ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden/ response (in hours)
Interested Applicant—Parent	Camper and Parent Application Form	800	1	15/60
Interested Applicant—Child	Camper and Parent Application Form	800	1	30/60
Applicants Teacher	Teacher Recommendation Form	800	1	30/60
Accepted Participant's Parent	Registration Form	120	1	30/60
Accepted Participant's Parent	Parent Evaluation Form	120	1	10/60
Accepted Participant	Student Evaluation Form	120	1	10/60

Jeffrey M. Zirger,

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0243; Docket No. CDC–2026–1222]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled World Trade Center Health Program Stakeholder Experience Feedback Collection. The data collection seeks to solicit feedback from World Trade Center Health Program members and providers about their experiences with Program services, communications, administrative processes, and operations.

DATES: CDC must receive written comments on or before September 11, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1222 by either of the following methods:

- *Federal eRulemaking Portal: 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*.

Please note: Submit all comments through the Federal eRulemaking portal (*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*.

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

World Trade Center Health Program Stakeholder Experience Feedback Collection—New—National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), is requesting approval of a New Generic information collection request (ICR) for a period of three years for the project titled, World Trade Center Health Program Stakeholder Experience Feedback Collection.

The World Trade Center Health Program was established under Title XXXIII of the Public Health Service Act by the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347). The Program provides medical monitoring and treatment benefits to eligible responders and survivors affected by the September 11, 2001 terrorist attacks. CDC requests approval of a New Generic Clearance to support low-burden pulse surveys and focus groups with World Trade Center (WTC) Health Program members and providers. These collections will obtain timely feedback regarding stakeholder experiences with Program services,

communications, administrative processes, and operations.

The Program currently collects stakeholder feedback through several established mechanisms, including a comprehensive Member Feedback Survey administered approximately every five years. While these efforts provide valuable information on overall member experience, they are not designed to provide timely, targeted feedback on specific Program functions, administrative processes, operational changes, or the experiences of particular stakeholder groups, such as providers. This Generic Clearance will complement existing feedback efforts by allowing the Program to conduct multiple small-scale collections over a three-year period, including surveys following key member interactions, such as enrollment and certification, as well as other targeted feedback collections on Program communications, administrative processes, operational changes, provider experiences, and other topics affecting stakeholder experience.

Information collected will be used to support Program management, contractor oversight, stakeholder engagement, and operational decision-making. Results will not be used for regulatory purposes or as the principal basis for significant policy decisions. CDC requests OMB approval for an estimated 2,350 annual burden hours. There is no cost 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)
Program Members	Focus Group Consent	80	1	5/60	7
Program Members	Focus Group Interview	80	1	1	80
Program Members	Survey	12,000	1	8/60	1,600
Program Providers & Provider Office Staff.	Focus Group Consent	120	1	5/60	10
Program Providers & Provider Office Staff.	Focus Group Interview	120	1	1	120
Program Providers & Provider Office Staff.	Survey	4,000	1	8/60	533
Total					2,350

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System, OMB No. 0915–0298—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than September 11, 2026.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System, OMB No. 0915–0298—Revision.

Abstract: Approval from OMB is sought to implement revisions to the Maternal and Child Health Bureau (MCHB) Performance Measures for the Discretionary Grant Information System (DGIS). The goal of these revisions is to remove two additional forms and update terminology where applicable across five forms. DGIS forms are grouped into two general categories: central measures and program specific measures. Grant programs are assigned forms based on their activities and individual grantees only respond to forms that are relevant to their specific programs. Many of these forms are specific to certain types of programs and are not required of all grantees.

Forms are proposed to be revised beyond what was approved by OMB on April 15, 2024, and updated in non-substantive change packages approved on April 18, 2025, and March 25, 2026. Specifically, HRSA is making the following changes to the current information collection for DGIS:

- Revising five forms to update terminology to ''medically underserved'': Engaging Families and Other Individuals (formerly Engaging People With Lived Experience), Training 07, Training 08, Training 09, and Former Long-Term Trainees.