

Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than May 23, 2003.

A. Federal Reserve Bank of Atlanta (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. *R.C. Patel*, Duluth, Georgia, and *Mukesh Patel*, Atlanta, Georgia; to each retain voting shares of *Horizon Bancorp, Inc.*, Decatur, Georgia, and thereby indirectly retain voting shares of *Horizon Bank*, Decatur, Georgia.

B. Federal Reserve Bank of Minneapolis (Richard M. Todd, Vice President and Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *William F. Wanner, Jr. Revocable Trust U/A Dated 12/29/94 and William F. Wanner, Jr., and Kathleen A. Wanner as Trustees*, all of Wayzata, Minnesota; to acquire voting shares of *Ridgedale Financial Services, Inc.*, Minnetonka, Minnesota, and thereby acquire voting shares of *Ridgedale State Bank*, Minnetonka, Minnesota.

Board of Governors of the Federal Reserve System, May 5, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 03-11521 Filed 5-8-03; 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 June 2, 2003.

A. Federal Reserve Bank of Cleveland (Stephen J. Ong, Vice President) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. *Columbia Bancorp, Inc.*, Cincinnati, Ohio; to become a bank holding company by acquiring 100 percent of the voting shares of *Columbia Savings Bank*, Cincinnati, Ohio.

Board of Governors of the Federal Reserve System, May 5, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 03-11520 Filed 5-8-03; 8:45 am]

BILLING CODE 6210-01-S

GENERAL SERVICES ADMINISTRATION

Maximum Per Diem Rates for Kentucky, North Carolina, Ohio, and Virginia

AGENCY: Office of Governmentwide Policy, General Services Administration (GSA).

ACTION: Notice of Per Diem Bulletin 03-1, revised continental United States (CONUS) per diem rates.

SUMMARY: To improve the ability of the per diem rates to meet the lodging demands of Federal travelers to high cost travel locations, the General Services Administration (GSA) has integrated the contracting mechanism of the new Federal Premier Lodging Program (FPLP) into the per diem rate-setting process. An analysis of FPLP contracting actions and the lodging rate survey data reveals that the maximum per diem rate should be adjusted to provide for the reimbursement of Federal employees' lodging expenses covered by the per diem. This notice announces the new per diem rates for Kentucky, North Carolina, Ohio, and Virginia.

DATES: This notice is effective May 27, 2003.

FOR FURTHER INFORMATION CONTACT: For clarification of content, contact Joddy P.

Garner, Office of Governmentwide Policy, Travel Management Policy, at (202) 501-4857. Please cite Notice of Per Diem Bulletin 03-1.

SUPPLEMENTARY INFORMATION:

A. Background

In the past, properties in high cost travel areas have been under no obligation to provide lodging to Federal travelers at the prescribed per diem rate. Thus, GSA established the FPLP to contract directly with properties in high cost travel markets to make available a set number of rooms to Federal travelers at contract rates. FPLP contract results along with the lodging survey data are integrated together to determine reasonable per diem rates that more accurately reflect lodging costs in these areas. In addition, the FPLP will enhance the Government's ability to better meet its overall room night demand, and allow travelers to find lodging close to where they need to conduct business. After an analysis of this additional data, the maximum lodging amounts published in the **Federal Register** at 67 FR 56160, August 30, 2002 and amended at 67 FR 69634, November 18, 2002, are being changed in the following locations:

State of Kentucky

- Cities of Hebron/Florence/Covington, including Boone and Kenton Counties

State of North Carolina

- City of Chapel Hill, including Orange County.
- City of Raleigh, including Wake County.
- Cities of Research Triangle Park/Durham, including Durham County.

State of Ohio

- City of Cincinnati, including Hamilton and Warren Counties.

State of Virginia

- City of Colonial Heights (independent city).
- City of Hopewell (independent city).
- City of Petersburg (independent city).
- Prince George County.
- City of Richmond (independent city, but includes Chesterfield and Henrico Counties, also Defense Supply Center).

B. Change in Standard Procedure

Since per diem rates frequently change, effective April 28, 2003 (see 68 FR 22314, April 28, 2003), the Office of Governmentwide Policy (OGP), GSA, will issue/publish the CONUS per diem

rates, formerly published in appendix A to 41 CFR chapter 301, solely on the Internet at <http://www.gsa.gov/perdiem>. This new process will ensure more timely increases or decreases in per diem rates established by GSA for Federal employees on official travel within CONUS. This notice advises agencies of revisions in per diem rates prescribed by OGP for CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem rates to agencies.

Dated: May 2, 2003.

