

for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

### Proposed Project

Performance Monitoring of CDC’s Core State Injury Prevention Program (OMB Control No. 0920–1369, Exp. 9/30/2025)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

This collection will continue to collect performance monitoring data via a web-based Partners’ Portal. This data is needed to monitor the cooperative agreement program funded under the Core State Injury Prevention Program (Core SIPP). Monitoring the impact of population-based strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For NCIPC/CDC, these objectives cannot

be satisfied without the systematic collection of data and information from state health departments. The information collection will enable the accurate, reliable, uniform, and timely submission of each awardee’s progress report and injury indicators, including strategies and performance measures.

Information to be collected will provide crucial data for program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected will also strengthen CDC’s ability to monitor awardee progress, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries. The information collection plan proposed here will also generate a variety of routine and customizable reports. State specific reports will allow each awardee to summarize activities and progress towards meeting strategies and performance measure targets related to the reduction and prevention of unintentional and intentional injuries. NCIPC will also have the capacity to generate reports that describe activities

and health outcomes across multiple recipients, which will enable better reporting of trends and provision of technical assistance through linking partners across state health departments and collaborating divisions within CDC.

Program recipients will continue to use the information collected to manage and coordinate their activities and to improve their efforts to prevent and control injuries. The Partners’ Portal allows recipients to fulfill their annual reporting obligations efficiently by employing user-friendly, easily accessible web-based instruments to collect necessary information for both progress reports and continuation applications including work plans. This approach enables recipients to save pertinent information from one reporting period to the next and reduces the administrative burden on the annual continuation application and the performance monitoring process.

Recipients will report progress and activity information to CDC on an annual schedule using a web-based Partners’ Portal. No research design or human subjects are involved. The data will be analyzed using descriptive and summary statistics as well as qualitative summaries. CDC requests OMB approval for an estimated annualized burden of 286 hours.

### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Core SIPP Program Recipients .....	Annual Progress Report .....	26	1	11

**Jeffrey M. Zirger,**

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

[FR Doc. 2025–12845 Filed 7–9–25; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–25–1447]

### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted a Change Request for the information collection request titled “Generic Clearance for the Collection of

Minimal Data Necessary for Case Data During an Emergency Response” to the Office of Management and Budget (OMB) for review and approval.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://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. Direct written

comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Generic Clearance for the Collection of Minimal Data Necessary for Case Data During an Emergency Response (OMB Control No. 0920–1447, Exp. 10/31/2027)—Change Request—Office of Public Health Data, Surveillance, and Technology (OPHDST), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Generic Clearance for the Collection of Minimal Data Necessary for Case Data During an Emergency Response is a Generic Information Collection Request (ICR) that is designed to facilitate standardized, rapid, and consistent data exchange between state, tribal, local, and territorial (STLT) health departments and CDC on confirmed, probable, and suspected cases during a public health emergency response.

CDC requests approval for a Non-Substantive Change Request for the

Generic Clearance for the Collection of Minimal Data Necessary for Case Data During an Emergency Response. This request includes addition of the following 11 new data elements: Age Units—Other, Race Category—Other, Ethnic Group—Other, Person Address County—Other, Person Address State—Other, Case Disease Imported Code—Other, Disability Type—Other, Outbreak Case Status, CDC Outbreak Name, First Date of Exposure, and Last Date of Exposure.

Seven of the 11 added data elements are ‘other’ data elements. These data elements are associated with a coded data element of a similar name (e.g., Age Units and Age Units Other). These added fields give jurisdictions the option to send either coded data elements in the coded field or text data in the text field. This makes it easier for jurisdictions as they do not need to map to the CDC value set in order for data to be sent. First and Last Date of Exposure are important data elements to collect as understanding the time from exposure to symptom onset or infection provides important information for responding to and modeling outbreaks. Outbreak Case Status is critical as a definition of a case can differ in an outbreak and in routine data collection and it is very important to know

whether a case meets the outbreak definition in addition to whether the case meets the routine definition. CDC Outbreak Name is important so that outbreaks that cross state lines can be tracked as a single outbreak, whereas the previously approved ‘Case Outbreak Name’ is state-assigned and could differ for the same outbreak.

CDC projects 10 emergency responses annually that will require states, territories, freely associated states, and cities to submit case data to CDC daily. The annual burden estimates below include the time that states, territories, freely associated states, and cities will incur to submit confirmed, probable, and suspected case data (MDN and response-specific data elements) for diseases or conditions for 10 emergency responses. The average burden per response of 30 minutes is the same regardless of the number of data elements. The number of data elements will fluctuate by emergency response since each emergency response may require a different number of response-specific data elements depending on the condition. Therefore, the addition of 11 new data elements will not affect the affect the previously approved burden. The estimated annual burden for the 60 respondents is 109,510 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States .....	Submission of case data .....	50	3,650	30/60
Territories .....	Submission of case data .....	5	3,650	30/60
Freely Associated States .....	Submission of case data .....	3	3,650	30/60
Cities .....	Submission of case data .....	2	3,650	30/60

Jeffrey M. Zirger,  
Lead, Information Collection Review Office,  
Office of Public Health Ethics and  
Regulations, Office of Science, Centers for  
Disease Control and Prevention.  
[FR Doc. 2025–12846 Filed 7–9–25; 8:45 am]  
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0005]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.  
ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork

Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before September 8, 2025.

ADDRESSES: Submit your comments to [sagal.musa@hhs.gov](mailto:sagal.musa@hhs.gov) or by calling 202–578–5441.

FOR FURTHER INFORMATION CONTACT:

When submitting comments or requesting information, please include the document identifier 4040–0005–60D and project title for reference, to Sagal Musa, email: [sagal.musa@hhs.gov](mailto:sagal.musa@hhs.gov) or call 202–578–5441, the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments

regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Application for Federal Domestic Assistance—Individual.

Type of Collection: Extension.  
OMB No.: 4040–0005.

Abstract: The Application for Federal Assistance—Individual form provides the Federal grant-making agencies an