EARLY TERMINATIONS GRANTED—Continued

[07/01/2026 through 08/31/2026]

20261962	G	Watco Holdings, Inc.; Kinder Morgan, Inc.; Watco Holdings, Inc.
20261964	G	ScanSource, Inc.; MAAC Group, LLC; ScanSource, Inc.
20261965	G	Verde Operating Company, LLC; Vitol Holding II S.A.; Verde Operating Company, LLC.
20261967	G	Sompo Holdings, Inc.; Service Insurance Holdings, Inc.; Sompo Holdings, Inc.
20261980	G	Magnolia Oil & Gas Corporation; WildFire Energy I LLC; Magnolia Oil & Gas Corporation.
20261983	G	BCP Fund III, LP; Sentinel Capital Partners V, L.P.; BCP Fund III, LP.
20261993	G	Everus Construction Group, Inc.; Epsilon Omega Holdco Inc.; Everus Construction Group, Inc.
20261997	G	Hillman Solutions Corp.; McGrath 2020 Family Trust, dated December 7, 2020; Hillman Solutions Corp.
08/25/2026		
20261978	G	Altaris Health Partners VI, L.P.; Clarivate Plc; Altaris Health Partners VI, L.P.
20261998	G	Align Capital Partners Fund III, LP; River VII, L.P.; Align Capital Partners Fund III, LP.
20261999	G	BCP 8 Emerald DE Feeder Aggregator L.P.; May River Fund I, LP; BCP 8 Emerald DE Feeder Aggregator L.P.
20262008	G	Lindsay Goldberg VI L.P.; Randal Glick; Lindsay Goldberg VI L.P.
20262011	G	MN8 Energy Holdings LLC; Greenbacker Renewable Energy Company LLC; MN8 Energy Holdings LLC.
20262013	G	NextCure, Inc.; Avere Therapeutics, Inc.; NextCure, Inc.
20262016	G	Lone Star Fund XIII, L.P.; Continental Aktiengesellschaft; Lone Star Fund XIII, L.P.
20262017	G	Progress Software Corporation; Joshua G. James; Progress Software Corporation.
20262023	G	Tarsus Pharmaceuticals, Inc.; Leonide Saad; Tarsus Pharmaceuticals, Inc.
20262028	G	PBF Energy Inc.; Air Products and Chemicals, Inc.; PBF Energy Inc.
20262034	G	Xylem Inc.; EagleTree-WaterFleet Investment, L.P.; Xylem Inc.
08/26/2026		
20262039	G	American Securities Partners IX(B), L.P.; WeldFit LLC; American Securities Partners IX(B), L.P.
20262045	G	Silicon Valley Acquisition Corp.; Tikdema Trust 2025; Silicon Valley Acquisition Corp.
20262049	G	Expand Energy Corporation; Five Point Natural Gas Yield Fund I LP; Expand Energy Corporation.
20262064	G	Permian Basin Royalty Trust; NGP Natural Resources XI, L.P.; Permian Basin Royalty Trust.
20262069	G	SoftVest, L.P.; Permian Basin Royalty Trust; SoftVest, L.P.
08/31/2026		
20260787	S	Controladora Vuela Compania de Aviacion, S.A.B. de C.V.; Autobuses de la Piedad, S.A. de C.V.; Controladora Vuela Compania de Aviacion, S.A.B. de C.V.
20260788	S	Controladora Vuela Compania de Aviacion, S.A.B. de C.V.; Inversionistas en Transportes Grupo Toluca, S.A. de C.V.; Controladora Vuela Compania de Aviacion, S.A.B. de C.V.

FOR FURTHER INFORMATION CONTACT: Theresa Kingsberry (phone: 202–326–3100), Program Support Specialist, Federal Trade Commission, Bureau of Competition, Premerger Notification Office, Washington, DC 20024.

By direction of the Commission.

April J. Tabor,

Secretary.

[FR Doc. 2026–19024 Filed 9–16–26; 8:45 am]

BILLING CODE 6750–01–P

GULF COAST ECOSYSTEM RESTORATION COUNCIL

[Docket No.: 109142026–1111–02]

Notice of Proposed Subaward Under a Council-Selected Restoration Component Award

AGENCY: Gulf Coast Ecosystem Restoration Council.

ACTION: Notice.

SUMMARY: The Gulf Coast Ecosystem Restoration Council (Council) publishes notice of a proposed subaward from the U.S. Department of the Interior (DOI) to the Texas A & M University Corpus Christi, HARTE Research Institute (HRI), a nongovernmental organization, for the purpose of planning and prioritizing rookery island restoration in accordance with the Colonial Waterbird Rookery Island Restoration Project as approved in the Council's 2026 Funded Priorities List (FPL).

FOR FURTHER INFORMATION CONTACT: Please send questions by email to Victoria Schenk at *victoria.schenk@restorethegulf.gov* or (504) 874–3923.

SUPPLEMENTARY INFORMATION:

Section 1321(t)(2)(E)(ii)(III) of the *Resources and Ecosystems Sustainability, Tourist Opportunities, and Revived Economies Act of 2012* (33 U.S.C. 1321(t) and *note*) (RESTORE Act) and the Department of the Treasury's implementing regulation at 31 CFR 34.401(b) set forth certain notice and publication requirements. They require that for purposes of awards made under the Comprehensive Plan Component of the RESTORE Act, a State or Federal award recipient may make a subaward to or enter into a cooperative agreement with a nongovernmental entity that equals or exceeds 10 percent of the total amount of the award only if at least 30 days before the State or Federal award recipient enters into such an agreement, the Council publishes in the **Federal Register** and delivers to specified Congressional committees the name of the recipient and subrecipient; a brief description of the activity, including its purpose; and the amount of the award. This notice accomplishes the **Federal Register** publication requirement.

