documents, or *https://www.regulations.gov.*

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–19141 Filed 9–17–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Supplemental Funding; Rural Residency Planning and Development Technical Assistance Program

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

ACTION: Notice of supplemental funding.

SUMMARY: HRSA will provide additional award funds to the Rural Residency Planning and Development Technical Assistance (RRPD–TA) Program recipient, the University of North Carolina at Chapel Hill, to provide additional technical assistance on rural graduate medical education and support the improvement of health care in rural areas.

FOR FURTHER INFORMATION CONTACT: Jason Steele, Public Health Analyst, Federal Office of Rural Health Policy, HRSA, at *ruralresidency@hrsa.gov* and (301) 443–2203.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: The University of North Carolina at Chapel Hill.

Amount of Non-Competitive Award: One supplemental award for $800,000.

Project Period: September 30, 2025, to September 29, 2030.

Assistance Listing Number: 93.746.

Award Instrument: Cooperative Agreement Supplement for Services.

Authority: Section 711 of the Social Security Act (42 U.S.C. 912).

TABLE 1—RECIPIENT AND AWARD AMOUNT

Grant number	Award recipient name	City, state	Supplemental award amount
UK6RH32513	University of North Carolina at Chapel Hill	Chapel Hill, NC	$800,000

Justification: This funding will provide a one-time supplement to the University of North Carolina at Chapel Hill through the RRPD–TA Cooperative Agreement with a budget period of September 30, 2026, through September 29, 2027. This supplement will allow the University of North Carolina at Chapel Hill to build on past and ongoing projects supported by HRSA to support health care in rural areas by advancing the knowledge base regarding the unique considerations and barriers facing rural providers developing graduate medical education programs. The University of North Carolina at Chapel Hill is the recipient of the only award under the RRPD–TA program and has established relationships with rural stakeholders and has longstanding experience developing resources related to rural graduate medical education. The supplement to the RRPD–TA Cooperative Agreement will allow the University of North Carolina at Chapel Hill to provide additional technical assistance and develop additional resources to promote rural graduate medical education development and sustainability.

Thomas J. Engels,

Administrator.

[FR Doc. 2026–19097 Filed 9–17–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Infant-Toddler Court Program—National Resource Center

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

ACTION: Notice of supplemental awards to the Infant-Toddler Court Program National Resource Center award recipient.

SUMMARY: HRSA is providing supplemental award funds of $2,750,000 in federal fiscal year (FY) 2026 to ZERO TO THREE National Center for Infant, Toddler and Families, Inc., the current recipient of the Infant-Toddler Court Program (ITCP)—National Resource Center (NRC) cooperative agreement (HRSA–22–074). These funds will support the activities that strengthen child welfare and early childhood systems and advance early developmental health and well-being through the Infant-Toddler Court (ITC) approach. Supplemental funding will provide financial and technical support to local infant-toddler court sites, support increased expansion of the ITC approach into new sites and states, and expand technical assistance needed to sustain and expand state award activities funded under HRSA–22–073/074.

FOR FURTHER INFORMATION CONTACT: Ekaterina Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, HRSA, at *ezoubak@hrsa.gov* and 240–475–8014.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: ZERO TO THREE National Center for Infant, Toddler and Families, Inc.

Amount of Award: $2,750,000.

Project Period: September 30, 2026, to September 29, 2027.

Assistance Listing Number: 93.110.

Award Instrument: Non-competitive supplemental funding to the existing Cooperative Agreement.

Authority: 42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	City, state	Award amount
U2DMC32394	ZERO TO THREE National Center for Infant, Toddler and Families, Inc.	Washington, DC	$2,750,000

Justification: In FY 2022, under the authority for Special Projects of Regional and National Significance (SPRANS) (42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)), HRSA awarded the ITCP NRC to ZERO TO THREE National Center for Infant, Toddler and Families, Inc (HRSA–22–074). This award included expectations for the recipient to provide technical assistance to the ITCP (HRSA–22–073) state recipients and support the nationwide implementation and sustainability of the evidence-based ITC approach.

A Congressional Report accompanying the Further Consolidated Appropriations Act, 2024 (Pub. L. 118–47) included funding for this program to ''continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve wellbeing for infants, toddlers, and their families'' (Senate Report 118–84). In addition, the Joint Explanatory Statement accompanying the FY 2024 appropriations act directed HRSA to ''allocate funding to ensure continuation of existing grantees, technical assistance, and other activities.'' In FY 2024, HRSA provided a supplement of $1,750,000 in SPRANS to the NRC Program recipient to continue work initiated in FY 2023 with an increased SPRANS appropriation, to expand technical assistance to ITC teams, provide financial and technical support to local infant-toddler court sites that previously received funding under HRSA–18–123, and advance national-level reach and impact of the program.

In addition, a Congressional Report accompanying the FY 2025 appropriations act directed HRSA to ''allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities,'' (House Report 118–585). In response to the congressional intent, HRSA provided a supplement of $1,750,000 to the NRC Program recipient in FY 2025 to continue work initiated in prior years to expand technical assistance to ITC teams, provide financial and technical support to local infant-toddler court sites that previously received funding under HRSA–18–123, and advance national-level reach and impact of the program.

A Congressional Report accompanying the Consolidated Appropriations Act, 2026 (Pub. L. 119–75) included an additional $2,000,000, for a total of $20,000,000 in funding ''for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families,'' (House Report 119–271). The Report also included a directive to ''allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities,'' (House Report 119–271).

Consistent with congressional intent, HRSA, through its Maternal and Child Health Bureau, will provide a supplement of $2,750,000 in SPRANS funding to the ITCP NRC Program recipient. This funding will continue the number of ITC teams funded through subawards and continue to provide technical assistance to ITC teams, increase the number of ITC teams funded through subawards to new ITC teams, expand technical assistance to ITC teams funded under HRSA–22–073/074, and advance the national reach and impact of the program.

Thomas J. Engels,

Administrator.

[FR Doc. 2026–19145 Filed 9–17–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

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

ACTION: Notice.

SUMMARY: HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Clerk of Court, United States Court of Federal Claims, 717 Madison Place NW, Washington, DC 20005, (202) 357–6400. For information on HRSA's role in the Program, contact the Director, Division of Injury Compensation Programs, 5600 Fishers Lane, Room 14W–17, Rockville, Maryland 20857; 1–800–338–2382, or visit our website at: *https://www.hrsa.gov/vaccine-compensation.*

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.,* provides that those seeking compensation are to file a petition with the United States Court of Federal Claims and to serve a copy of the petition to the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that ''[w]ithin 30 days after the Secretary