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.

[FR Doc. 2026–15981 Filed 8–5–26; 8:45 am]

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,

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.

[FR Doc. 2026–15983 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-26–1431]

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;