

Deposit Insurance Corporation met in closed session to consider matters relating to the Corporation's supervisory activities.

In calling the meeting, the Board determined, on motion of Vice Chairman Andrew C. Hove, Jr., seconded by Director Joseph H. Neely (Appointive), concurred by Director Eugene A. Ludwig (Comptroller of the Currency), Director Nicolas P. Retsinas (Director, Office of Thrift Supervision), and Chairman Ricki Helfer, that Corporation business required its consideration of the matters on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(6), (c)(8), and (c)(9)(A)(ii), of the "Government in the Sunshine Act" (5 U.S.C. 552b (c)(6), (c)(8), and (c)(9)(A)(ii)).

The meeting was held in the Board Room of the FDIC Building located at 550-17th Street, N.W., Washington, D.C.

Dated: January 13, 1997.

Federal Deposit Insurance Corporation.

Valerie J. Best,

Assistant Executive Secretary.

[FR Doc. 97-1193 Filed 1-14-97; 10:28 am]

BILLING CODE 6714-01-M

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 applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of

a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act, including whether the acquisition of the nonbanking company can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices" (12 U.S.C. 1843). Any request for a hearing must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 2, 1997.

A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. *G.B. Financial Services, Inc.*, Greenbush, Minnesota; to merge with Border Bancshares, Inc., Greenbush, Minnesota, and thereby indirectly acquire Border State Bank, Roseau, Minnesota. Subsequent to the proposed merger, G.B. Financial Services, Inc. will change its name to Border Bancshares, Inc.

B. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. *Intra Financial Corporation*, Cyde, Kansas; to acquire 100 percent of the voting shares of Farmers State Bancshares of Sabetha, Inc., Sabetha, Kansas, and thereby indirectly acquire Farmers State Bank, Sabetha, Kansas.

Board of Governors of the Federal Reserve System, January 10, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-1059 Filed 1-15-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-25]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

The following requests have been submitted for review since the last publication date on December 11, 1996.

Proposed Projects

1. Surveillance and Evaluation of Blood Donors Positive for Human Immunodeficiency Virus (HIV) Antibody or HIV Antigen (0920-0329)—Reinstatement—In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) is present in various segments of our population. In response, CDC formed an epidemiologic team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there is information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: targeting and evaluating prevention programs, planning future health care needs and determining health policy.

On a national basis, HIV seroprevalence projects in 1987 consisted of monitoring the HIV status of: civilian applicants for military service; blood donors, including follow-up risk factor evaluation in seropositives; and Job Corps entrants. HIV prevalence was studied in settings of special public health interest including selected colleges and prisons,

among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and risk behaviors, changes in behavior, and incidence of HIV infection.

In 1987, OMB approved the "Family of HIV Seroprevalence Surveys" (0920-0232). These surveys included seven seroprevalence surveys which involved interaction with individuals (non-blinded surveys). One of these surveys was the surveillance and evaluation of blood donors positive for Human Immunodeficiency Virus (HIV) Antibody.

In 1993, OMB again approved for 3 years the surveillance and evaluation of blood donors who test positive for Human Immunodeficiency Virus (HIV) Antibody and their needle-sharing and sexual partners (0920-0329). This request is for an additional 3-year approval. The total annual burden is 172.

Respondents	Number of re-spond-ents	Number of re-sponses/ respond-ent	Average burden/ re-sponse (in hours)
Blood donors (inter-views)	160	1	1.0
Blood donors (refuse interview)	120	1	0.1

2. A CLIA Comprehension Survey and Information Program for Physicians—New—The purpose of this contract is to enable the Centers for Disease Control and Prevention (CDC) to assess the depth and accuracy of the knowledge base of clinicians regarding the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) regulations as they relate to physicians' office laboratories (POLs), and to provide specific information and training to practitioners based on this assessment. In 1990, CDC was designated by the Department of Health and Human Services to assist in the implementation of CLIA '88; this project is a direct response to that mandate.

Through contact with the laboratory and physician communities, CDC has become aware of gaps in information and understanding about the CLIA '88 regulations, especially as they relate to physicians' office laboratories. Misconceptions regarding the CLIA '88 regulations in the community may be

impeding successful implementation of the regulations and causing unnecessary and inappropriate responses in POL testing sites. Therefore, CDC is proposing a survey of practicing physicians to assess the depth and accuracy of the knowledge base of clinicians regarding the CLIA '88 regulations as they relate to POLs, and to provide specific information and training to practitioners based on this assessment. The total annual burden is 896.

Respondents	Number of re-spond-ents	Number of re-sponses/ respond-ent	Average burden/ re-sponse (in hours)
Laboratories	4479	1	.2

3. Development and Implementation of a Comprehensive Evaluation for Project DIRECT (Diabetes Intervention: Reaching and Educating Communities Together)—New—Diabetes mellitus is more prevalent among African-Americans than whites, and African-Americans with diabetes are more likely to suffer its devastating complications. Compared to whites, African-Americans are more likely to develop blindness and end-stage renal disease and are more likely to have amputations. In addition, cardiovascular risk factors are more prevalent among African-Americans than whites and African-Americans are more likely to die with diabetes than are whites. In response to this disparity, the Centers for Disease Control and Prevention (CDC) has launched a large-scale community intervention trial known as Project DIRECT (Diabetes Intervention: Reaching and Educating Communities Together). Based in Raleigh, North Carolina, and sponsored by CDC's Division of Diabetes Translation, Project DIRECT will serve as a model for multilevel community-based diabetes prevention and control programs for urban African-Americans.

This evaluation will determine the effect of (1) diabetes care; (2) outreach, and (3) health promotion interventions in the targeted community and compare this effect to a control community. The intervention activities focus on the African-American population of a geographically defined area of southeast Raleigh, North Carolina. The control community is Greensboro, North Carolina. The populations consist primarily of African-Americans. Health care providers will be identified and solicited from practicing physicians in Raleigh and Greensboro.

The survey will be conducted in four phases. Phase I will randomly identify and solicit participation from household members with and without diabetes from the control and intervention communities. In Phase II, participants with and without diabetes will be randomly selected and administered the survey questionnaire upon granting informed consent. During Phase III, persons with diabetes will undergo a brief physical exam that will consist of physical measures for height, weight, blood pressure, and body mass index. In addition, collection of a venous blood sample and urine sample will be performed. In Phase IV, interviewers will administer a questionnaire to primary care physicians about their knowledge, attitude and practice patterns for caring for persons with diabetes. This study will undergo Institutional Review Board reviews and comply with human subject assurances in accordance with federal regulations. The total annual burden is 3,148.

Respond-ents	Number of re-spond-ents	Number of re-sponses/ respond-ent	Average burden/ response (in hours)
Households General Popu-lation Question-naire	7,182	1	.1666
Diabetes Module ...	2,516	1	0.5
Laboratory Specimen Compo-nent	580	1	0.5
Provider Survey ...	580	10.5	
	150	1	0.75

Dated: January 10, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-1064 Filed 1-15-97; 8:45 am]

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[Announcement 713]

National Institute for Occupational Safety and Health; Fatality Surveillance and Field Investigations at the State Level Using the NIOSH Fatality Assessment and Control Evaluation Model

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to