• the TCBO's ownership of customer data, alert histories, investigation documentation, and SAR filings, with rights to access and extract data throughout and beyond the contract term.

8. Fraud Prevention and Detection Providers

Fraud prevention and detection providers offer real-time fraud monitoring, device fingerprinting, behavioral analytics, identity verification tools, and authentication services across banking channels. A TCBO may receive these services embedded in another provider's solution (*e.g.,* the TCBO uses fraud prevention and detection tools provided through its payment and card processor), or establish separate relationships to address shortcomings in fraud prevention or detection for specific delivery channels, products, or transaction stages.

Overarching Risk Management Considerations

Fraud prevention tools typically operate in real time to prevent fraudulent transactions before they occur. Operational resilience is important because system failures can immediately affect the customer experience—either by blocking legitimate transactions or allowing fraudulent transactions to proceed, potentially leading to operational losses at the TCBO. System and information security is important, as these tools may include access to sensitive customer information such as biometrics and authentication credentials. Failures to implement appropriate fraud risk management systems could result in the TCBO being in violation of network rules. The discussion of these issues in Section IV.B may be helpful as a TCBO considers how to manage these risks.

Specific Risk Management Considerations

A fraud detection tool's effectiveness can depend on how thoroughly and promptly it can take advantage of fraud intelligence data. During due diligence, a TCBO may consider the third party's ability to integrate with multiple data sources, including other third-party systems and threat intelligence feeds (such as dark web monitoring and shared fraud databases), and apply them to identity verification and transaction authorization controls.

Many of the risk management strategies that apply to BSA/AML providers are equally relevant to fraud prevention and detection providers. As with BSA/AML providers, ongoing monitoring of fraud prevention and detection providers can include analyzing trends in fraud alerts, customer complaints, and scenarios that generate excessive false positives, as increasing false positive rates may indicate system tuning is needed, while decreasing alert volumes may indicate system issues or tuning that is too lenient. A TCBO may also consider the extent to which the provider can calibrate its model based on the TCBO's direction in keeping with the TCBO's risk appetite.

In addition, when the service provider plays a role in customer communication and investigating disputes, a TCBO may consider tracking investigation and resolution timelines to ensure compliance with contractual commitments and regulatory requirements.

By order of the Board of Governors of the Federal Reserve System.

Benjamin W. McDonough,

Secretary of the Board.

[FR Doc. 2026–18852 Filed 9–14–26; 8:45 am]

BILLING CODE 6201–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Benjamin W. McDonough, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than October 15, 2026.

A. Federal Reserve Bank of Minneapolis (Mark Nagle, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291. Comments can also be sent electronically to *MA@mpls.frb.org:*

1. *Profinium Financial Holdings, Inc., Fairmont, Minnesota;* to acquire F&M Community Bank, N.A., Preston, Minnesota.

Board of Governors of the Federal Reserve System.

Benjamin W. McDonough,

Secretary of the Board.

[FR Doc. 2026–18861 Filed 9–14–26; 8:45 am]

BILLING CODE P

FEDERAL TRADE COMMISSION

Civil Penalty Inflation Adjustments

AGENCY: Federal Trade Commission.

ACTION: Notice.

SUMMARY: In accordance with guidance from the Office of Management and Budget (''OMB''), the Federal Trade Commission (''FTC'')'s civil penalty amounts will remain unchanged during 2026. The FTC will continue to apply the 2025 civil penalty levels.

DATES: Effective September 15, 2026.

FOR FURTHER INFORMATION CONTACT: Marie Choi, Attorney (202–326–3368), Office of the General Counsel, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20580.

SUPPLEMENTARY INFORMATION: The Federal Civil Penalties Inflation Adjustment Act Improvements Act (''FCPIAA'') of 2015 directs Federal agencies to annually adjust each civil monetary penalty under their jurisdiction for inflation pursuant to a cost-of-living adjustment.[1] The cost-of-living adjustment is based on the percent change between the U.S.

[1] Public Law 114–74, 701, 129 Stat. 599 (2015). The Act amends the Federal Civil Penalties Inflation Adjustment Act, Public Law 101–410, 104 Stat. 890 (codified at 28 U.S.C. 2461 note).

Department of Labor's Consumer Price Index for All-Urban Consumers (''CPI–U'') for the month of October preceding the date of the adjustment, and the CPI–U for October of the prior year.[2]

Under the FCPIAA, the OMB Director must annually provide agencies with guidance on carrying out civil penalty inflation adjustments.[3] On April 17, 2026, the OMB Director issued Memorandum M–26–11, *Cancellation of Penalty Inflation Adjustments for 2026, Regarding the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015,* which stated that the inflation adjustment for 2026 was cancelled. M–26–11 explained that due to the government shutdown, the Bureau of Labor Statistics (''BLS'') was unable to produce the October 2025 CPI–U data, which is needed to make adjustments under the FCPIAA. Therefore, M–26–11 announced that there would be no updated cost-of-living adjustment multiplier for 2026 and that agencies would continue using the 2025 civil monetary penalty amounts.