G. Martin Wagner,
Associate Administrator.

[FR Doc. 03-11529 Filed 5-8-03; 8:45 am]

BILLING CODE 6820-14-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03135]

Steps to a HealthierUS: A Community-Focused Initiative To Reduce the Burden of Asthma, Diabetes, and Obesity; Notice of Availability of Funds

Application Deadline: July 15, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317(k)(2) of the Public Health Service Act, (42 U.S.C., sections 241(a) and 247b(k)(2)), as amended. The Catalog of Federal Domestic Assistance Number is 93.283.

B. Purpose

The Department of Health and Human Services (HHS), acting through the Centers for Disease Control and Prevention (CDC), and combining the strengths and resources of all relevant HHS agencies and programs, announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program to implement the Secretary of HHS Initiative for Americans entitled Steps to a HealthierUS (hereafter referred to as STEPS). The relevant HHS agencies and offices include, but are not limited to, the Administration on Aging, Administration for Children and Families, Agency for Healthcare Research and Quality, CDC, Centers for Medicare and Medicaid Services, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of Disease

Prevention and Health Promotion, and the Substance Abuse and Mental Health Services Administration hereafter referred to as "HHS agencies").

STEPS is a bold new initiative. The centerpiece of this initiative is a five-year cooperative agreement program to create healthier communities by improving the lives of Americans through innovative and effective community-based health promotion and chronic disease prevention and control programs.

STEPS is based on the President's HealthierUS Initiative, which highlights the influence that healthy lifestyles and behaviors—such as making healthful nutritional choices, being physically active, and avoiding tobacco use and exposure—have in achieving and maintaining good health for persons of all ages. STEPS will work through public-private partnerships at the community level to support community-driven programs that enable persons to adopt healthy lifestyles that contribute directly to the prevention, delay, and/or mitigation of the consequences of diabetes, asthma, and obesity.

The initiative's goals are to:

- Prevent 75,000 to 100,000 Americans from developing diabetes
- Prevent 100,000 to 150,000 Americans from developing obesity
- Prevent 50,000 Americans from being hospitalized for asthma

The purpose of STEPS is to enable communities to reduce the burden of chronic disease, including: Preventing diabetes among populations with prediabetes; increasing the likelihood that persons with undiagnosed diabetes are diagnosed; reducing complications of diabetes; preventing overweight and obesity; reducing overweight and obesity; and reducing the complications of asthma. STEPS will achieve these outcomes by improving nutrition; increasing physical activity; preventing tobacco use and exposure, targeting adults who are diabetic or who live with persons with asthma; increasing tobacco cessation, targeting adults who are diabetic or who live with persons with asthma; increasing use of appropriate health care services; improving the quality of care; and increasing effective self-management of chronic diseases and associated risk factors.

The key to the success of STEPS will be community-focused programs that include the full engagement of schools, businesses, faith-communities, health care purchasers, health plans, health care providers, academic institutions, senior centers, and many other community sectors working together to promote health and prevent chronic

disease. STEPS programs need to build on, but not duplicate, current and prior HHS programs and coordinate fully with existing programs and resources in the community.

Background

In the United States today, seven of ten deaths and the vast majority of serious illness, disability, and health care costs are caused by chronic diseases, such as diabetes, asthma, and obesity. Underlying these serious diseases are several important risk factors that can be modified years before they contribute to illness and death. Three risk factors—poor nutrition, lack of physical activity, and tobacco use and exposure—are major contributors to the nation's leading causes of death and must be addressed as part of this initiative. The first two of these risk factors contribute primarily to obesity and diabetes. Tobacco use contributes primarily to asthma, but it also contributes to the risk of poor circulation and heart disease among those who have diabetes. Research has demonstrated a clear link between exposure to tobacco smoke and exacerbation of asthma, and has provided evidence of a causal link between exposure to tobacco smoke and the development of asthma. Research has also shown that smoking heightens the risk for diabetes-related complications of neuropathy and nephropathy; cigarette use has been shown to be a significant risk factor for death by coronary heart disease in type 2 diabetes. By requiring recipients to address nutrition, physical activity, and tobacco use as core components of their community interventions, STEPS programs will reduce the burden of diabetes, asthma, and obesity.

Efforts to address risk factors and disease management through improved health care access, health care utilization, health care quality, and self-management skills, including adherence to medication and other health regimens, also may be addressed as part of this initiative. While payment for health care services is not an allowable expense under this program announcement, increasing access to and use of diagnostic screening and improved treatment can be accomplished in four primary ways: (1) Identifying existing services and resources in the community and linking/referring persons to treatment; (2) educating health care providers on current standards of care and methods for implementing those standards; (3) developing consumer awareness and demand for quality health care (e.g., using media to promote increased