

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. The application also will 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 (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

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 May 25, 2000.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Compass Bancshares, Inc., Birmingham, Alabama; to merge with Founders Bancorp, Inc., Scottsdale, Arizona, and thereby indirectly acquire Founders Bank of Arizona, Scottsdale, Arizona.

B. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. Keene Bancorp, Inc., 401(k) Employee Stock Ownership Plan and Trust, Keene, Texas; to acquire 46.29 percent of the voting shares of Keene Bancorp, Inc., Keene, Texas, and thereby indirectly acquire Nichols Bancshares, Inc., Dover, Delaware, and First State Bank, Keene, Texas.

Board of Governors of the Federal Reserve System, April 25, 2000.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 00-10701 Filed 4-28-00; 8:45 am]

**BILLING CODE 6210-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-00-35]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Projects:* A Research Program to Develop Optimal NIOSH Alerts for Occupational Safety and Health—New—The mission of the National Institute of Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Alert is one of the primary publications by which NIOSH communicates health and safety recommendations to at-risk workers. The Alert is mailed to workers affected by a particular health or safety hazard and contains information about the nature of the hazard, as well as recommendations for avoiding or controlling it. Despite the important role of the Alert in conveying health and safety information to workers, these publications have not been routinely pretested and evaluated for effectiveness. Therefore, the degree to which the NIOSH Alerts actually produce risk awareness, as well as

comprehension, acceptance and use of the recommended health and safety measures, is unknown.

NIOSH proposes to apply recent theoretical advances in communication research to the development of NIOSH Alerts in order to ensure maximal effectiveness in conveying health and safety information to workers. The Elaboration Likelihood Model (ELM) is a communication theory that has received much empirical support. During the past year, an initial test (still in progress) was conducted to compare a standard Alert to an Alert with revised content and format based on the postulates of the ELM. Although this initial study will be informative, much additional research of this nature is necessary to gain an understanding of the communication variables that contribute to high levels of worker awareness, comprehension, acceptance, and use of safety recommendations.

According to the ELM, the greatest impact on long-term health/safety attitudes and behaviors should occur when workers are motivated and able to elaborate upon a message, and when a message contains strong arguments. Therefore, the current investigation aims to (1) examine variables that will increase level of message-related elaboration and (2) create messages that contain strong arguments. The effectiveness of the standard version of the Alert for Preventing Injuries and Deaths from Skid-Steer Loaders will be compared with revised versions of this Alert that incorporate variables known to increase message elaboration and strong arguments selected through pretesting. Specifically, the revised Alerts will use high imagery language to increase message elaboration. After the initial messages are developed, they will be pretested using a sample of 60 farmers and 60 West Virginia University Agricultural Sciences students. Following this pretesting phase, data will be gathered from: (1) 300 volunteer farmers who attend an on-site testing, (2) a national random sample of 300 farmers, and (3) 600 West Virginia University Agricultural Science students. In each of these cases, participants will be randomly assigned to receive either a standard or revised version of the Alert, and the effect of the different Alert formats on safety attitudes and behaviors will be assessed.

Data collected in this investigation should further our understanding of the variables that increase effectiveness in communicating health and safety information to workers. By continuing to systematically apply postulates of the ELM to the design of the Alerts, it should become possible to develop a

standard communication template to use in future NIOSH publications.

Type of respondent	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total (in hrs.)
Farmers (pretesting) .....	60	1	.5	30
Student (pretesting) .....	60	1	.5	30
Farmers .....	300	1	.333	100
Farmers .....	300	2	.333	200
Students .....	600	1	.5	300
<b>Total</b> .....	<b>1320</b>			<b>660</b>

**Charles W. Gollmar,**  
*Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention.*  
 [FR Doc. 00-10736 Filed 4-28-00; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 00067]

**Cooperative Agreement to the Association of State and Territorial Health Officials; Notice of Availability of Funds**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement with the Association of State and Territorial Health Officials (ASTHO) to act as a conduit of information exchange between the States and the National Immunization Program, keep abreast and inform its constituency of current, proposed, and new legislation regarding immunization, work to create partnerships between State health departments and private health care organizations, and create mechanisms to communicate with and inform their constituency and partners. This program addresses the "Healthy People 2010," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus area of Immunization and Infectious Diseases. For a conference copy of "Healthy People 2010," visit the internet site: <http://www.health.gov/healthypeople>.

**B. Eligible Applicants**

Assistance will be provided only to ASTHO. No other applications are solicited. ASTHO is the most appropriate and qualified agency to conduct the activities under this cooperative agreement because ASTHO

represents the chief public health official of each State and territory. Through its own membership, ASTHO has developed unique knowledge and understanding of the needs and operations of State health agencies. ASTHO has already developed a wealth of experience in immunization policy, support of State immunization programs, and collaborating to conduct immunization activities.

**C. Availability of Funds**

Approximately \$250,000 will be available to fund one cooperative agreement. It is expected that this award will begin on or about September 30, 2000, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

*Use of Funds*

Funds cannot be used for construction or renovation, to purchase or lease vehicles or vans, to purchase a facility to house project staff or carry out project activities, or to substitute new activities and expenditures for current ones.

**D. Programmatic Requirements**

In conducting activities to achieve the purpose of this Cooperative Agreement, ASTHO will be responsible for achieving the activities under Item 1. Recipient Activities. The CDC will be responsible for activities under Item 2. CDC Activities.

*1. Recipient Activities*

A. Coordinate immunization efforts with existing ASTHO health projects, associations of public health officials, Women Infants and Children Program (WIC), The Council of State and Territorial Epidemiologists (CSTE), Association of Immunization Managers (AIM), and other organized health related associations where

immunization programs can have an impact.

B. Facilitate outreach to private providers, non-profit organizations and entities involved in comprehensive school health to increase participation in the Vaccines for Children and Children's Health Insurance Program.

C. Attend meetings and keep State health officers and other partners informed of issues addressed by the Advisory committee on Immunization Practices, the National Vaccine Advisory Committee, and ASTHO Affiliate Immunization Committees.

D. Provide information on key immunization developments to State health officials, State immunization coordinators, appropriate adult or adolescent groups, and school health contacts via newsletters, conference calls, and other multimedia sources.

E. Organize and convene meetings and workshops on an as-needed basis for the purpose of exchanging information and program updates.

F. Collaborate with CDC on immunization issues regarding vaccine safety, immunization registries, immunization coverage studies, and the development and coordination of immunization national policy and evaluation.

*2. CDC Activities*

A. Provide technical assistance in implementing activities, identifying major immunization issues, effective programs, and setting priorities related to the cooperative agreement.

B. Provide scientific collaboration for appropriate aspects of the activities, including information on disease impact, vaccination coverage levels, and prevention strategies.

C. Assist in development and review of relevant immunization information made available to federal, State, and local health agencies, health care providers, and volunteer organizations.

D. Provide assistance to the grantee in establishing and implementing mechanisms for evaluating the reach of the program and effectiveness of the materials produced.