve the public's health.

The information to be collected may be used to: (1) assess situational awareness of current public health emergencies; (2) make decisions that affect planning, response and recovery activities for subsequent emergencies; (3) fill CDC and HHS gaps in knowledge of programs and/or STLT governments that will strengthen surveillance, epidemiology, and laboratory science; and (4) improve CDC's support and technical assistance to states and communities.

CDC and HHS will conduct brief data collections across a range of public health topics related to essential public health services. CDC will continue to seek OMB approval of each information collection under the Generic Clearance by submitting a project-specific request that describes project purpose and methodology. Utilization of the Generic Clearance may vary by year and project. For purposes of estimating overall capacity for the generic, CDC estimates up to 15 data collections with state, tribal, and territorial governmental staff or delegates, and five data collections with local/county/municipal/city governmental staff or delegates will be conducted on an annual basis. The burden per response is estimated at one hour but individual projects may request higher or lower burden per response. Approximately 95% of STLT data collections will be web-based and 5% will be conducted through interviews or focus groups conducted by telephone, in-person, or virtually.

CDC requests OMB approval for 27,000 hours of total estimated annualized burden for all projects. OMB approval is requested for three years. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, Territorial, or Tribal government staff or delegates.	Web, Paper, Telephone or In-Person Survey, Interview, or Focus Group.	800	15	1
Local, County, City, or Municipal government staff or delegates.	Web, Paper, Telephone or In-Person Survey, Interview, or Focus Group.	3,000	5	1

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. 2026–15980 Filed 8–5–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1175]

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 ''Environmental Public Health Tracking Network (Tracking Network)'' 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 April 21, 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. 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

Environmental Public Health Tracking Network (Tracking Network) (OMB Control No. 0920–1175, Exp. 08/31/2026)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is submitting a three-year Paperwork Reduction Act (PRA) Revision for the information collection request (ICR) Environmental Public Health Tracking Network (Tracking Network) (OMB Control No. 0920–1175, Exp. 08/31/2026). This information collection is sponsored by the Environmental Public Health Tracking Branch (Tracking Branch), Division of Environmental Health Science and Practice (DEHSP), National Center for Environmental Health (NCEH) at CDC.

In September 2000, the Pew Environmental Health Commission issued a report entitled America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. The Commission documented a critical gap in ''knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors'' due largely to the fact that existing environmental health systems were inadequate and fragmented. They described a lack of data for the leading causes of mortality and morbidity, a lack of data on exposure to hazards, a lack of environmental data with applicability to public health, and barriers to integrating and linking existing data. To address this critical gap, the Commission recommended a Nationwide Health Tracking Network for disease and exposures. In response to the report and this critical gap, Congress appropriated funds in the fiscal year 2002 budget for the CDC to establish the National Environmental Public Health Tracking Program (Tracking Program) and Tracking Network and has appropriated funds each year thereafter to continue this effort.

The Tracking Program includes State and Local Health Departments (SLHD) and other partners which collaborate to: (1) build and maintain the Tracking Network; (2) advance the practice and science of environmental public health tracking; (3) communicate information to guide environmental health policies and actions; (4) enhance tracking workforce and infrastructure; and (5) foster collaborations between health and environmental programs.

In spring of 2022, under Notice of Funding Opportunity CDC–RFA–EH22–2202, the CDC's Tracking Program funded 33 state and local public health programs (funded SLHD). These recipients were selected through a competitive objective review process and are managed as CDC cooperative agreements. Awards are for five years and are renewed through an Annual Performance Report (APR)/Continuation Application. The Tracking Program collects data from recipients about their activities and progress for the purposes of program evaluation and monitoring (hereafter referenced as program data). The Tracking Program also collects data from radon testing labs to integrate into the Tracking Network.

Environmental public health tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data (hereinafter referenced as Tracking Network data) to inform public health actions that protect the population from harm resulting from exposure to environmental contaminants. The Tracking Network provides data from existing health, exposure, and hazard surveillance systems and supports ongoing efforts within the public health and environmental sectors to improve data collection, accessibility, and dissemination as well as analytic and response capacity. Data that were previously collected for different purposes and stored in separate state and local systems are now available in a nationally standardized format allowing programs to begin bridging the gap between health and the environment.

CDC is requesting approval for a Revision of the previously approved ICR. This request has an increase in the number of annual respondents, from 37 to 47, with a decrease in overall responses (599 to 522) and overall burden hours (14,041 to 12, 348). In spring of 2022, under the new 5-year NOFO No. CDC–RFA–EH22–2202, CDC's Tracking Program funded 33 state and local public health programs (funded SLHD). The approval number reflects the current 33 SLHD respondents plus four to allow for future funding of new SLHD or to collect voluntary responses from unfunded SLHD as well as 10 radon testing labs. Data from recipients or other SLHD are submitted annually following standardized procedures. Tracking Network data submitted annually by recipients and other SLHD to the Tracking Program include six datasets and the metadata form, specifically: (1) birth defects prevalence; (2) drinking water monitoring; (3) emergency department visits; (4) hospitalizations; (5) radon testing for SLHD and radon labs; (6) biomonitoring; and (7) metadata. The Tracking Program uses Research Electronic Data Capture (REDCap) for its Electronic Data Capture System (EDCS) needs, which is an easy-to-use, free software tool useful for programmatic deliverable management and data capture. Using an EDCS significantly reduces the burden by optimizing the data capture method to eliminate the need for personnel to complete manual data cleaning and organization before using data for analysis and evaluation upon submission.

Based on the above changes, CDC is requesting OMB approval for an estimated 12,348 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
State and local Health Department (SLHD) ...	Birth Defects Prevalence Form	30	1	40
	Drinking Water Monitoring Form	37	1	50
	Emergency Department Visits Form	37	1	40
	Hospitalizations Form	37	1	40
	Radon Testing Form (combined form)	25	1	50
	Biomonitoring Form	8	1	40
	Metadata Records	37	2	20
	Environmental Public Health Tracking Work Plan—REDCap.	33	1	21
	Program Accomplishments and Public Health Actions Report—REDCap.	33	2	20
	Performance Measures Report—REDCap	33	1	20
	PHA Impact Follow-up—REDCap	33	2	15/60
	Communications Plan Template	33	1	2
	Web Stats Template	33	1	1
Radon Testing Labs	Radon Testing Form (combined form)	10	1	50

Jeffrey M. Zirger,

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26–0259; Docket No. CDC–2026–1321]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled HIV Capacity Building Assistance (CBA) Program: Data Management, Monitoring, and Evaluation. This data collection aims to determine the short- and long-term outcomes of the CDC HIV CBA program and support continuous quality improvement.

DATES: CDC must receive written comments on or before October 5, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1321 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate 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. Enhance the quality, utility, and clarity of the information to be collected;

4. 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

HIV Capacity Building Assistance (CBA) Program: Data Management,