

of respondents over the next 3 years is expected to be fewer than previously estimated. Overall, estimated total annual burden hours are reduced by 48 percent.

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
URM Program Application .....	350	1	1.00	350
Withdrawal of Application or Declination of Placement Forms .....	40	1	0.20	8
Estimated Total Annual Burden Hours .....				358

*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:* 8 U.S.C. 1522(d).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026-06805 Filed 4-8-26; 8:45 am]

BILLING CODE 4184-89-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

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

**Submission for Office of Management and Budget Review; Procedures for Requests From Tribal Lead Agencies To Use Child Care and Development Fund 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 May 11, 2026.*

**ADDRESSES:** The public may view and comment on this information collection request at: [https://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=202604-0970-002](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202604-0970-002). You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed 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.

*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

Authority: 42 U.S.C. 9858(c)(6).

Mary C. Jones,

ACF/OPRE Certifying Officer.

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BILLING CODE 4184-87-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Notice of Funded Extension for the Small Health Care Provider Quality Improvement and Delta States Network Development Programs**

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

**ACTION:** Notice of funded extension.

**SUMMARY:** HRSA provides grants through two programs seeking a 1-year funded extension: The Small Health Care Provider Quality Improvement Program (Quality) provides support to rural primary care providers for the planning and implementation of quality

improvement activities that improve the quality and delivery of rural health care services. This funded extension extends Quality's 21 award recipients from cohort fiscal year 2022, HRSA-22-093, for a one-time 1-year period (August 1, 2026, to July 31, 2027). The current cohort was funded for a 4-year project period (August 1, 2022, to July 31, 2026). The statutory authority for this program allows for funding up to 5 years. The Delta States Network Development Program (Delta States) funds organizations located in the eight Delta states through planning, implementation, and development of integrated health care networks. This funded extension extends Delta State's 12 award recipients from cohort fiscal year 2023, HRSA-23-031, for a one-time 1-year period (August 1, 2026, to July 31, 2027). The current cohort was funded for a 3-year project period (August 1, 2023, to July 31, 2026). The statutory authority for this program allows for funding up to 5 years.

**FOR FURTHER INFORMATION CONTACT:**

Katherine Lloyd, Deputy Director, Community-Based Division, Federal

Office of Rural Health Policy, Health Resources and Services Administration, at [klloyd@hrsa.gov](mailto:klloyd@hrsa.gov) and (301) 443-2933.

**SUPPLEMENTARY INFORMATION:**

*Intended Recipients of the Award:* 33 (21 Small Health Care Provider Quality Improvement Program awards and 12 Delta States Network Development Program awards).

*Amount of Non-Competitive Award:* \$15,928,583 (\$3,987,189 for Small Health Care Provider Quality Improvement Program and \$11,941,394 for Delta States Network Development Program).

*Project Period:* August 1, 2026, to July 31, 2027 (both programs).

*Assistance Listing Number:* 93.912 (both programs).

*Award Instrument:* Grant (both programs).

*Authority:* Section 330A, Public Health Services Act, (42 U.S.C. 254c(g)) for Small Health Care Provider Quality Improvement Program and Section 330A(f), Public Health Services Act, (42 U.S.C. 254c(f)) for Delta States Network Development Program.

**TABLE 1—RECIPIENTS AND AWARD AMOUNTS FOR THE SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT PROGRAM**

Grant No.	Award recipient name	City, state	Award amount
G20RH46015	Cascade Medical Center Hospital District	Cascade, ID	\$10,000
G20RH47061	Dublin City Schools	Dublin, GA	200,000
G20RH46016	El Centro Family Health	Espanola, NM	200,000
G20RH47062	El Dorado County Community Health Center	Placerville, CA	200,000
G20RH46017	Five Rivers Medical Center, Inc	Pocahontas, AR	200,000
G20RH47063	Holzer Health System	Gallipolis, OH	199,732
G20RH47064	Innis Community Health Center, Inc	Batchelor, LA	200,000
G20RH46023	Klickitat County Public Hospital District #2	White Salmon, WA	200,000
G20RH47065	Logan-Mingo Area Mental Health, Inc	Logan, WV	200,000
G20RH46018	Mainline Health Systems, Inc	Dermott, AR	200,000
G20RH46019	Margaretville Memorial Hospital	Margaretville, NY	199,967
G20RH46020	Mendocino Coast Clinics, Inc	Fort Bragg, CA	200,000
G20RH46021	Mountain Valleys Health Centers	Bieber, CA	200,000
G20RH46022	Neighborhood Health Center, Inc	Richmond, IN	200,000
G20RH46024	County of Sheridan	Hoxie, KS	200,000
G20RH46025	Teche Action Board, Inc	Franklin, LA	197,732
G20RH46026	ThedaCare Medical Center—Waupaca, Inc	Waupaca, WI	200,000
G20RH46027	Tri-County Health Network	Telluride, CO	200,000
G20RH47066	UPMC Kane	Kane, PA	200,000
G20RH46028	Westchester-Ellenville Hospital, Inc	Ellenville, NY	200,000
G20RH46029	White River Health System, Inc	Batesville, AR	177,758

**TABLE 2—RECIPIENTS AND AWARD AMOUNTS FOR THE DELTA STATES NETWORK DEVELOPMENT PROGRAM**

Grant No.	Award recipient name	City, state	Award amount
D60RH49280	Arcare	Augusta, AR	\$1,132,080
D60RH49281	Arkansas Rural Health Partnership	Lake Village, AR	1,075,476
D60RH49282	Baptist Health Deaconess Madisonville, Inc	Madisonville, KY	1,132,080
D60RH49283	Big Springs Medical Association, Inc	Ellington, MO	905,664
D60RH49284	Delta Health Alliance, Inc	Stoneville, MS	1,018,872
D60RH49285	The Health Enrichment Network	Oakdale, LA	962,268
D60RH49286	Hospital Service District 1 A	Delhi, LA	1,188,684
D60RH49287	Jefferson Comprehensive Health Center, Inc	Fayette, MS	1,071,440
D60RH49288	Methodist Le Bonheur Community Outreach	Memphis, TN	1,018,872