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 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 June 26, 2003.

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

1. Weed Investment Group, Inc., Cheyenne Wells, Colorado; to become a bank holding company by acquiring 100 percent of the voting shares of Eastern Colorado Bank, Cheyenne Wells, Colorado.

Board of Governors of the Federal Reserve System, May 27, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 03–13604 Filed 5–30–03; 8:45 am]

BILLING CODE 6210–01–S

GENERAL ACCOUNTING OFFICE

Appointments to the Medicare Payment Advisory Commission

AGENCY: General Accounting Office (GAO).

ACTION: Notice of appointments.

SUMMARY: The Balanced Budget Act of 1997 established the Medicare Payment Advisory Commission (MedPAC) and gave the Comptroller General responsibility for appointing its members. This notice announces six reappointments to fill the vacancies occurring this year.

DATES: Appointments are effective May 1, 2003 through April 30, 2006.

ADDRESSES: *GAO*—441 G Street, NW., Washington, DC 20548; *MedPAC*—1601 New Jersey Avenue, NW., Suite 9000, Washington, DC 20001.

FOR FURTHER INFORMATION CONTACT: *GAO*—Molly Ryan, 202/512–3592; *MedPAC*—Mark E. Miller, Ph.D., 202/220–3700.

SUPPLEMENTARY INFORMATION: To fill this year's vacancies I am announcing the following: Reappointed members are Glenn M. Hackbarth, J.D. (Chair), Consultant; Robert D. Reischauer, Ph.D. (Vice Chair), President, The Urban Institute; Autry O.V. ''Pete'' DeBusk, Chairman, Chief Executive Officer, and founder of DeRoyal; Alan R. Nelson, M.D., Special Advisor to the Executive Vice President and Chief Executive Officer, American College of Physicians-American Society of Internal Medicine; David A. Smith, Senior Policy Advisor to the President of the American Federation of Labor-Congress of Industrial Organizations; and Ray E. Stowers, D.O., Director of Rural Health in the Department of Family Medicine at Oklahoma State University College of Osteopathic Medicine.

(Sec. 4022, Pub. L. 105–33, 111 Stat. 251, 350)

David M. Walker,

Comptroller General of the United States.

[FR Doc. 03–13692 Filed 5–30–03; 8:45 am]

BILLING CODE 1610–02–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; Title III and VII State Program Report

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days of public comment in response to the notice. This notice solicits comments on the information collection requirements relating to Title III and VII State Program Report.

DATES: Submit written or electronic comments on the collection of information by August 1, 2003.

ADDRESSES: Submit electronic comments on the collection of information to: *saadia.greenberg@aoa.gov*. Submit written comments on the collection of information to Administration on Aging, Office of Evaluation, Washington, DC 20201 Attention: SPR Comments.

FOR FURTHER INFORMATION CONTACT: Saadia Greenberg at 202–357–3554 or e-mail: *saadia.greenberg@aoa.gov.*

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Older Americans Act (OAA) requires annual program performance reports from States. In compliance with this OAA provision, AoA has developed a new State Program Report (SPR) in 1996 as part of its National Aging Program Information System (NAPIS). The SPR collects information about how State Agencies on Aging expend their OAA funds as well as funding from other sources for OAA authorized supportive services. The SPR also collects information about the demographic and functional status of

the recipients of these services. This proposed collection, represents a revision of the SPR. This revision was undertaken for the following purposes: (1) The need to develop more permanent information requirements for the National Family Caregiver Support Program (enacted in 2000); (2) the need to comply with revised OMB standards for gathering information regarding race and ethnicity; and (3) the need to reduce the burden of the SPR/NAPIS requirements on States, area agencies and service providers.

AoA estimates the burden of this collection of information as follows: 2,606 hours.

Dated: May 27, 2003.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 03–13730 Filed 5–30–03; 8:45 am]

BILLING CODE 4154–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03106]

Development and Validation of Measures To Assess Outcomes of Mild Traumatic Brain Injury; Notice of Availability of Funds

Application Deadline: July 2, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 391, 317(k)(2), and 301(a) of the Public Health Service Act, (42 U.S.C. sections 280b, 247b(k)(2), and 241(a)). The Catalog of Federal Domestic Assistance number is 93.136.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement for the development and validation of measures to assess outcomes of mild traumatic brain injury (MTBI). This program addresses the ''Healthy People 2010'' focus area, Injury and Violence Prevention.

The purpose of this program is to fund research to develop reliable and valid measures for assessing longer-term outcomes of mild traumatic injury. These measures should be applicable to future population-based studies of outcomes of MTBI to estimate the prevalence of MTBI-related disability (See Attachment 2 of the announcement as posted on the CDC Web site).

Measurable outcomes of this research study will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC), described as a priority in the NCIPC Research Agenda: To monitor and detect fatal and non-fatal injuries.

C. Eligible Applicants

Applications may be submitted by: Public nonprofit organizations, private nonprofit organizations, universities, colleges, technical schools, research institutions, hospitals, managed care organizations, community-based organizations, faith-based organizations, federally recognized Indian tribal governments, Indian tribes, Indian tribal organizations, State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.)

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately $500,000 is available in FY 2003 to fund one award. It is expected that the award will begin on or about September 15, 2003 and will be made for a 12-month budget period within a project period of up to four years. The funding estimate 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 awarded may not be used to supplant funds available from other sources to the recipient to conduct similar activities. Funds are not to be used for construction purposes, the rental of office space, or for the purchase or rental of furniture. Eligible applicants may enter into contracts including consortia agreements as necessary to meet the requirements of the program and strengthen the overall application.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities

a. With assistance from the CDC, prepare a detailed research protocol for Institutional Review Board (IRB) approval by all cooperating institutions participating in the study. The protocol shall include but is not limited to the following: Detailed description of methods for selecting the study sample, recruitment and enrollment methods, the informed consent process and consent forms, study instruments including questionnaires if applicable, methods for data handling and storage including methods for ensuring participant confidentiality, data analysis, and plans for data dissemination.

b. Develop a detailed operations manual and other manuals documenting study methods.

c. Train study personnel.

d. Recruit and enroll study participants.

e. Collect and enter the data.

f. Analyze and interpret the data.

g. Report study findings, including in peer-reviewed publication(s).

2. CDC Activities

a. Assist in effective study planning and management.

b. CDC will provide critical guidance related to the study design, including the case definition for mild traumatic brain injury and selection of the study population.

c. Assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

d. CDC will provide guidance about protocol format and content as well as scientific and human subjects considerations.

e. CDC staff will collaborate in the analysis of data.

f. CDC will collaborate in the reporting of findings by participating as co-authors in the preparation of peer-reviewed publications.

g. CDC staff will convene routine conference calls with the recipient and