Lucky, as trustee, both of Chesterfield, Missouri; Laura Lucky Batey, Bentonville, Arkansas; and Carl Lucky III, Diane Lucky and Susan White, all of Monticello, Arkansas; to join the Lucky Family Control Group, a group acting in concert, to retain voting shares of First National Financial Corporation, and thereby indirectly retain voting shares of First NaturalState Bank, both of McGehee, Arkansas.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2026–18363 Filed 9–8–26; 8:45 am]

BILLING CODE 6210–01–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–XXXX; Docket No. 2026–0232; Sequence No. 1]

Submission for OMB Review; Accessibility Conformance Report (ACR) Repository

AGENCY: Office of Governmentwide Policy (OGP), General Services Administration (GSA).

ACTION: Notice; request for comments.

SUMMARY: Under the provisions of the Paperwork Reduction Act, the Regulatory Secretariat Division will be submitting to the Office of Management and Budget (OMB) a request to review and approve a new information collection requirement regarding the Accessibility Conformance Report (ACR) Repository.

DATES: Submit comments on or before October 9, 2026.

ADDRESSES: Written comments and recommendations for this 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 Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Andrew Nielson, Director of the Government-wide IT Accessibility Program, OGP, GSA, at telephone 202–330–3036 or via email to *andrew.nielson@gsa.gov* for clarification of content.

SUPPLEMENTARY INFORMATION:

A. Purpose

GSA's Office of Governmentwide Policy (OGP) is in the process of developing an application to facilitate and provide a centralized repository of Accessibility Conformance Reports (ACRs)for information and communication technology (ICT) products.

Our ACR Repository is also in response to a requirement from OMB in M–24–08 to ''explore options for establishing a standardized accessibility conformance reporting process for government procurement of ICT, which should include a central repository of vendor accessibility conformance reports.''

Federal agencies often require submission of ACRs as part of quotes/bids in response to procurement solicitations. We intend to encourage product vendors to list/upload their ACRs into the repository to make it easier and more efficient for Federal employees involved in the acquisition and implementation of ICT and interested members of the public to locate ACRs when considering accessibility in the procurement process (as required by Section 508 and in the Federal Acquisition Regulation).

B. Annual Reporting Burden

There is no obligation for product owners to submit ACRs for any product. The total number of annual responses would be at the product owner's discretion.

Vendor Admin Respondents: 2,500.

Vendor User Respondents: 1,500.

Hours per Vendor Profile Creation: 10 mins.

Hours per Vendor User Creation: 3 mins.

ACRs per Vendor Account: 2.

Total ACRs Uploaded: 5,000.

Hours per ACR Upload: 5 mins.

Total Burden Hours: 907 hours.

C. Public Comments

A 60-day notice was published in the **Federal Register** at 90 FR 37982 on June 24, 2026. Eight comments were received.

Comment: The commenter raised concerns regarding the administrative burden of a centralized repository on the acquisition workforce and recommended amending the Federal Acquisition Regulation (FAR) to mandate vendor submission during the acquisition process as a more efficient alternative.

Response: The repository is designed to reduce, not create, acquisition burden by centralizing vendor-provided information, thereby supporting market research and due diligence without shifting maintenance responsibility to the government.

Comment: The commenter inquired about public access to the repository for non-federal entities, such as state and local governments and educational institutions, noting that such access would facilitate compliance and aid in vetting information and communication technology (ICT).

Response: The repository will be accessible to non-federal entities, noting that vendors retain control over ACR visibility and that the repository does not constitute GSA approval or certification of product accessibility.

Comment: The commenter supported the proposal and suggested implementing features for flagging inaccurate information and prioritizing accessibility issues.

Response: GSA acknowledges the value for public and private sectors, noting that while the initial launch focuses on vendor-submitted data, mechanisms for user feedback and reporting will be considered in future iterations.

Comment: The commenter expressed concern about the sustainability of the repository and is advocating for clear vendor incentives, robust version management, and mechanisms to prevent the inclusion of outdated or duplicate information.

Response: The repository distinguishes itself from prior initiatives by requiring vendors to maintain their own data, supported by robust version management, integration with the ACR Editor, and buyer-driven participation incentives.

Comment: The commenter expressed support for the repository, while recommending the use of standardized metadata, machine-readable formats, and robust search capabilities.

Response: GSA affirmed the necessity of standardized, machine-readable metadata and searchability, stating that these requirements are already integrated into the repository's design and ongoing development, and confirmed the availability of the supporting statement.

Comment: The commenter noted that the draft Supporting Statement was not accessible in the *Regulations.gov* docket at the time of review.

Response: The draft Supporting Statement is now available for public review.

Comment: The commenter voiced strong support for the proposal.

Response: GSA thanks the commenter for their support and agreed that a centralized repository will improve the transparency, consistency, and efficiency of accessibility reviews across the government.

Comment: The commenter cited potential procedural and deficiencies, specifically regarding notice-and-

comment procedures and estimated implementation burdens.

Response: GSA maintained that the proposal does not create additional implementation burden, noting that contractors will use standard, universally accessible methods to submit existing public information.

