and oversight purposes. Collecting information from the public about these services will help ensure that HRSA hotlines, chatlines, and online portals are operating to the best of their abilities. While HRSA can evaluate the general need for and the overall practical utility of such information collection in advance, HRSA is unable to determine the details of the specific individual collection methodologies until a later time. Using an umbrella collection will allow HRSA to quickly respond to public needs and efficiently provide vital services to grantees and the general public. The standard 6-to-9-month timeline to comply with a full ICR under the Paperwork Reduction Act could inhibit HRSA's ability to collect information that will inform these services, since they may require rapid updates to be responsive to their users.

Although HRSA has approved collections about hotlines, chatlines, and online portals via the umbrella collection covering Voluntary Partner Surveys on HRSA Customer Service (OMB No. 0906–0084), there is a need for generic collections that cover a broader scope of information about the operation of HRSA hotlines, chatlines, and online portals. For example, HRSA intends to continue the information collection for the National Maternal Mental Health Hotline under this umbrella collection. Although this generic collection collects customer feedback, it also covers more general information about the use of the hotline, making a broader umbrella ICR necessary.

Likely Respondents: The most likely respondents include users of a HRSA-funded hotline, chatline, or portal. These users may include members of the public and public or private entities who receive HRSA funding.

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. HRSA updated the burden estimate that was provided in the 60-day FRN based on a review of recent burden estimates for forms from previous HRSA customer service surveys as well as an estimate of the number of collections we expect to have covering HRSA's hotlines, chatlines, and online portals. As a result, the estimated total responses declined by approximately100,000 responses and the estimated total burden hours declined by 2,850 hours, compared to the 60-day FRN.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Instrument name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total Burden hours
Standardized Hotline Interaction	100,000	1	100,000	0.25	25,000
Standardized Chatline Interaction	5,500	1	5,500	0.50	2,750
Online Portal Submission	17,500	1	17,500	0.40	7,000
Follow-Up Surveys	27,000	1	51,750	0.05	1,350
Total	150,000		150,000		36,100

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–19339 Filed 9–21–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Questionnaire and Data Collection Testing, Evaluation, and Research for the Health Resources and Services Administration, OMB No. 0915–0379—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than October 22, 2026.

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

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Questionnaire and Data Collection Testing, Evaluation, and Research for HRSA—OMB No. 0915–0379—Revision.

Abstract: The purpose of this Umbrella ICR is to inform the development of new questions, questionnaires, and tools; pilot/pre-test instruments under development; and identify problems in instruments currently in use by soliciting feedback from members of the public. Using this ICR, individual information collections related to the development or revision of HRSA data collection instruments go through an abbreviated approval process called a ''generic'' or ''fast-track'' information collection. This allows program offices to efficiently gather a suitable pool of candidates within the varied time periods available for participant recruitment.

Information collected under this generic clearance will not be used for data collection, reports, or policy documents to be released to the public. It is anticipated that data collection approved under this generic clearance will rely heavily on qualitative techniques and not the collection of numerical data. In general, these activities are not designed to yield results that meet generally accepted standards of statistical rigor but designed to obtain information to develop clearer and more effective and efficient data collection tools that will yield more accurate results and decrease public non-response. The forms submitted under this generic clearance will be voluntary, low-burden, and uncontroversial.

A 60-day notice published in the **Federal Register** on June 18, 2026, vol. 91, No. 17; pp. 36869–71. There were no public comments.

Need and Proposed Use of the Information: HRSA conducts interviews, focus groups, cognitive testing, usability tests, field tests/pilot interviews, and surveys for data collection instrument development and evaluation (including assessment of response errors in data collection instruments). HRSA staff use various techniques to evaluate data collection instruments such as interviewer-administered, self-administered, telephone, Computer Assisted Personal Interviewing, Computer Assisted Self-Interviewing, Audio Computer-Assisted Self-Interviewing, and web-based questionnaires.

Professionally recognized procedures are followed in each information collection activity to ensure collection of high-quality information. Examples of these procedures could include the following:

- Monitoring by supervisory staff of some telephone interviews;
- Conducting interviews using methods including ''think-aloud'' techniques and debriefings;
- Computerizing data-entry from mail or paper-and-pencil surveys using scannable forms or double-key entry (*i.e.,* two people input the data from mail or paper-and-pencil surveys into an electronic format, and then comparing the two sets of entries for anomalies);
- Monitoring by observers of focus groups and recording (*e.g.,* video recording, audio recording) of focus group proceedings (subject to participant consent); and
- Employing commonly used statistical validation techniques to ensure accuracy (such as disallowing out-of-range values) of data submitted through on-line surveys.