The FTC is publishing this notice to announce that no civil penalty adjustments will be made in 2026. The FTC will continue to apply the 2025 penalty levels.[4]

The FCPIAA, as amended, directs agencies to adjust civil monetary penalties through rulemaking and to publish the required inflation adjustments in the **Federal Register**, notwithstanding section 553 of title 5 in the United States Code. Because this notice does not amend regulatory text, prior public notice and comment under the Administrative Procedure Act and a delayed effective date are not required. The requirements of the Regulatory Flexibility Act (''RFA'') do not apply.[5] In addition, this notice does not contain any collection of information requirements as defined by the Paperwork Reduction Act of 1995 as amended. 44 U.S.C. 3501 *et seq.*

By direction of the Commission.

April J. Tabor,

Secretary.

[FR Doc. 2026–18853 Filed 9–14–26; 8:45 am]

BILLING CODE 6750–01–P

[2] 28 U.S.C. 2461 note at (3), (5)(b).

[3] *Id.* (7)(a).

[4] *See* 16 CFR 1.98.

[5] A regulatory flexibility analysis under the RFA is required only when an agency must publish a notice of proposed rulemaking for comment. *See* 5 U.S.C. 603.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[NIOSH Docket 094]

World Trade Center Health Program; Petitions 048 and 051a—Stroke; Finding of Insufficient Evidence

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services.

ACTION: Denial of petition for addition of a health condition.

SUMMARY: The Administrator of the World Trade Center (WTC) Health Program has received two petitions (Petitions 048 and 051a) to add ''stroke'' to the List of WTC-Related Health Conditions. Upon reviewing the scientific and medical literature, including information provided by the petitioners, the Administrator has determined that there is insufficient evidence available to support taking further action regarding stroke at this time. The Administrator also finds that insufficient evidence exists to request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee, publish a proposed rule, or publish a determination not to publish a proposed rule.

DATES: The Administrator of the WTC Health Program is denying these petitions for the addition of a health condition as of September 15, 2026.

ADDRESSES: Visit the WTC Health Program website at *https://www.cdc.gov/wtc/received.html* to review Petitions 048 and 051a.

FOR FURTHER INFORMATION CONTACT: Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C–48, Cincinnati, OH 45226; telephone (404) 498–2500 (this is not a toll-free number); email *NIOSHregs@cdc.gov.*

SUPPLEMENTARY INFORMATION:

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A. WTC Health Program Statutory Authority

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347, as amended by Pub. L. 114–113, Pub. L. 116–59, Pub. L. 117–328, Pub. L. 118–31, and Pub. L. 119–75), added Title XXXIII to the Public Health Service (PHS) Act,[1] establishing the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits for health conditions on the List of WTC-Related Health Conditions (List) [2] to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders). The Program also provides benefits to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area [3] (survivors).

All references to the Administrator of the WTC Health Program (Administrator) in this document mean the Director of the National Institute for Occupational Safety and Health (NIOSH) or his designee.

In accordance with section 3312(a)(6)(B) of the PHS Act, interested parties may petition the Administrator to add a health condition to the List in 42 CFR 88.15. Within 90 days after receipt of a valid petition to add a condition to the List, the Administrator must take one of the following four actions described in section 3312(a)(6)(B) of the PHS Act and § 88.16(a)(2) of the WTC Health Program regulations: (1) Request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee (STAC); (2) publish a proposed rule in the **Federal Register** to add such health condition; (3) publish in the **Federal Register** the Administrator's determination not to publish such a proposed rule and the basis for such determination; or (4) publish in the **Federal Register** a determination that insufficient evidence exists to take action under (1) through (3) above.

[1] Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm–64. Those portions of the James Zadroga 9/11 Health and Compensation Act of 2010 found in Titles II and III of Public Law 111–347 do not pertain to the WTC Health Program and are codified elsewhere.

[2] The List of WTC-Related Health Conditions is established in 42 U.S.C. 300mm–22(a)(3)–(4) and 300mm–32(b); additional conditions may be added through rulemaking, and the complete list is provided in WTC Health Program regulations at 42 CFR 88.15.

[3] *See* 42 U.S.C. 300mm–5(8); 42 CFR 88.1.