B. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *Gene R. Giles, Alliance, Nebraska, Sally J. Giles, Denver, Colorado, Randall D. Giles, San Diego, California, Nicholas G. Giles, and Lucas G. Giles,* both of Lincoln, Nebraska; all of the Giles family group; the Bradley S. Norden Irrevocable Trust, and the Brett A. Norden Irrevocable Trust, Brett A. Norden and Bradley S. Norden, as co-trustees of both trusts, all of Highlands Ranch, Colorado, and as members of the Norden family group; the Michael L. Ryan 2011 Irrevocable Trust and the Cheryl L. Ryan 2012 Irrevocable Trust, both of Minden, Nebraska, Jeffrey M. Ryan, Heartwell, Nebraska, and Jamie Johnson, Minden, Nebraska, as co-trustees of both trusts; and Walter D. Wood Revocable Trust, Walter D. Wood, trustee, both of Omaha, Nebraska, as part of the Ryan/Wood family group; to acquire voting shares of First Central Nebraska Co., and thereby indirectly acquire voting shares of Nebraska State Bank and Trust Company, both in Broken Bow, Nebraska.

Board of Governors of the Federal Reserve System, April 24, 2013.

Michael J. Lewandowski,

Assistant Secretary of the Board.

[FR Doc. 2013–10030 Filed 4–26–13; 8:45 am]

BILLING CODE 6210–01–P

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 applications will also 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.

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 May 24, 2013.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309:

1. *Oakworth Capital, Inc.,* Birmingham, Alabama; to become a bank holding company by acquiring 100 percent of the voting shares of Oakworth Capital Bank, Birmingham, Alabama.

B. Federal Reserve Bank of San Francisco (Gerald C. Tsai, Director, Applications and Enforcement) 101 Market Street, San Francisco, California 94105–1579:

1. *TFB Bancorp, Inc.,* Yuma, Arizona; to become a bank holding company by acquiring 100 percent of the voting shares of The Foothills Bank, Yuma, Arizona.

Board of Governors of the Federal Reserve System, April 24, 2013.

Michael J. Lewandowski,

Assistant Secretary of the Board.

[FR Doc. 2013–10029 Filed 4–26–13; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''Improving Sickle Cell Transitions of Care through Health Information Technology Phase 1.'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on February 7th, 2013 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by May 29, 2013.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Improving Sickle Cell Transitions of Care through Health Information Technology Phase I

This project is the first phase in AHRQ's effort toward the development of a health information technology (HIT) enabled tool designed to aid adolescents and young adults with sickle cell disease (SCD) during transitions of care. SCD is a serious, genetic blood disorder that affects approximately 70,000–100,000 Americans, including one out of every 500 African American and one out of every 36,000 Hispanic American births. Persons with SCD produce abnormal, ''sickle-shaped'' red blood cells that obstruct blood vessels, leading to life-long anemia, organ damage, increased potential for infections, chronic episodes of pain, and substantially shortened life spans. SCD has been noted to be understudied relative to its prevalence resulting in a lack of knowledge about the important variables and domains that determine health outcomes for patients. Furthermore, patients with SCD, typically young, minority, and often of lower income status, have had few opportunities to voice their needs and concerns about their health and health care.

As recently as 30 years ago, children with SCD usually did not survive into adulthood. Now, as a result of advances in screening and treatment, more than 90 percent of individuals with SCD reach adulthood, and life expectancy is typically into the fifth decade. Persons with SCD experience multiple transitions of care as a result of the chronicity of SCD, frequency of both acute and chronic-events requiring care,