additional Program eligibility criteria and, upon request, additional WTC-related health conditions, reviews and evaluates policies and procedures used to determine whether sufficient evidence exists to support adding a health condition to the List of WTC-Related Health Conditions (List), makes recommendations regarding individuals to conduct independent peer reviews of the scientific and technical evidence underlying a final rule adding a condition to the List, and provides consultation on research regarding certain health conditions related to the September 11, 2001, terrorist attacks.

Nominations are sought for individuals with the expertise and qualifications necessary to accomplish the Committee's objectives. The Administrator of the WTC Health Program is seeking nominations for members fulfilling the following categories:

- Occupational Physician;
- Environmental Medicine/Environmental Health Professional; and
- Representative of WTC Responders.

Members may be invited to serve for four-year terms. Selection of members is based on candidates' qualifications to contribute to accomplishing STAC objectives. More information on the Committee is available at *https://www.cdc.gov/wtc/stac.html.*

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made without discrimination on the basis of race, religion, color, national origin, age, disability, or sex. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. NIOSH identifies potential candidates and provides a slate of nominees for consideration to the Director of the Centers for Disease Control and Prevention (CDC) for STAC membership each year; CDC reviews the proposed slate of candidates and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in October, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address);
- The category of membership (environmental medicine or environmental health specialist, occupational physician, pulmonary physician, representative of WTC responders, certified-eligible WTC survivor representative, industrial hygienist, toxicologist, epidemiologist, or mental health professional) that the candidate is qualified to represent;
- A summary of the background, experience, and qualifications that demonstrates the candidate's suitability for the nominated membership category along with an indication of whether the candidate is currently enrolled in the WTC Health Program; and
- At least one letter of recommendation from person(s) not employed by HHS. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, National Institutes of Health, Food and Drug Administration).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2026–16852 Filed 8–18–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Notice of Award of a Sole Source Cooperative Agreement To Fund Ministry of Health Zambia

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately $15,000,000 for Federal Fiscal Year 2026 funding to Ministry of Health Zambia, subject to the availability of funds. Funding amounts for years 2–5 will be set at continuation. The award will support Zambia through the Ministry of Health (MOH) to lead and oversee the national HIV response in alignment with the U.S. Government's (USG) goal to transition to the host government by 2030.

**DATES:** The period for this award will be September 30, 2026, through September 29, 2031.

**FOR FURTHER INFORMATION CONTACT:** Cristel Bender, Global Health Center, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE, Atlanta, GA 30329, Email: *DGHTNOFOs@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** The sole source award will support Zambia through the Ministry of Health (MOH) to lead and oversee the national HIV response in alignment with the U.S. Government's (USG) goal to transition to host government by 2030.

The MOH is the only entity that can carry out this work, as it is the line ministry with the core mandate, sole authority, and unique qualifications to perform the programmatic activities of this award. The MOH under the Government of Zambia (GRZ) is tasked with ensuring that services, supplies, and infrastructure are in place for the health of Zambian citizens. The MOH is also tasked to ensure that the policies, leadership strategies, capacity building, and appropriate related guidelines are provided to regulate activities within the health sector.

### Summary of the Award

*Recipient:* Ministry of Health Zambia.

*Purpose of the award:* The purpose of this award is to support the MOH to lead and oversee the national HIV response in alignment with the USG's

goal for transitioning to host government self-reliance.

*Authority:* This program is authorized under Public Law 108–25 (the United States Leadership Against HIV AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, *et seq.*] and Public Law 110–293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), Public Law 113–56 (PEPFAR Stewardship and Oversight Act of 2013), and Public Health Service Act (42 U.S.C. 242I). Additionally, these programs are authorized under Public Health Service Act, Sections 301(a) [42 U.S.C. 241(a)] and, 307 [42 U.S.C. 2421], as amended.

*Period of performance:* September 30, 2026, through September 29, 2031.

**Jamie Legier,**

*Chief Grants Management Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2026–16865 Filed 8–18–26; 8:45 am]

**BILLING CODE 4163–18–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: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—Revision

**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 October 19, 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) 443–9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—Revision.

*Abstract:* HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by section 330A–2(d) of the Public Health Service Act. The RMOMS Program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS Program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities. HRSA currently collects information about RMOMS grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the RMOMS Program needs, and to improve clarity of reporting for respondents.

*Need and Proposed Use of the Information:* The purpose of the revised data collection is to assess RMOMS awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the RMOMS Program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes to this data collection include:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
- Form/Section 3: Demographics will be changed to Section 1: Demographic Information.
- Form/Section 4: Project Specific Domain will be separated into the following: Section 2: Prenatal Care and Pregnancy Characteristics; Section 3: Labor and Delivery; Section 4: Postpartum Care; Section 5: Health Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.

HRSA also estimates an increase in the estimated total burden hour compared to the currently approved ICR package. The increase in burden is to account for additional RMOMS respondents, changes to the instrument and frequency of data reporting, and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. Awardee organizations vary in data collection and reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

*Likely Respondents:* Respondents will be the RMOMS award recipients.

*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.