

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 standard enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a 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 Web site 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 January 7, 2003.

A. Federal Reserve Bank of Kansas City (Susan Zubradt, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Healthcare Bancorp, Inc.*, Broken Arrow, Oklahoma; to become a bank holding company by acquiring 100 percent of the voting shares of Federal BankCentre, Broken Arrow, Oklahoma.

Board of Governors of the Federal Reserve System, December 6, 2002.

Robert deV. Frierson,

Deputy Secretary of the Board.

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BILLING CODE 6210-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-10]

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 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed 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)498-1210.

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 or other forms of information technology. Send comments to Anne O'Connor, 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 Project: Geo-Analysis of HIV Prevention Services Provided by CDC Directly and Indirectly Funded Community-Based Organizations (CBOs) OMB No. 0920-0507—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC proposes to continue the Geo-Analysis of HIV Prevention Services Provided by CDC Directly and Indirectly Funded Community-Based Organizations data collection, previously approved OMB No. 0920-0507. This request is for a 3-year extension of clearance. There are no revisions to the report forms, data definitions, or reporting instructions.

The purposes of this project are: (1) To contribute to a national database of HIV prevention activities that was constructed using geo-codes that identify, locate and map all CBOs directly and indirectly funded by CDC in the U.S. and its territories, and (2) to evaluate the comprehensiveness of HIV prevention services in geographic areas across the United States of America and territories through the use of Geographic Information Systems (GIS) technology as the primary analytical tool.

This database is housed in the Program Evaluation Research Branch (PERB), Division of HIV/AIDS Prevention, in the National Center for STD, TB and HIV, at the Centers for Disease Control and Prevention, and will interface with other databases to complement PERB's evaluation efforts. By using GIS to identify gaps in service provision within a given geographic area, program changes can be recommended to those health departments and CBOs participating in the project. These recommended changes may include adjusting services provided or target populations in an effort to close identified gaps. Collaboration between government agencies and CBOs with access to a particular group at risk has been a

traditional approach in public health in the United States. CDC promotes the collaboration and coordination of HIV prevention efforts between CBOs and of CBOs with State health departments, affiliates of National and Regional Minority Organizations (NRMOs), HIV prevention service agencies, and other public agencies including substance abuse programs, educational institutions and the criminal justice system. CDC promotes collaboration as a strategy for: (1) Improving access to and for at risk populations and communities; (2) improving the direct delivery of services; (3) improving referral of clients to services; and (4) creating comprehensive HIV services in designated geographical jurisdictions. The use of GIS will enhance the accomplishment of these three goals by providing information to funders and other shareholders to enhance CBOs in their efforts to provide interventions and client referrals and services that are accessible to the populations in need of them. This data will assist the CDC to determine the effectiveness of federal funding, whether the funding is affecting the designated high risk or infected groups such as disproportionately affected minorities where they live, or whether or not there are available programs to link with for more comprehensive services.

The project will use appropriate technology to minimize respondent burden. A self-report questionnaire, three pages in length, will be mailed. Attached, will be two maps of the geographical area (city and surrounding metropolitan area) where each CBO is located. The use of maps eliminates the need to locate maps to respond to questions concerning location and distance. This project will not be requesting information of a sensitive nature. The project deals with the types of interventions offered to high risk or HIV positive individuals, location and access. The CDC anticipates one person per CBO (total # of approximately 2000) to complete the data collection form once during the 2000 for approximately 30 minutes.

Therefore, the total response burden is estimated at 1,000 hours ($2000 \times .5 \times 1$). The total cost to respondents is estimated at \$17,000 assuming a working wage for assigned CBO personnel of \$17.00 per hour. There are no costs to respondents for participation in the study other than the time (.5 hours) it takes to complete the questionnaire. There is no cost to respondents.

Respondents	No. of re-spondents	No. of re-sponses/re-spondent	Avg. burden/ response (in hours)	Total burden (in hours)
GIS Questionnaire for Directly and Indirectly Funded	2,000	1	30/60	1,000
Total	1,000

Dated: December 6, 2002.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
 [FR Doc. 02-31388 Filed 12-11-02; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Title IV-E Foster Care Eligibility Reviews, Child and Family Services Reviews

OMB No. 0970-0214

Description: ACF is requesting authority to renew an existing information collection that is expiring April 4, 2003. The initial information collection was contained in the final rule transmitting the Department's monitoring protocols for assessing title IV-E eligibility and payment accuracy, the child and family services reviews (CFSR), enforcement of the title IV-E anti-discrimination requirements, and

certain provisions of the Adoption and Safe Families Act of 1997. Five information collections are associated with this information collection.

The collection of information for review of Federal payments to States for foster care maintenance payments (section 1356.71(i)) is authorized by title IV-E of the Social Security Act (the Act), section 474 [42 U.S.C. 674]. The collection of information for review of State child and family services programs (section 1355.33(b), 1355.33(c), and 1355.33(a)) to determine whether such programs are in substantial conformity with State plan requirements under parts B and E of the Act is authorized by section 1123(a) [42 U.S.C. 1320a-1a] of the Act.

Section 474(d) of the Act [42 U.S.C. 674] deploys enforcement provisions (sections 1355.38(b) and (c)) for the requirements at section 471(a)(18) [42 U.S.C. 671] which prohibit the delay or denial of foster and adoptive placements based on the race, color, or national origin of any of the individuals involved. The enforcement provisions include the execution and completion of corrective action plans when a State is in violation of section 471(a)(18).

The information collection is needed (1) To conduct Federal onsite eligibility reviews of title IV-E of the Act, "Federal

Payments for foster care and adoption assistance"; and (2) to monitor State plan requirements under titles IV-B and IV-E of the Act, as required by Federal statute and (3) to enforce the title IV-E anti-discrimination requirements through State corrective action plans. The resultant information will allow us to determine if States are in compliance with State plan requirements and are achieving desired outcomes for children and families, as well as assure eligibility for Federally-assisted foster care expenditures. These reviews not only address compliance with eligibility requirements, but also assist States in enhancing their capacities to serve children and families. In doing the OMB information collection, we based the annual burden estimates for the child and family service review instruments on the pilot reviews. We are therefore soliciting comments on the annual burden estimates from more accurate estimates of the annual burden. We would like to know the number of person-hours for State and local child welfare agency employees who completed the statewide assessment instrument, completed the onsite review instrument and completed a program improvement plan.

Respondents: State Agencies.

ANNUAL BURDEN ESTIMATES

Instruments	Number of re-spondents	Number of re-sponses per re-spondent	Average burden hours per response	Total burden hours
1355.33(b) State agency statewide assessment	17	1	240	4,080
1355.33(c) On-site review	17	1	900	15,300
1355.35(a) Program improvement plan	17	1	80	1,360
1355.38(b) and (c) Corrective action plan	5	1	80	400
1356.71(i) Program improvement plan	17	1	63	1,071
<i>Estimated Total Annual Burden Hours:</i>				22,211

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection information can be obtained and

comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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)