Description of Proposed Action

As specified in the 2026 FPL, which is available on the Council's website at *https://www.restorethegulf.gov/our-work/fpl/fpl-2026/,* RESTORE Act funds in the amount of $600,000.00 will support the Colonial Waterbird Rookery Island Restoration Project through an Interagency Agreement (IAA) with DOI. DOI will provide a subaward in the

amount of $200,000.00 to HRI. HRI will establish a Project Advisory Committee, convene its meetings, document the proceedings, and evaluate and rank potential projects based on their success potential. HRI will develop a site restoration plan incorporating the work from professional engineers. Each plan will include an adaptive monitoring plan to document the effectiveness of the techniques and actions used to restore habitat for colonial nesting waterbirds.

Keala J. Hughes,

Director of External Affairs & Tribal Relations, Gulf Coast Ecosystem Restoration Council.

[FR Doc. 2026–19029 Filed 9–16–26; 8:45 am]

BILLING CODE 6560–58–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3483–FN]

Medicare and Medicaid Programs; Application From DNV Healthcare USA Inc. (DNV) for Continued CMS-Approval of its Hospital Accreditation Program

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice acknowledges the approval of an application from DNV Healthcare USA Inc. (DNV) for continued CMS recognition as a national accrediting organization for hospitals that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is effective September 26, 2026, through September 26, 2032.

FOR FURTHER INFORMATION CONTACT: Lillian Williams, *Lillian.Williams@cms.hhs.gov,* and (410) 786–8636 CMS AO Application Team *AO_Applications@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a hospital, provided certain requirements are met. Section 1861(e) of the Social Security Act (the Act) establishes distinct criteria for facilities seeking designation as a hospital. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 482 specify the minimum conditions that a hospital must meet to participate in the Medicare program.

Generally, to enter into an agreement with Medicare, a hospital must first be certified by a state survey agency (SA) as complying with the conditions or requirements set forth in part 482 of our regulations. Thereafter, the hospital is subject to regular surveys by an SA to determine whether it continues to meet these requirements. However, there is an alternative to surveys by SAs.

Section 1865(a)(1)(A) of the Act provides that, if a provider entity demonstrates through accreditation by a Centers for Medicare & Medicaid Services (CMS) approved national accrediting organization (AO) that all applicable Medicare requirements are met or exceeded, we will deem that provider entity to have met such requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of the Department of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national AO applying for approval of its accreditation program under part 488, subpart A, must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that meet or exceed the Medicare conditions. ''Deemed status'' is defined at § 488.1, and it means that CMS has certified that a provider or supplier for Medicare participation based on the fact it has been accredited by a CMS-approved AO and met other participation requirements to become a ''deemed'' provider or supplier.

CMS reviews the standards and processes utilized by such AOs periodically, and if CMS determines that the AO's standards and processes meet or exceed those used by CMS surveyors, CMS grants or renews ''deeming authority'' to the AO for certain types of providers and suppliers, as outlined within this notice. Any provider or supplier thereafter surveyed by such approved AO and found to have met Medicare's regulatory standards is recognized by CMS as a ''deemed'' provider or supplier. Our regulations concerning the approval of AOs are set forth at §§ 488.4 and 488.5. The regulation at § 488.5(e)(2)(i) permits CMS to approve or re-approve an AO application for a period not to exceed 6 years.

DNV's current term of approval for their hospital accreditation program expires September 26, 2026.

II. Application Review Process

Section 1865(a)(3)(A) of the Act provides a statutory timetable to ensure that our review of applications for CMS-approval of an accreditation program is conducted in a timely manner. The Act provides us 210 days after the date of receipt of a complete application, with any documentation necessary to make the determination, to complete the application review process. Within 60 days after receiving a complete application, we must publish a notice in the **Federal Register** that identifies the national accrediting body making the request, describes the request, and provides no less than a 30-day public comment period. At the end of the 210-day period, we must publish a notice in the **Federal Register** approving or denying the application.

III. Provisions of the Proposed Notice

On April 9, 2026, we published a proposed notice in the **Federal Register** (91 FR 17970), announcing DNV Healthcare USA Inc.'s (DNV's) request for continued approval of its Medicare hospital accreditation program. CMS approves or denies an AO's application based on an assessment of the factors stated, which may include, but is not limited to, a review of the information required to be submitted by the AO, interviews with AO staff, an evaluation of the AO's survey process and findings, or other activities necessary to determine that the AO meets the requirements set forth at §§ 488.4 and 488.5. Under Section 1865(a)(2) of the Act and in our regulations at § 488.5 and § 488.8(h), we reviewed DNV's Medicare hospital application in accordance with the criteria specified by our regulations, which included an assessment of the following:

- DNV's (1) corporate policies; (2) financial viability; (3) ability to investigate and respond appropriately to allegations of violations of the Medicare program requirements; and (4) survey review and decision-making process.
- Survey processes to confirm that they are comparable to SAs' survey processes, and DNV can adequately assess whether a provider or supplier meets or exceeds the Medicare program requirements.
- The composition of the survey team.
- Procedures for monitoring deemed hospitals it has found to be out of