Monitoring, and Evaluation—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests approval of non-research program evaluation project that will be conducted to evaluate the CDC HIV Capacity Building Assistance (CBA) program funded under PS24–0020: Capacity Building Assistance for HIV Prevention Programs to End the HIV Epidemic in the United States.

The CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV Prevention (DHP) is charged with the mission to promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States. CDC is a key partner in the *Ending the HIV Epidemic in the U.S.* (EHE) initiative, with the goal to reduce new HIV infections by at least 90% by 2030. Toward this aim, DHP partners with and provides CBA to health departments and community-based organizations (CBOs) to improve both individual competencies and organizational capacity to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs.

This evaluation aims to assess the short- and long-term outcomes of the HIV CBA program and to provide critical feedback that can be used for continuous program quality improvement. The evaluation questions and performance measures developed for this evaluation are guided by the logic model outcomes documented in PS24–0020. The following evaluation questions serve as the lens through which data collection instruments were developed, data are analyzed, and results are used to improve program activities:

What is the reach of the HIV CBA program?

What is the quality of the HIV CBA services provided?

To what extent do HIV CBA services contribute to improving the knowledge, skills, and competency of the HIV prevention workforce?

To what extent does the HIV CBA program strengthen national partnerships for CDC-funded health departments?

To what extent does the HIV CBA program improve capacity for CDC-funded health departments and community-based organizations?

To what extent do CBA marketing efforts result in greater awareness and utilization of CBA services?

These evaluation questions will be answered using pre-defined performance measures that will be calculated leveraging data collected through a combination of web-based applications and survey instruments that require OMB review and approval prior to use. Web-based applications include the CBA Tracking System (CTS)—a web-based application that allows the HIV prevention workforce to request CBA from the HIV CBA program—and CDC Train—a web-based learning management system. The Post-CBA Survey and the CBA Follow-Up Survey were developed and tailored to meet the evaluation needs of this project. These surveys will be administered through CTS. The Post-CBA Survey will be administered to all CBA participants after CBA has been provided. The CBA Follow-Up Survey will be administered to respondents of the Post-CBA Survey who indicate a role in implementation at set three-month time periods. The following table illustrates the alignment between evaluation questions, logic model outcomes, performance measures, and data sources.

CDC requests OMB approval for an estimated 1,668 annual burden hours. There is no cost to the 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)	Total burden (in hours)
CBA participants/HIV prevention workforce.	Post-CBA Survey	2,000	4	10/60	1,334
CBA participants/HIV prevention workforce.	CBA Follow-Up Survey	500	4	10/60	334
Total					1,668

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26–1431]

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 ''Rape prevention and education (RPE) Program'' 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 May 27, 2026, to obtain comments from the public and affected agencies. CDC received five 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

Rape Prevention and Education (RPE) Program (OMB Control No. 0920–1431, Exp. 4/30/2027)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) seeks OMB approval for a Revision to Rape Prevention and Education (RPE) Program (OMB Control No. 0920–1431). OMB approval is requested for three years. CDC will collect data from RPE recipients to assess how recipients are improving prevention infrastructure, implementing and evaluating prevention strategies to expand efforts to prevent sexual assault, and using data to inform prevention action. The RPE program is funded under the Violence Against Women Act (VAWA) and Section 393A(a) of the Public Health Service (PHS) Act (42 U.S.C. 280b-1b(a) and Section 392(a)(1) of the PHS Act (42 U.S.C. 280b-1(a)(1)) legislative authority. Eligible entities are based on the VAWA legislation. The legislative authority requires CDC to fund the RPE Program. The proposed information collection is authorized by the PHS Act, which provides the legislative means for states to advance public health across the lifespan and reduce differences in health outcomes. Section 301(a) of the PHS Act 42 U.S.C. 241(a) authorizes funding grants and cooperative agreements to aid ''other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man.'' The CDC administers the RPE Program, which is authorized under the statutory authorities of the Section 393A of the PHS Act 42 U.S.C. 280b-1a.

Sexual violence (SV) is a major public health problem. One in three women and one in four men experienced sexual violence involving physical contact during their lifetimes. Nearly one in five women and one in 38 men have experienced completed or attempted rape. Sexual violence starts early: one in three female and one in four male rape victims experienced it for the first time between 11–17 years old. CDC's Division of Violence Prevention (DVP) provides national leadership in prevention of SV perpetration and victimization before it begins (*i.e.,* primary prevention). DVP administers the RPE Program, which provides funding to health departments and SV coalitions in all 50 states, the District of Columbia (DC), and U.S. territories as well as up to 10 tribal coalitions.

These NOFOs encourage the expansion of strategies implemented and evaluated at the community- and societal-level using a comprehensive approach. Recipients will have an opportunity to: (1) continue to build program and partner capacity to facilitate and monitor the implementation of SV prevention programs, practices, and policies; (2) continue to support state and territorial health departments' implementation of community-and societal-level programs, practices, and policies to prevent SV; (3) continue to support the implementation of data-driven, comprehensive, evidence-based SV primary prevention strategies, and approaches focused mainly on centering and engaging communities; and (4) continuously conduct data to action activities to inform changes or adaptations to existing SV strategies or on selected and implemented additional strategies.

The RPE Program is the principal federally funded program focused on SV primary prevention. Collecting information about the implementation and outcomes of funded recipients through the online data system, DVP Partners Portal, is crucial to informing SV prevention nationally; enhancing accountability of the use of federal funds; providing timely program reports and responses to information requests, such as Congressional requests mandated by the authorizing legislation; improving real-time communications between CDC and RPE recipients; and strengthening CDC's capacity to provide responsive data-driven technical assistance and to monitor and evaluate recipients' progress and performance.