Richard Speidel,

Deputy Chief Data Officer, General Services Administration.

[FR Doc. 2026–18277 Filed 9–8–26; 8:45 am]

BILLING CODE 6820–WY–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reorganization of the National Center for Immunization and Respiratory Diseases

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

ACTION: Notice.

SUMMARY: CDC has modified its structure. This notice announces the reorganization of the National Center for Immunization and Respiratory Diseases (NCIRD). NCIRD has consolidated offices, retitled divisions and branches, and modified mission and function statements.

DATES: This reorganization of NCIRD was approved by the Secretary, HHS on August 18, 2026 and became effective on September 4, 2026.

FOR FURTHER INFORMATION CONTACT: Rebecca Greco Kone, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H24–9, Atlanta, GA 30329; Telephone 800–232–4636; Email: *pmoncird@cdc.gov*.

SUPPLEMENTARY INFORMATION: Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 89 FR 78305, dated September 25, 2024) is amended to reflect the reorganization of National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. Specifically, the changes are as follows:

I. Under Part C, Section C–B, Organization and Functions, make the following changes:

- Merges the Influenza Division (CJC) and the Coronavirus and Other Respiratory Diseases Division (CJG) to establish the Influenza and Respiratory Viruses Division (CJH). The newly established Influenza and Respiratory Viruses Division (CJH) consists of the following components:
- Influenza and Respiratory Viruses Division (CJH)
- Office of the Director (CJH1)
- Virology and Laboratory Surveillance Branch (CJHB)
- Respiratory Virus Detection and Immunology Branch (CJHC)
- Surveillance, Epidemiology, and Modeling Branch (CJHD)
- Public Health Interventions Branch (CJHE)
- Emerging Viral Respiratory Threats Branch (CJHG)

II. Under Part C, Section C–B, Organization and Functions, within the National Center for Immunization and Respiratory Diseases (CJ), insert the following:

Influenza and Respiratory Viruses Division (CJH). The Influenza and Respiratory Viruses Division (IRVD) prevents disease, disability, and death through the prevention and control of seasonal, epidemic and pandemic respiratory viral diseases, including influenza, and other respiratory viral diseases. IRVD informs national awareness of respiratory viral diseases and use of effective interventions. In collaboration with partners IRVD: (1) Monitors and assesses infection and disease patterns related to influenza, and other viruses causing respiratory illness of public health importance; (2) conducts surveillance and response activities through collaboration, support and technical assistance with partners, including state and local health departments and international partners; (3) identifies and characterizes viruses to improve detection, diagnostics, vaccines and treatments; (4) designs, evaluates, enhances and implements prevention/intervention strategies, including vaccines, treatment, and non-pharmaceutical interventions; and (5) applies research to provide science-based enhancement of prevention and control policies and programs.

Office of the Director (CJH1). (1) Provides vision, leadership, management, and direction for the division; (2) fosters cross-cutting external partnerships and activities that support quality science and program implementation; (3) provides leadership and guidance for the development and implementation of public health program operations and policies and strengthening national capacity; (4) provides technical leadership and strategic direction for awareness and strategic engagement around respiratory disease prevention and detection, and response to support national and international pandemic preparedness activities; (5) provides oversight and leadership for technical and functional activities, including informatics, science and laboratory including oversight for CLIA, quality, and safety; and (6) provides technical leadership and strategic direction for public communications, public health guidance, informatics, epidemiologic, and laboratory science, and reagent resources.

Virology and Laboratory Surveillance Branch: uses traditional surveillance systems, newer data technologies, advanced molecular diagnostics including metagenomics, in collaboration with other branches in the division, divisions within the Center and with other Centers to: (1) Conduct comprehensive antigenic, phenotypic, genotypic, structural, and evolutionary characterization of human and animal viruses and novel emerging viruses with pandemic potential; (2) performs genetic and antigenic testing to support risk assessments of seasonal and novel viruses and emerging viruses with pandemic potential; (3) provide expert guidance and technical support on vaccine virus selection and other medical countermeasures; (4) develop methods to detect and characterize seasonal, novel, and emerging viruses; (5) train and support external laboratories that perform molecular detection and genetic characterization of influenza and other respiratory viruses; (6) develops and evaluate seasonal and pre-pandemic candidate vaccine viruses; and (7) identify viral factors that impact host response, virulence, and transmissibility of respiratory viruses.

Respiratory Virus Detection and Immunology Branch (CJHC). (1) Performs immunologic and genetic surveillance for respiratory viruses; (2) examines and characterizes immunity against respiratory viruses; (3) conducts antigenic and other characterization of respiratory viruses; (4) provides laboratory support and technical expertise for respiratory virus infections, outbreaks and clusters; (5) provides expert input for respiratory virus vaccine selection; (6) develops and evaluates laboratory and analytic methods used for surveillance of respiratory viruses; (7) determines virus and host factors that impact virulence and transmission of respiratory viruses; (8) conducts immunologic and virologic pandemic risk assessment of novel