Each information collection under this ICR will specify the testing and evaluation procedures to be used. Participation will be fully voluntary, and non-participation will not affect eligibility for, or receipt of, future HRSA health services research activities or grant awards, recruitment, or participation. Appropriate consent procedures will be customized and used for each information collection activity and any collection of personal, privacy-protected information will be handled in accordance with all applicable federal requirements. If HRSA wishes to record the encounter, the respondent's permission to record will be obtained before beginning the interview. If consent is not provided, the interview will either not be recorded or not be conducted. When screening is used (*e.g.,* quota sampling), the screening will be as brief as possible, and the screening questionnaire will be provided to OMB for review.

The particular information collection methods used will vary, but may include the following:

- Individual in-depth interviews—In-depth interviews will commonly be used to ensure that the respondent understands the meaning of a questionnaire or strategy. When in-depth interviewing is used, the interview guide will be provided to OMB for review.
- Focus groups—Focus groups will be used to obtain insights into beliefs and understandings of the target audience early in the development of a questionnaire or tool. When focus groups are used, the focus group discussion guide will be provided to OMB for review.
- Expert/Gatekeeper review of tools—In some instances, medical providers or other gatekeepers may review tools to provide feedback on the acceptability and usability of a particular tool. This will usually be in addition to an individual user pretesting the tool.
- Record abstractions—On occasion, the development of a tool or other information collection requires review and interaction with records, rather than individuals.
- ''Dress rehearsal'' of a specific protocol—In some instances, the proposed pre-testing will constitute a walkthrough of the intended data collection procedure. In these cases, the request will mirror what is expected to occur for the larger scale data collection.

Likely Respondents: HRSA partners are typically state or local governments, health care facilities, health care consortia, health care providers, and researchers. HRSA partners may also include individuals served by HRSA programs and/or funding recipients. Participation in any collections under this clearance will be entirely voluntary, and the privacy of respondents will be preserved to the extent requested by participants and as permitted by law.

Respondents will be recruited by means of advertisements in public venues or through techniques that replicate prospective data collection activities that are the focus of the project. For instance, a survey on physician communication, designed to be administered following an office visit, might be pretested using the same procedure. Each ICR will specify the recruitment procedure to be used.

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

Type of information collection	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Cognitive Interviews/Usability Testing	300	1	300	1.0	300
Focus Groups	1,200	1	1,200	1.5	1,800

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of information collection	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Surveys	1,700	1	1,700	0.6	1,020
Total	3,200		3,200		3,120

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–19362 Filed 9–21–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB review; 30-Day Comment Request; the Impact and Costs of Promoting Objectivity in Research 42 CFR Part 50 Subpart F and Responsible Prospective Contractors 45 CFR Part 94 (Office of the Director)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

DATES: Comments regarding this information collection are best assured of having their full effect if received by October 22, 2026.

ADDRESSES: Written 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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Mr. Romeo K. Tengey, Director, Division of Compliance of Foreign Interference Research Misconduct, Harassment, and Intellectual, Office of Policy for Extramural Research Administration, Office of Extramural Research, National Institutes of Health, 6705 Rockledge Drive, Suite 800, Bethesda, MD 20892, or call non-toll-free number (301) 402–0892 or email your request, including your address to: *Tengeyr@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on July 10, 2025 (FR 90-page 30649) and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection: Promoting Objectivity in Research 42 CFR part 50 Subpart F and Responsible Prospective Contractors 45 CFR part 94, 0925–0417, expiration date 6/30/2025, Reinstatement With Change, Office of Policy for Extramural Research Administration (OPERA), Office of Extramural Research (OER), National Institutes of Health (NIH).

Need and Use of Information Collection: This request is for Office of Management and Budget (OMB) approval of a Reinstatement With Change of a currently approved collection resulting from the development of revised regulations regarding the Promoting Objectivity in Research (42 CFR part 50, subpart F) and Responsible Prospective Contractors (45 CFR part 94). The purpose of these regulations is to promote objectivity in research by requiring institutions to establish standards to ensure that there is no reasonable expectation that the design, conduct, or reporting of Public Health Service (PHS)-funded research will be biased by any Investigator Financial Conflict of Interest (FCOI). NIH is implementing a change or enhancement in the FCOI reporting requirement within the eRA Commons FCOI Module to require the grant and cooperative agreement respondent to identify foreign FCOIs and provide the type of foreign entity and the name of the foreign country. This enhanced requirement is insignificant on the part of respondents.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 680,473.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents based on applicable section of regulation	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total annual burden hours
Reporting:				
Initial Reports under 42 CFR 50.605(b)(1) and (b)(3) or 45 CFR 94.5(b)(1) and (b)(3) from awardee Institutions.	1,128	1	2	2,256