

Henry, Ohio; Albert Romer, St. Henry, Ohio; Rebecca Moorman, Ottoville, Ohio; James Romer, Piqua, Ohio; and Margery Romer, Piqua, Ohio); to acquire voting shares of The Ottoville Bank Company, Ottoville, Ohio.

Board of Governors of the Federal Reserve System, July 15, 2002.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 02-18197 Filed 7-18-02; 8:45 am]

BILLING CODE 6210-01-S

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. 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/.

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 August 15, 2002.

A. Federal Reserve Bank of Atlanta (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309-4470:

1. *Morton Bancorp, Inc.*, Morton, Mississippi; to become a bank holding company by acquiring 100 percent of

the voting shares of Bank of Morton, Morton, Mississippi.

2. *P.C.B. Bancorp, Inc.*, Largo, Florida; to merge with Gateway American Bancshares, Inc., Fort Lauderdale, Florida, and thereby indirectly acquire voting shares of Gateway American Bank of Florida, Fort Lauderdale, Florida.

B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Independent Holdings, Inc.*, Memphis, Tennessee; to become a bank holding company by acquiring 100 percent of the voting shares of Independent Bank, Memphis, Tennessee.

Board of Governors of the Federal Reserve System, July 16, 2002.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 02-18303 Filed 7-18-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Grant Applications for a Demonstration Project for the Medical Reserve Corps, Citizens Corps, USA Freedom Corps

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of the Surgeon General.

ACTION: Notice.

SUMMARY: To provide funding for a demonstration project to demonstrate approaches to establishment of community-based, citizen volunteer Medical Reserve Corps units. Small grants will provide funding to community-based organizations, under the terms of cooperative agreements. The small grants will facilitate start-up of Medical Reserve Corps units and provide information to the Federal Government that will provide insights into best practices in such areas as: (1) Structure and organization, (2) recruitment and verification of credentials, (3) community-level partnership building, (4) competency levels for effective action, (5) training, (6) risk assessment, and (7) strategy development and planning.

Authority: This program is authorized by Section 301 of the Public Health Service Act, as amended, 42 U.S.C.; and, funded under Pub. L. 107-116, Title II, January 10, 2002.

The community-based, volunteer Medical Reserve Corps units are intended to supplement existing

community emergency medical response systems as well as contribute to meeting the public health needs of the community throughout the year. They are not intended to replace or substitute for local, existing emergency response systems. The Medical Reserve Corps should help provide surge capacity during the initial hours following an emergency before assistance from other geographic localities may arrive.

The Medical Reserve Corps will provide an organized framework which will attract volunteers and provide them with skills needed to work effectively in emergency situations. It will help to ensure that the volunteers from Medical Reserve Corps units are deployed locally in a manner that is fully planned and coordinated with broader emergency response plans of the communities in which they are located. Moreover, the Medical Reserve Corps will serve as a mechanism for helping to ensure that volunteers have appropriate credentials for assignments which they will undertake when the Medical Reserve Corps is activated. The Medical Reserve Corps will help facilitate not only coordinated action but provide a greater predictability in volunteer resource capability when and where such services are needed.

The establishment of community-based volunteer Medical Reserve Corps units throughout the Nation will help meet the goal of enabling communities in the United States to be better prepared to respond to emergencies and urgent public health needs. It is anticipated that these community-based Medical Reserve Corps units will grow in number and in quality across the country.

The Medical Reserve Corps demonstration project grants programs will be supported through the cooperative agreement mechanism. This will enable a collaborative relationship between the grantee, the local Medical Reserve Corps unit and the Department of Health and Human Services' (HHS) Office of the Surgeon General. The Office of the Surgeon General will coordinate, through a private-sector contractor(s), technical assistance needed for the implementation, conduct, and assessment of program activities. The Office of the Surgeon General will provide necessary oversight of the program.

Specifically, the Federal Government plans to support the development of Medical Reserve Corps units by:

1. Developing and disseminating a guide, entitled *Medical Reserve Corps—A Guide for Local Officials*, for