

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
Rural Health Care Coordination Performance Measures	10	1	10	58.18	581.80
Total	10	1	10	58.18	* 581.80

* **Note:** Total Burden Hours round up to 582.

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. 2026-05663 Filed 3-23-26; 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; National Institutes of Health (NIH) Loan Repayment Programs, (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 April 23, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent 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: Matthew Lockhart, Director, Division of Loan Repayment, National Institutes of Health, 6705 Rockledge Dr, 8th Floor (MSC 7963), Bethesda, Maryland 20892-7963 or email your request, including your address to matthew.lockhart@nih.gov or call (240) 380-3062. Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on December 23, 2025, page numbers 60110-60111 (87 FR 60110) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is

to allow an additional 30 days for public comment. The NIH 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.

Proposed Collection: Loan Repayment Programs (LRP), 0925-0361, expiration date 03/31/26, EXTENSION, Office of the Director (OD), National Institutes of Health.

Need and Use of Information Collection: The NIH makes available financial assistance, in the form of educational loan repayment, to M.D., Ph.D., Pharm.D., Psy.D., D.O., D.D.S., D.M.D., D.P.M., DC, N.D., O.D., D.V.M, or equivalent doctoral degree holders who perform biomedical or behavioral research in NIH intramural laboratories or as extramural grantees or scientists funded by domestic non-profit organizations for a minimum of two years (three years for the General Research subcategory) in research areas supporting the mission and priorities of the NIH. The information proposed for collection will be used by the DLR to determine an applicant’s eligibility for the program.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 20,8020.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Applicant	Applicants	2,070	1	8	16,560
Recommender	Recommenders	8,080	1	30/60	4,040
Institutional Business Officer	Institutional Business Officer	2,000	1	5/60	167
NIH LRP Coordinator	NIH LRP Coordinator	70	1	30/60	35
Total	12,220	12,220	20,802

Dated: March 20, 2026.

Jon Lorsch,

*Deputy Director for Extramural Research,
Office of the Director, National Institutes of
Health.*

[FR Doc. 2026-05738 Filed 3-23-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027–2031

AGENCY: National Institutes of Health,
HHS.

ACTION: Notice.

SUMMARY: This Request for Information (RFI) is intended to gather broad public input to assist the National Institutes of Health (NIH) in developing the NIH-Wide Strategic Plan for Fiscal Years 2027–2031 (FY27–FY31). NIH invites input from stakeholders throughout the scientific research, advocacy, and clinical practice communities, as well as the general public, regarding the proposed framework for the FY27–FY31 NIH-Wide Strategic Plan. Organizations are strongly encouraged to submit a single response that reflects the views of their organization and their membership as a whole.

DATES: Comments regarding this information collection are best assured of having their full effect if received by May 26, 2026.

ADDRESSES: All comments must be submitted electronically on the submission website, available at <https://rfi.grants.nih.gov/?s=6998c3a23eb404a3e80e8212>.

FOR FURTHER INFORMATION CONTACT: Please direct all inquiries to: Marina Volkov, [nihstrategicplan@od.nih.gov](mailto:.nihstrategicplan@od.nih.gov), 301.496.4147.

SUPPLEMENTARY INFORMATION: The purpose of the NIH-Wide Strategic Plan is to communicate how NIH will advance its mission to support research in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The current NIH-Wide Strategic Plan (available at: <https://www.nih.gov/about-nih/nih-wide-strategic-plan>), covering FY21–FY25, was submitted to Congress in July 2021. As part of implementing the *21st Century Cures*

Act (Pub. L. 114–255), NIH will update its Strategic Plan, no more than once every six years. The agency is currently developing the NIH-Wide Strategic Plan for FY27–FY31 and anticipates releasing it early FY27.

The NIH-Wide Strategic Plan highlights NIH's approach towards the achievement of its mission while ensuring good stewardship of taxpayer funds. It is not intended to outline the myriads of important research opportunities for specific diseases or conditions. Nor will it focus on the specific research missions of each component Institute, Center and Office. Those opportunities are found within strategic plans that are specific to an Institute, Center, or Office, or specific to a particular disease or disorder. A list of Institute, Center, or Office-specific, topical, and other NIH-wide or interagency strategic plans is available at <https://report.nih.gov/strategicplans/>.

The Framework for the NIH-Wide Strategic Plan for FY27–FY31, below, articulates NIH's priorities in three key areas: biomedical and behavioral science research; scientific research capacity; and scientific research operations. These Priorities apply across NIH.

NIH-Wide Strategic Plan Framework

Priority 1: Research Areas

- Goal 1: Advance Foundational Knowledge of Human Health and Disease
- Goal 2: Prevent Disease and Promote Health Across the Lifespan
- Goal 3: Advance and Optimize Interventions, Treatments, and Cures

Priority 2: Research Capacity

- Goal 1: Develop and Sustain an Interdisciplinary Research Workforce
- Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure

Priority 3: Research Operations

- Goal 1: Enhance Scientific Stewardship and Decision-Making
- Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science

The NIH seeks comments on, but not limited to, NIH's Goals across the three Priorities articulated in the framework—including potential benefits, drawbacks, opportunities, or challenges, and other areas of focus for consideration.

NIH encourages organizations (*e.g.*, patient advocacy groups, professional organizations) to submit a single response reflective of the views of the organization or membership as a whole.

Responses to this RFI are voluntary and may be submitted anonymously. Please do not include any personally identifiable information or any information that you do not wish to make public. Proprietary, classified, confidential, or sensitive information should not be included in your response. The Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public websites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements. This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the Government to provide support for any ideas identified in response to it. Please note that the Government will not pay for the preparation of any information submitted or for use of that information.

We look forward to your input and hope that you will share this RFI opportunity with your colleagues.

Dated: March 17, 2026.

Matthew J. Memoli,

Principal Deputy Director, National Institutes of Health.

[FR Doc. 2026-05734 Filed 3-23-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, Notice of Charter Renewal

In accordance with Title 41 of the U.S. Code of Federal Regulations, Section 102–3.65(a), notice is hereby given that the charter for the National Cancer Institute Clinical Trials and Translational Research Advisory Committee (CTAC) is being renewed for an additional two-year period on April 14, 2026.

It is determined that the CTAC is in the public interest in connection with the performance of duties imposed on the National Institutes of Health by law, and that these duties can best be performed through the advice and counsel of this group.

The Public Interest Determination follows: