information technology and telehealth, and (4) project specific domains. All measures will evaluate HRSA's progress toward achieving its goals.

HRSA seeks to revise the approved information collection, which RHND awardees will submit to HRSA on an annual basis. There are no substantive changes to the actual current OMB approved form/measures. The proposed revisions are administrative in nature, which include:

- Reducing the total number of respondents to 43 as one award recipient relinquished their funding in Fiscal Year 2025.
- Decreasing the estimated average burden per response. The decrease in burden is largely due to current RHND award recipients who are now in their fourth and final year of the grant and have systems in place to capture and report data.

Likely Respondents: Respondents will be award recipients of the Rural Health Network Development Program.

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.

Total Estimated Annualized Burden Hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Performance Improvement and Measurement System Database	43	1	43	9	387
Total	43	1	43	9	387

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–18553 Filed 9–10–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Supplemental Funding, Infant-Toddler Court Program—State Awards

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of supplemental funding.

SUMMARY: HRSA is providing additional award funds to 11 current ITCP—State Award recipients previously funded under HRSA–22–73 to support the continuation and expansion of existing activities to build state and local capacity and implement the infant-toddler court approach in federal fiscal year (FY) 2026.

FOR FURTHER INFORMATION CONTACT: Ekaterina Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, HRSA, at *ezoubak@hrsa.gov* and 240–475–8014.

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: Current ITCP—State Award recipients (11 current awardees).

Amount of Non-Competitive Award: $4,588,804, or up to $417,164 for each award.

Project Period: September 30, 2022, to September 29, 2027.

Assistance Listing Number: 93.110.

Award Instrument: Non-competitive supplemental funding to the existing Cooperative Agreement.

Authority: 42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

TABLE 1—RECIPIENT(S) AND AWARD AMOUNT(S)

Grant No.	Award recipient name	City, state	
U2ZMC46643	Prevent Child Abuse Arizona	AZ	$417,164
U2ZMC529755	Illuminate Colorado	CO	417,164
U2ZMC46638	Georgia State University Research Foundation, Inc	GA	417,164
U2ZMC55646	Iowa Department of Health and Human Services	IA	417,164
U2ZMC46639	Michigan Department of Health and Human Services	MI	417,164
U2ZMC46636	Nevada Division of Child & Family Services	NV	417,164
U2ZMC46642	Passaic County Court Appointed Special Advocates (CASA), A New Jersey Nonprofit Corporation.	NJ	417,164
U2ZMC46640	Justice Innovation Inc. d/b/a Center for Court Innovation	NY	417,164
U2ZMC46637	Educational Service Center of Cuyahoga County	OH	417,164
U2ZMC46635	Children's Center	UT	417,164
U2ZMC46634	Children and Youth Justice Center	WA	417,164

Justification: In FY 2022, under the authority for Special Projects of Regional and National Significance (SPRANS) (42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)), HRSA awarded the ITCP State awards to 12 recipients (HRSA–22–073). This award included expectations for the recipient to continue and expand research-based infant-toddler court (ITC) teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

A Congressional Report accompanying the Further Consolidated Appropriations Act, 2024 (Pub. L. 118–47), included funding for this program to ''continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families'' (Senate Report 118–84). In addition, the Joint Explanatory Statement accompanying the FY 2024 appropriations act directed HRSA to ''allocate funding to ensure continuation of existing grantees, technical assistance, and other activities.'' In FY 2024, HRSA provided a supplement of $2,700,000 in SPRANS funding, through its Maternal and Child Health Bureau, to the ITCP—State Award Program recipients noted in Table 1.[1]

A Congressional Report accompanying the FY 2025 appropriations act directed HRSA to ''allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities'' (House Report 118–585). In response to the Congressional intent, HRSA provided a supplement of $2,798,847 in SPRANS funding to the State award recipients in FY 2025 to continue work initiated in prior years, to improve access to evidence-based child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

A Congressional Report accompanying the Consolidated Appropriations Act, 2026 (Pub. L. 119–75) included an additional $2,000,000, for a total of $20,000,000 in funding ''for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families'' (House Report 119–271). The Report also included a directive to ''allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities'' (House Report 119–271).

Consistent with Congressional intent, HRSA will provide $4,588,810 in FY 2026 in supplemental funding to the recipients outlined in Table 1. This supplement will be used to implement project activities within the scope of the current ITCP—State Awards funding opportunity (HRSA–22–073) and to: (1) increase staff capacity through hiring, consultancy, contracting, or training; (2) increase the reach of the infant-toddler court approach by increasing caseloads or expanding to new sites; or (3) address unmet measurement and evaluation needs. These activities are within scope to change child welfare practices to improve well-being for infants, toddlers, and their families.

Margaret M. Bush,

Deputy Administrator.

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BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Supplemental Funding, Rural Hospital Stabilization Pilot Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of supplemental funding.

SUMMARY: HRSA is awarding supplemental funding under the Rural Hospital Stabilization Pilot Program to two award recipients in fiscal year (FY) 2026 to provide in-depth technical assistance (TA) to rural hospitals to enhance and/or expand service lines to meet local needs and keep health care services available locally.

FOR FURTHER INFORMATION CONTACT: Sheena Johnson, Deputy Division Director, Hospital State Division, Federal Office of Rural Health Policy, HRSA, at *sjohnson@hrsa.gov* and 872–271–6370.

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: two award recipients, as listed in Table 1.

Amount of Non-Competitive Award: two supplemental awards of $2,984,770.

Project Period: September 30, 2026, to September 29, 2027.

Assistance Listing Number: 93.811.

Award Instrument: Cooperative Agreement.

Authority: Section 711(b)(5) of the Social Security Act.

TABLE 1—RECIPIENT AND AWARD AMOUNT

Grant No.	Award recipient name	City, State	Award amount
U87RH53799	Rural Health Resource Center	Duluth, MN	$2,984,770
N/A	Rural Health Redesign Center Organization, Inc	Harrisburg, PA	2,984,770

Justification: HRSA received additional funding for the Rural Hospital Stabilization Pilot Program in FY 2026 through the Consolidated Appropriations Act, 2026, (*https://www.congress.gov/119/bills/hr7148/BILLS-119hr7148enr.pdf*), H.R. 7148. This funding will provide one-time supplements to the Rural Health Resource Center and the Rural Health Redesign Center Organization, Inc to strengthen healthcare delivery in rural areas by providing free in-depth TA to more rural hospitals nationwide to enhance service lines, improve financial performance, and stabilize operations. The grant recipient will use funding to ramp up operations to identify and work with rural hospitals that will benefit from TA to meet the following program objectives: (1) identify clinical areas where expansion would meet local medical need, help keep health care services available locally and improve hospital finances, and (2) implement new service lines by providing support for initial operating and equipment costs that provide participating hospitals the ability to build up patient volume for the new service line to

[1] In addition to the recipients included on Table 1, a FY 2024 supplement was provided to the Oklahoma Department of Mental Health and Substance Abuse Services (Award Number U2ZMC46641). This recipient has since relinquished their award and will not receive supplemental funds in FY 2026.