Revisions were made to streamline the reporting process and ensure compliance. CDC requests OMB approval for an estimated 1,137 annual burden hours. This is a decrease from 1,408 hours in the previous approval. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
RPE-funded Health Departments (State, DC, and Territories), Sexual Assault Coalitions, Tribal Coalitions and their Designated Delegates.	Annual Performance Report ..	111	1	10
RPE-funded Health Departments (state, DC, and Territories)	Lead Evaluator Survey	53	1	0.5

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

Administration for Children and Families

Announcement of the Intent To Award a Single-Source Cooperative Agreement to Burke Law Group, PLLC in Houston, Texas

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of intent to award a single-source cooperative agreement

SUMMARY: The ACF, ORR announces the intent to award a single-source cooperative agreement in an amount of up to $150,000,000 to Burke Law Group, a law firm headquartered in Houston, Texas. The purpose of this proposed award is to provide legal orientation, legal consultation, and attorney-of-record representation services for eligible unaccompanied alien children (UACs) during immigration proceedings before the Executive Office for Immigration Review (EOIR) and in hearings and proceedings before the U.S. Citizenship and Immigration Services (USCIS) while children remain in ORR care. The proposed award also includes limited discharge-related legal continuity planning and referral support for children exiting ORR care. Under the proposed award, Burke Law Group would provide legal orientation, legal consultation, and attorney-of-record representation services for eligible UACs while they remain in ORR care. The recipient would also provide limited discharge-related legal continuity planning and referral support to assist children in connecting with appropriate post-discharge legal resources.

DATES: The proposed period of performance is August 15, 2026 to August 14, 2027.

FOR FURTHER INFORMATION CONTACT: Reina Byrd, Assistant Deputy Director, Unaccompanied Alien Children Bureau, 330 C St SW, Washington, DC 20201. Telephone: (202) 256–9497, *Reina.Byrd@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: ORR announces the intent to award a single-source cooperative agreement to Burke Law Group to provide legal orientation, legal consultation, and attorney-of-record representation services, as required under 8 U.S.C. 1232(c)(5), 45 CFR 410.1309(a), and the preliminary injunction in *Community Legal Services In East Palo Alto, et. al.* v. *HHS, et. al.,* No. 4:25-cv-02847 (N.D. Cal.), for eligible UACs during immigration proceedings before EOIR and in hearings and proceedings before USCIS while children remain in ORR care. The proposed award also includes limited discharge-related legal continuity planning and referral support.

The proposed award would expand ORR's capacity to provide legal orientation, legal consultation, and attorney-of-record representation services for eligible UACs while complementing existing ORR-funded legal services. Services under the proposed award include legal orientation, legal consultation, and attorney-of-record representation during immigration proceedings before EOIR and USCIS, and limited discharge-related legal continuity planning and referral support.

The proposed award is intended to help address identified gaps in legal orientation, legal consultation, and attorney-of-record representation services for eligible UACs while supporting ORR's statutory responsibility to ensure, to the greatest extent practicable, that eligible UACs have counsel to represent them during immigration proceedings.

Statutory Authority: Section 462 of the Homeland Security Act of 2002, 6 U.S.C. 279, transferred responsibility for the care and custody of UACs to the Office of Refugee Resettlement. In addition, the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, 8 U.S.C. 1232(c)(4) and (c)(5), requires the Department of Health and Human Services, to the greatest extent practicable and consistent with 8 U.S.C. 1362, to ensure that UACs have counsel to represent them in legal proceedings or matters and to protect them from mistreatment, exploitation, and trafficking.

Dawnisha Helland,

Assistant Principal Deputy Director, Unaccompanied Alien Children Bureau, Office of Refugee Resettlement.

[FR Doc. 2026–16081 Filed 8–4–26; 4:15 pm]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–7956]

Authorization of Emergency Use of an In Vitro Diagnostic Device in Response to an Outbreak of Mpox; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the issuance of an Emergency Use Authorization (EUA) (the Authorization) under the Federal Food, Drug, and Cosmetic Act (FD&C Act) in response to an outbreak of Mpox. FDA has issued an Authorization for an in vitro diagnostic device, Allplex HSV–1&2/VZV/MPXV Assay, for the simultaneous qualitative detection and differentiation of viral nucleic acid from monkeypox virus (MPXV clade I/II and MPXV clade II)1, herpes simplex virus type 1 (HSV–1), herpes simplex virus type 2 (HSV–2), and varicella-zoster virus (VZV). The Authorization contains, among other things, conditions on the emergency use of the authorized product. The Authorization follows the August 9, 2022, determination by the Secretary of Health and Human Services (HHS) that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of U.S. citizens living abroad, and that involves monkeypox virus. On the basis of such determination, the Secretary of HHS declared, on September 7, 2022, that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of infection with the monkeypox virus, including in vitro diagnostics that detect and/or diagnose infection with non-variola *Orthopoxvirus,* pursuant to the FD&C Act, subject to terms of any authorization issued under that section. The Authorization, which includes an explanation of the reasons for issuance, is listed in this document, and can be accessed on FDA's website from the link indicated.

DATES: The Authorization is effective as of July 9, 2026.

ADDRESSES: Submit written requests for single copies of an EUA to the Office of Policy, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire