

& Governmental Affairs Bureau at 202–418–0530.

**Press Access**—Members of the news media are welcome to attend the meeting and will be provided reserved seating on a first-come, first-served basis. Following the meeting, the Chairman may hold a news conference in which he will take questions from credentialed members of the press in attendance. Also, senior policy and legal staff will be made available to the press in attendance for questions related to the items on the meeting agenda. Commissioners may also choose to hold press conferences. Press may also direct questions to the Office of Media Relations (OMR): [MediaRelations@fcc.gov](mailto:MediaRelations@fcc.gov). Questions about credentialing should be directed to OMR.

Additional information concerning this meeting may be obtained from the Office of Media Relations, (202) 418–0500. Audio/Video coverage of the meeting will be broadcast live with open captioning over the internet from the FCC Live web page at [www.fcc.gov/live](http://www.fcc.gov/live).

**Authority:** This meeting is held, in accordance with the Government in the Sunshine Act (Sunshine Act), Public Law 94–409, as amended (5 U.S.C. 552b).

Federal Communications Commission.

**Marlene Dortch,**

*Secretary.*

[FR Doc. 2026–05750 Filed 3–20–26; 4:15 pm]

**BILLING CODE 6712–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–26–1412; Docket No. CDC–2026–0364]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information

collection project titled DELTA Cooperative Agreement Evaluation. This project is designed to collect data for performance and implementation of the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) cooperative agreement.

**DATES:** CDC must receive written comments on or before May 26, 2026.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2026–0364 by either of the following methods:

- **Federal eRulemaking Portal:** [www.regulations.gov](http://www.regulations.gov). Follow the instructions for submitting comments.
- **Mail:** Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

**Instructions:** All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [www.regulations.gov](http://www.regulations.gov).

**Please note:** Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://www.regulations.gov)) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (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. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information will have practical utility;

2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

#### Proposed Project

DELTA Cooperative Agreement Evaluation (OMB Control No. 0920–1412, Exp. 8/31/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) seeks OMB approval for three years for this Revision information collection request (ICR) to continue collecting information from 13 recipients (State Domestic Violence Coalitions) funded through CDC’s Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program. CDC will continue to collect information from DELTA recipients as part of its ongoing program evaluation to assess the implementation and impact of the NOFO and further understand the facilitators, barriers, and critical factors to implement specific violence prevention strategies and conduct program evaluation activities.

Intimate Partner Violence (IPV) is a serious, yet preventable public health problem that affects millions of people in the United States each year. Data from CDC’s 2023/2024 National Intimate Partner and Sexual Violence Survey (NISVS) indicate that nearly one in three adult women (34%) and approximately one in six men (17%) in the U.S. report having experienced contact sexual violence, physical violence, and/or stalking by a partner. Data from the 2016/2017 NISVS indicate that the lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by an intimate partner is not shared equally across all groups. Studies also show that people with a disability have nearly double the lifetime risk of IPV

victimization. To achieve optimal level of health for all, including those with the greatest risk for violence, requires focusing prevention efforts where they will have the greatest impact.

Information collected from recipients on state- and local-level provides crucial data for performance monitoring of the cooperative agreement and provides CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

Information collected also strengthens CDC's ability to monitor awardee progress toward achievement of their stated goals and objectives, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries.

Monitoring the impact strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable accurate, reliable, uniform, and timely submission to NCIPC of each awardee's

progress report, strategies and performance measures. Funded recipients are expected to use data to inform prevention practices. By increasing access to conditions needed for health and safety, funded recipients reduce risk factors for and/or increase protective factors against Intimate Partner Violence (IPV). Authorized by the Family Violence and Prevention Services Act (FVPSA), CDC has funded the DELTA Program since 2002. The DELTA program funds State Domestic Violence Coalitions (SDVCs) to implement statewide IPV prevention efforts and assist and fund local communities to do the same.

The information collection and reporting requirements have been revised to streamline the process while still ensuring alignment with and support of the specific goals and outcomes outlined in the cooperative agreement. This funding opportunity includes two funding options. Category A recipients will have existing high capacity to implement primary prevention strategies and will build upon existing efforts. Category B recipients will focus on gathering publicly available data to better understand gaps in IPV prevention resources, building capacity to implement and evaluate IPV primary

prevention in their state and selected communities, and using evaluation data for quality improvement.

CDC will use the information collected to further understand the facilitators, barriers, and critical factors to implementing specific violence prevention strategies and conducting related program evaluation activities. Data collected will also be used to inform CDC's training and technical assistance, program improvement, progress toward NOFO goals, and the development of future funding opportunities. Program evaluation activities allow CDC to identify and disseminate information about successful prevention strategies implemented by recipients. These functions are central to NCIPC's broad mission of protecting Americans from violence and injury threats. This information collection will allow CDC to monitor the impact of the strategies implemented by the recipients on outcomes related to intimate partner violence prevention. It is also expected to reduce duplication of effort, enhance program impact, and maximize the use of federal funds.

CDC requests OMB approval for an estimated 130 annual burden hours. There are no direct costs to respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
DELTA State Domestic Violence Coalition (SDVC) Project Leads.	Annual Performance Report	13	1	10	130
Total .....	.....	.....	.....	.....	130

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2026-05719 Filed 3-23-26; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-26-1397; Docket No. CDC-2026-0463]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of

government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled CDC's Milestone Tracker App User Surveys. CDC will collect voluntary, anonymous data through three brief web-based surveys administered within the Milestone Tracker mobile app to a convenience sample of parent users and early childhood providers/professionals to assess user satisfaction, usage patterns, and actions taken following identification of a missed developmental milestone or developmental concern.