To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Emergency Ambulance Transports and Beneficiary Signature; *Use:* The statutory authority requiring a beneficiary's signature on a claim submitted by a provider is located in section 1835(a) and in 1814(a) of the Social Security Act (the Act), for Part B and Part A services, respectively. The authority requiring a beneficiary's signature for supplier claims is implicit in sections 1842(b)(3)(B)(ii) and in 1848(g)(4) of the Act. Federal regulations at 42 CFR 424.32(a)(3) state that all claims must be signed by the beneficiary or on behalf of the Beneficiary (in accordance with 424.36). Section 424.36(a) states that the beneficiary's signature is required on a claim unless the beneficiary has died or the provisions of 424.36(b), (c), or (d) apply.

For emergency and nonemergency ambulance transport services, where the beneficiary is physically or mentally incapable of signing the claim (and the beneficiary's authorized representative is unavailable or unwilling to sign the claim), that it is impractical and infeasible to require an ambulance provider or supplier to later locate the beneficiary or the person authorized to sign on behalf of the beneficiary, before submitting the claim to Medicare for payment. Therefore, an exception was created to the beneficiary signature requirement with respect to emergency and nonemergency ambulance transport services, where the beneficiary is physically or mentally incapable of signing the claim, and if certain documentation requirements are met. Thus, we added subsection (6) to paragraph (b) of 42 CFR 424.36. The information required in this ICR is needed to help ensure that services were in fact rendered and were rendered as billed. *Form Number:* CMS–10242 (OMB control number: 0938–1049); *Frequency:* Occasionally; *Affected Public:* Private sector, Business or other for-profit, Not-for-profits institutions; *Number of Respondents:* 10,278; *Total Annual Responses:* 9,265,931; *Total Annual Hours:* 771,852. (For policy questions regarding this collection contact Frederick Grabau at 410–786–0206.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–01310 Filed 1–22–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0604]

Proposed Information Collection Activity; Administration for Children and Families Congressionally Directed Community Projects—Uniform Project Description

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) is requesting a 3-year extension with revisions to the information collection activities approved by the Office of Management and Budget (OMB): ACF Congressionally Directed Community Projects—Universal Project Description (CDCP–UPD)(OMB#: 0970–0604, expiration March 31, 2026). Revisions are based on lessons learned from previous years. Language is simplified for application requirements. This is expected to reduce the application burden.

DATES: *Comments due* March 24, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *opreinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: CDCP recipients are identified annually by Congress through Appropriations for ACF. The CDCP–UPD provides standard language and sections available for use by ACF program offices to solicit the required project description and project budget information from recipients of CDCP projects. Applications are required for CDCP as prescribed by Department of Health and Human Services (HHS) regulations 2 CFR 200.206. In addition to the information required by regulation, the CDCP–UPD provides a selection of text options for the program offices to communicate the application requirements to the recipients, as required by 2 CFR 200.207.

The CDCP–UPD gathers information regarding the CDCP recipients' project activities, timeline, organizational capacity, and budget justification. The CDCP–UPD ensures sufficient information is obtained to assess risk, identify needs for technical assistance and monitoring, and address other requirements of Congress, ACF, HHS, OMB, and funding and statutory regulation.

The CDCP–UPD has been streamlined and revised to improve navigation and usability. Critical required information is highlighted and easier to find, unnecessary or redundant information removed, language simplified and some sections reformatted for easier reading.

Respondents: The CDCP recipients are organizations identified annually by Congress under annual appropriations. It is estimated that 125 CDCP recipients will be identified annually in future ACF appropriations.

Annual Burden Estimates

The revisions will reduce respondent burden by decreasing the average time required to complete the application. The streamlined format will improve navigability, allowing applicants to more easily identify required information. Simplified language and formatting will clarify application requirements and reduce the submission of unnecessary information.

Instrument	Annual number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
CDCP–UPD	125	1	20	2,500

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Social Security Act § 1110 [42 U.S.C. 1310].

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–01259 Filed 1–22–26; 8:45 am]

BILLING CODE 4184–78–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #:0970–0160]

Proposed Information Collection Activity; Procedures for Requests From Tribal Lead Agencies To Use Child Care and Development Funds for Construction or Major Renovation of Child Care Facilities

AGENCY: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is proposing to resume collecting data for the Procedures for Requests from Tribal Lead Agencies to use Child Care and Development Fund (CCDF) Funds for Construction or Major Renovation of Child Care Facilities. This information collection was previously approved by the Office of Management and Budget. The Office of Child Care (OCC) is proposing to extend approval of the information collection with changes, significantly reducing the burden for Tribal Lead Agencies and clarifying requirements.

DATES: *Comments due March 24, 2026.*

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: 42 U.S.C. 9858m(c)(6) of the Child Care and Development Block Grant (CCDBG) Act allows Tribal Lead Agencies to use CCDF funds for construction or major renovation of child care facilities. A Tribal Lead Agency, including those that have consolidated their CCDF program into an approved plan under the Indian Employment, Training and Related Services Consolidation Act of 2017, also known as Public Law 102–477, must first request and receive approval from ACF before using CCDF funds for construction or major renovation. The CCDBG Act requires ACF to develop and implement uniform procedures for the solicitation and consideration of such requests. This Program Instruction (PI) sets forth the uniform procedures.

The PI was reorganized and content streamlined to improve readability and user-friendliness. Language was revised to be consistent and reduce redundancies. The updated PI removed requirements not required by statute, regulation, grants policy, or directly supportive of OCC's understanding of the scope of the project. Citations and definitions were updated. The burden estimates have been updated to reflect these updates.

Respondents: Tribal Child Care Lead Agencies acting on behalf of tribal governments.

Annual Burden Estimates

This version of the PI includes 19 fewer pages and 5 fewer requirements than the previously approved version, resulting in a decrease in the estimated burden time per respondents from about 20 hours per response to 6 hours per response. OCC estimates it will receive approximately 20 requests per year from 266 eligible Tribal Lead Agencies.

Instrument	Annual number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Construction and Major Renovation Set-Aside Request Submission	20	1	1	20
Construction and Major Renovation Application Development and Submission	20	1	5	100
Estimated Total Annual Burden Hours				120