

$$\text{Adjusted Cap} = \frac{(\text{Base Cap} \times \text{Change in the Annual CPI} - U)}{100} + \text{Base Cap}$$

The index percent change for use in 2017 was calculated to be 1.26 and the Adjusted Cap was calculated to be \$30.4 million. The Adjusted Cap rounded to the nearest \$1 million is \$30 million. For 2017 and 2018, the cap for Financial Responsibility for Indemnification of Passengers for Nonperformance of Transportation shall remain at \$30 million. The next adjustment will be conducted in 2019 and will continue to use \$30 million as the Base Cap for adjustment.

Rachel E. Dickon,

Assistant Secretary.

[FR Doc. 2017-03650 Filed 2-23-17; 8:45 am]

BILLING CODE 6731-AA-P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. 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 March 8, 2017.

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

1. *Nancy Eiseman Blackburn, Austin, Texas*; individually, to retain voting shares of Republic Trinidad Corporation, Houston, Texas, and thereby retain shares of The First National Bank of Trinidad, Trinidad, Colorado. Notificant will retain shares individually and part of the Eiseman Family Group, which controls Republic Trinidad Corporation.

Board of Governors of the Federal Reserve System, February 21, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017-03672 Filed 2-23-17; 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 March 17, 2017.

A. Federal Reserve Bank of Minneapolis (Jacquelyn K. Brunmeier, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *Glacier Bancorp, Inc., Kalispell, Montana*; to merge with TFB Bancorp, Inc., Yuma, Arizona, and thereby acquire The Foothills Bank, Yuma, Arizona.

B. Federal Reserve Bank of Dallas (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Vista Bancshares, Inc., Ralls, Texas and BankCap Equity Fund LLC, BankCap Partners GP, L.P., and BankCap Partners Fund I, L.P., all of Dallas Texas*; each a bank holding company, through BankCap Partners Opportunity Fund, L.P., Dallas Texas; to acquire the voting shares of The Hamlin Financial Corporation, and thereby, acquire Hamlin National Bank, both of Hamlin, Texas.

Board of Governors of the Federal Reserve System, February 21, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017-03671 Filed 2-23-17; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces a meeting for the initial review of applications in response to Funding Opportunity Announcements (FOAs) IP17-002, Improving HPV Vaccination Coverage among Adolescent Patients: A Randomized Controlled Trial of AFIX and Remote Physician-to-Physician Engagement Strategies and IP17-003, Rapid-Cycle Survey Collaborative for Provider Input on Immunization Issues.

TIME AND DATE: 10:00 a.m.–5:00 p.m., EDT, March 15, 2017 (Closed)

PLACE: Teleconference

STATUS: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

MATTERS FOR DISCUSSION: The meeting will include the initial review, discussion, and evaluation of applications received in response to "Improving HPV Vaccination Coverage Among Adolescent Patients: A Randomized Controlled Trial of AFIX and Remote Physician-to-Physician

Engagement Strategies”, IP17–002 and “Rapid-Cycle Survey Collaborative for Provider Input on Immunization Issues”, IP17–003.

CONTACT PERSON FOR MORE INFORMATION:

Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 718–8833.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

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

[FR Doc. 2017–03628 Filed 2–23–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention—State, Tribal, Local and Territorial (STLT) Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned subcommittee:

TIME AND DATE: 10:00 a.m.–11:30 a.m., EDT, March 21, 2017.

PLACE: This meeting will be held by teleconference.

STATUS: This meeting is open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment, which is tentatively scheduled from 11:15 a.m.–11:20 a.m. EDT. To participate on the teleconference, please dial (855) 644–0229 and enter code 1482483.

PURPOSE: The Subcommittee will provide advice to the CDC Director through the ACD on strategies, future needs, and challenges faced by State, Tribal, Local and Territorial health agencies, and will provide guidance on opportunities for CDC.

MATTERS FOR DISCUSSION: The STLT Subcommittee members will discuss progress on implementation of ACD-adopted recommendations related to the

health department of the future, other emerging challenges and how CDC can best support STLT health departments in the transforming health system.

The agenda is subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION:

Jose Montero, MD, MPH, Designated Federal Officer, STLT Subcommittee, ACD, CDC, 4770 Buford Highway, MS E70, Atlanta, Georgia 30341, Telephone (404) 498–0300, Email:

OSTLTSDirector@cdc.gov. Please submit comments to *OSTLTSDirector@cdc.gov* no later than March 17, 2017.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

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

[FR Doc. 2017–03626 Filed 2–23–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–0733]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and

clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Early Hearing Detection and Intervention (EHDI) Follow-up Survey (OMB Control No. 0920–0733, Expiration Date: 8/31/2016)—Reinstatement with Change—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCBDDD promotes the health of babies, children, and adults, with a focus on preventing birth defects and developmental disabilities and optimizing the health outcomes of those with disabilities. As part of these efforts NCBDDD is actively involved in addressing the early identification of hearing loss among newborns and infants. Congenital hearing loss is a common birth defect that affects 1 to 3 per 1,000 live births, or approximately 12,000 children across the United States annually. Studies have shown that children with a delayed diagnosis of hearing loss can experience preventable delays in speech, language, and cognitive development. To ensure children with hearing loss are identified as soon as possible, many states and United States (U.S.) territories have implemented Early Hearing Detection and Intervention (EHDI) programs and enacted laws related to infant hearing screening. The majority of these EHDI programs have adopted the “1–3–6” plan, which consists of three core goals: (1) Screening all infants for hearing loss before 1 month of age, (2) ensuring diagnostic audiologic evaluation before 3 months of age for those who do not pass the screening, and (3) enrollment