contractors, agency employees or others as necessary for continuity of operations planning, testing and execution, to ensure personnel accountability, or to respond to medical or other emergency situations.

(22) To Federal agencies as a data source for management information through the production of summary descriptive statistics and analytical studies in support of the functions for which the records are maintained or for related studies.

(23) To the U.S. Department of the Treasury when disclosure of the information is relevant to review payment and award eligibility through the Do Not Pay Working System for the purposes of identifying, preventing, or recouping improper payments to an applicant for, or recipient of, Federal funds, including funds disbursed by a state (meaning a state of the United States, the District of Columbia, a territory or possession of the United States, or a federally recognized Indian tribe) in a state-administered, federally funded program in accordance with Executive Order 14249.

(24) To officials of a labor organization when relevant and necessary to their duties of exclusive representation concerning personnel policies, practices, and matters affecting working conditions.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS:

Records at FHFA are maintained in electronic format. Electronic records are stored on FHFA's secured network, the networks of FHFA-authorized cloud service providers, FHFA-authorized contractor networks, or the networks of other Federal agencies (or their authorized contractors) acting as shared service providers for FHFA. All networks are located within the Continental United States. All records for the system that were stored in paper format or on magnetic disk or tape at FHFA have been moved off-site to Federal Records Centers.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:

Records in this system are retrieved by name, Social Security number or vendor supplier number.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

FHFA records are retained and managed in accordance with FHFA's Comprehensive Records Schedule and the National Archives and Records Administration's General Records Schedule. Records are destroyed or deleted according to the retention schedule associated with the relevant records schedule, but longer retention is authorized for business use and any applicable legal holds. Paper and microform records ready for disposal are destroyed by shredding or maceration. Records in electronic media are electronically erased using accepted techniques.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

The electronic records are safeguarded in a secured environment and protected by controlled access procedures through the use of role-based access controls and other information technology security measures. FHFA buildings where records and computerized systems are stored have security cameras and 24-hour security guard service. Access to records is restricted to only FHFA employees, FHFA contractors, and the employees and contractors of FHFA's shared service providers who require access in the performance of official duties related to the purposes for which the system of records is maintained.

RECORD ACCESS PROCEDURES:

Individuals seeking access to and/or amendment of records about themselves contained in this system of records should follow the ''Notification Procedures'' below.

CONTESTING RECORD PROCEDURES:

Individuals seeking access to and/or amendment of records about themselves contained in this system of records should follow the ''Notification Procedures'' below.

NOTIFICATION PROCEDURES:

Individuals seeking notification of any records about themselves contained in this system of records should address their inquiry to the Privacy Act Officer via email to *privacy@fhfa.gov,* by mail to the Federal Housing Finance Agency, 400 Seventh Street SW, Washington, DC 20219, or in accordance with the procedures set forth in 12 CFR part 1204. *Please note that all mail sent to FHFA via the U.S. Postal Service is routed through a national irradiation facility, a process that may delay delivery by approximately two weeks. For any time-sensitive correspondence, please plan accordingly.*

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

The system of records notice was previously published in the **Federal Register** at 74 FR 31949 on July 6, 2009, and revised at 80 FR 60900 on October 8, 2015.

Clinton Jones,

General Counsel, Federal Housing Finance Agency.

[FR Doc. 2026–17586 Filed 8–27–26; 8:45 am]

BILLING CODE 8070–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1414]

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 ''Advancing Violence Epidemiology in Real-Time (AVERT)'' 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 one comment for this 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

Advancing Violence Epidemiology in Real-Time (AVERT) (OMB Control No. 0920–1414, Exp. 9/30/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This Information Collection Request (ICR) for Advancing Violence Epidemiology in Real-Time (AVERT) is submitted as a renewal of previously approved information collection. This request is for continued approval to collect information for AVERT using the existing data collection approach, case definitions, and National Syndromic Surveillance Program (NSSP) infrastructure. The length of data collection requested for OMB approval is three years. AVERT supports data collection efforts that expand and enhance partnerships with public health departments initiated to share emergency department (ED) visit data with CDC. The AVERT program provides funding to 12 jurisdictions to conduct routine monitoring of ED visits related to violence-related injuries and mental health conditions, and to analyze these data in a timely manner and share these data with CDC to support public health surveillance and response. AVERT also ensures that participating jurisdictions use their data to track these violent injury outcomes by providing jurisdictions standardized definitions, which can facilitate rapid identification and tracking of violence and mental health related ED visits.

AVERT leverages existing ED data collection efforts deployed across state health departments through CDC's National ED Syndromic Surveillance program. The Office of Public Health Data, Surveillance, and Technology (OPHDST) in CDC operates the National Syndromic Surveillance Program (NSSP) BioSense Platform (OMB Control No. 0920–0824) through which state and local health departments share preliminary ED visit data from approximately 85% of ED facilities in the U.S. (>7,500 participating EDs). AVERT will continue to establish and maintain local and state information collection of violence-related injuries and mental health conditions and provide public health partners and the public with more timely and useful violence surveillance data than is currently available. All 10 of these jurisdictions provide CDC access to their syndromic surveillance data from EDs in CDC's NSSP system. Health departments have used this data to populate state data dashboards and develop alerts for local communities. In addition, health departments have used this data in concert with other violence data sources, including the National Violent Death Reporting System, to gain a better overall picture of violence-related injuries in their communities.

Health departments sharing syndromic surveillance data with CDC will be required to complete the *ED Violence Data Form* on a bimonthly basis using data from existing state and local ED data collection efforts, described previously. In Year 1, the AVERT program received additional funding to support a total of 12 jurisdictions (instead of 10); accordingly, the Burden Table has been updated to reflect this change. Additionally, through collaboration with NSSP, the AVERT program has developed advanced scripts and standardized data reports. As a result, participating jurisdictions will receive these reports directly and will no longer need to develop their own. This has reduced estimated burden hours.

CDC is requesting continued OMB approval to collect information for AVERT using the existing data collection approach, case definitions, and NSSP infrastructure. The total estimated annual burden is 18 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	Average burden per response (in hours)
Participating health departments sharing case-level ED data with CDC through the NSSP BioSense.	ED form (*ED violence data form*)	12	6	15/60

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. 2026–17623 Filed 8–27–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0215; Docket No. CDC–2026–1453]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled the National Death Index (NDI). The NDI allows NCHS to collect mortality data to