

Annual reporting hours: FR 1373a, 300 hours; FR 1373b, 746 hours.

Estimated average hours per response: FR 1373a, 30 minutes; FR 1373b, 15 minutes.

Number of respondents: FR 1373a, 400; FR 1373b, 517.

General description of report: This information collection is voluntary. The FR 1373a study is authorized pursuant to the Federal Trade Commission Improvement Act (15 U.S.C. § 57(a)); the FR 1373 b study is authorized pursuant to 12 U.S.C. § 248(i). The specific information collected is not considered confidential.

Abstract: The FR 1373a study allows the Federal Reserve to: 1) conduct periodic reviews and evaluations of the consumer education materials, and 2) develop and evaluate consumer education materials under consideration for distribution. The FR 1373b study helps Federal Reserve evaluate other Board publications. In addition, the Federal Reserve uses the FR 1373b data to help determine if it should continue to issue certain publications and, if so, whether the public would like to see changes in the method of information delivery, frequency, content, format, or appearance.

Current Actions: The Federal Reserve proposes to revise the FR 1373a by adding focus group or guided discussions once a year with three groups of fifteen respondents. Each discussion would take an estimated ninety minutes. The goal for such focused discussions would be to identify what issues consumers want addressed and how they would like to receive this information. The Federal Reserve would work with community groups or other appropriate stakeholders to recruit small groups of consumers to serve as voluntary respondents.

Board of Governors of the Federal Reserve System, October 8, 2004.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 04-23132 Filed 10-14-04; 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 November 8, 2004.

Federal Reserve Bank of Minneapolis
(Jacqueline G. Nicholas, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

DCNB Holding Company, Clear Lake, South Dakota; to become a bank holding company by acquiring 100 percent of the voting shares of Deuel County National Bank, Clear Lake, South Dakota.

Board of Governors of the Federal Reserve System, October 8, 2004.

Robert deV. Frierson,
Deputy Secretary of the Board.

[FR Doc. 04-23131 Filed 10-14-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry

Senior Executive Service; Performance Review Board Members

AGENCY: Centers for Disease Control and Prevention (CDC), and Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Title 5, U.S. Code, Section 4314 (c)(4) of the Civil Service Reform Act of 1978, Public Law 95-454, requires that appointment of Performance Review Board members be published in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Nancy Peterson, Atlanta Human Resources Center, Department of Health and Human Services, 4770 Buford Highway, Mailstop K-07, Atlanta, Georgia 30341-3724, telephone 770-488-1872.

SUPPLEMENTARY INFORMATION: The following persons will serve on the Performance Review Board which oversees the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services in the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry: William H. Gimson, Chairperson; Stephen B. Blount, M.D., M.P.H.; Janet L. Collins, Ph.D.; Robert Delaney; Henry Falk, M.D.; Donna F. Stroup, Ph.D.; Stephen B. Thacker, M.D.

The Associate Director for Program Services, CDC, has been delegated the authority to sign general **Federal Register** notices for both the CDC and ATSDR.

Dated: October 7, 2004.

James D. Seligman, Associate Director for Program Services Centers for Disease Control and Prevention (CDC).

[FR Doc. 04-23146 Filed 10-14-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05AB]

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 404-498-1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Public Health Injury Surveillance and Prevention Program—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Injury is the leading cause of death and disability among children and young adults. In 2000, more than 148,000 people died from injuries. Among them 43,354 died from motor-vehicle crashes; 29,350 died from suicide; 16,765 died from homicide; 13,322 died from unintentional falls; 12,757 from unintentional poisonings; 3,482 died from unintentional drowning; 3,377 died from fires. These external causes can often result in

Traumatic Brain Injury (TBI), if not in death. Each year, an estimated 1.5 million Americans sustain a TBI. As a consequence of these TBI injuries 230,000 people are hospitalized and survive; 50,000 people die; and 80,000 to 90,000 people experience the onset of long-term disability. An estimated 5.3 million Americans live with a permanent TBI-related disability. However, this estimate does not include people with "mild" TBI who are seen in emergency departments or outpatient encounters, nor those who do not receive medical care. The annual economic burden of TBI in the United States has been estimated at \$56.3 billion in 1995 dollars; however, human costs of the long-term impairments and disabilities associated with TBI are incalculable. Because many TBI related disabilities are not conspicuous deficits, they are referred to as the invisible or silent epidemic. These disabilities, arising from cognitive, emotional, sensory, and motor impairments, often permanently alter a person's ability to maximize daily life experiences and have profound effects on social and family relationships. To implement more effective programs to prevent these injuries, we need reliable data on their causes and risk factors. State surveillance data can be used to (1) identify trends in TBI incidence, (2) enable the development of cause-specific prevention strategies focused on

populations at greatest risk, (3) and monitor the effectiveness of prevention programs.

This project will develop and maintain injury surveillance programs, including those with a focus on TBI and emergency department surveillance for mild TBI. The goal of this program is to develop quality data that will (a) be useful to State injury prevention and control programs, (b) enable states to develop injury indicators, (c) enable estimates of TBI incidence and public health consequences and (d) facilitate the use of TBI surveillance data to link individuals with information about TBI services.

Program recipients will collect information from pre-existing state data sets to calculate injury indicators in their state. In addition, a small group of states will review and abstract medical records to obtain data for variables that address severity of injury, circumstances and etiology of injury, and early outcome of injury in a large representative sample of reported cases of TBI-related hospitalization and mild TBI-related emergency department visits. The abstracted data will be stripped of all identifying information before submitting to CDC. CDC will fund up to 12 state health departments. The state health departments will use standardized data elements to abstract data. There will be no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden hours
State Health Departments	12	1000	1	12,000
Total	12,000

Dated: October 8, 2004.

Alvin Hall,
 Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-23142 Filed 10-14-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0237]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of

information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

The 2005-2006 National Health and Nutrition Examination Survey (NHANES), OMB No. 0920-0237—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. CDC uses NHANES to monitor the prevalence of chronic conditions and risk factors related to health such as asthma, osteoporosis, infectious diseases, diabetes, eye disease, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and diet. NHANES data are used to establish reference data for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in