

Dated: August 17, 2011.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2011–21324 Filed 8–19–11; 8:45 am]

BILLING CODE 6714–01–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 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.

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 September 16, 2011.

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

1. *American State Bancshares, Inc.*, Great Bend, Kansas; to acquire 100 percent of the voting shares of Rose Hill Bancorp, Inc., and thereby indirectly acquire voting shares of Rose Hill Bank, both in Rose Hill, Kansas.

Board of Governors of the Federal Reserve System, August 17, 2011.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2011–21339 Filed 8–19–11; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[CFDA 93.019]

Single Source Cooperative Agreement Award for the Gorgas Memorial Institute of Health Studies

AGENCY: Office of Policy and Planning (OPP), Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In FY2011, HHS/ASPR/OPP plans to provide a Single Source Cooperative Agreement Award to GMI to strengthen Panama's laboratory diagnostic capacity for emerging infectious disease threats including select bio-terrorism agents and novel influenza viruses. The amount of Single Source award is \$200,000. The project period is: September 30, 2011 to September 29, 2012.

SUPPLEMENTARY INFORMATION:

ASPR will exercise sole administrative oversight of this cooperative agreement. ASPR will also collaborate with HHS–Centers for Disease Control and Prevention (CDC) to coordinate the provision of technical expertise needed for GMI to become a member of the LRN. GMI will then implement critical laboratory diagnostic capacities, including personnel training and infrastructure improvement to meet the standards to become an international affiliate of LRN.

This collaboration seeks to expand the laboratory diagnostic capacity of Panama and the Central American Region as GMI is a national and regional reference laboratory for several infectious diseases. The work will be performed to support the implementation of the World Health Organization (WHO)'s International Health Regulations [IHR (2005)] in Panama and in the context of Article 44 of the IHR (2005), which directs State Parties to collaborate with each other to detect, assess, and respond to events, and to develop, strengthen, and maintain core capacities for disease surveillance and response to public health emergencies.

Single Source Justification

GMI is a public health institution within the Ministry of Health of Panama which provides research, public health services and advice on public health policy development. It was created in 1928 and was primarily funded by the United State Government (USG) until 1991. GMI was named after General William Crawford Gorgas, the U.S.

Army physician who managed control efforts of yellow fever, malaria and other diseases during the building of the Panama Canal. GMI contributes to improve the health of the population of Panama and Central America by acting as a national reference public health laboratory to diagnose diseases like yellow fever, malaria, measles, tuberculosis, arbovirus febrile illness, viral encephalitides, influenza, dengue, hantavirus cardiopulmonary syndrome, and all endemic viral and bacterial diseases. Most recently GMI became a World Bank-Pan-American Health Organization reference laboratory for human immunodeficiency virus (HIV) for the Central American region. GMI has well-established laboratories of virology, parasitology, immunology, genomics, entomology and food and water chemistry. GMI also has departments of epidemiology and biostatistics, chronic disease studies, health policy, and health and human reproduction studies. This infrastructure positions GMI as a key institution in Panama's national research and public health systems.

In 2006, GMI signed a Memorandum of Understanding (MOU) with HHS to identify joint opportunities to improve preparedness for and response to infectious diseases, placing specific emphasis on influenza and other respiratory diseases. To further the goals of the MOU, GMI was awarded two cooperative agreements by HHS–ASPR to increase its virology diagnostic capacity and strengthen the surveillance of influenza virus in Panama and Central American, and to develop a Regional Health Care Training Center (RHCTC) for health care workers of the Central American and Caribbean region. These cooperative agreements helped to establish the first country-wide sentinel influenza surveillance network, and a BSL–3 laboratory virology suite that was built and inaugurated in 2010. In addition, complementary epidemiological and laboratory training efforts took place at the RHCTC benefitting more than 5,000 professionals from Panama, Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua, and Dominican Republic. Based on the capacities developed under these projects, the GMI was designated as Panama's "National Influenza Center" by the World Health Organization (WHO).

By supporting GMI to become a qualified member of the LRN, the USG will increase its international network of laboratories that are fully equipped to detect, assess and report the outbreak of emerging infectious diseases including

novel influenza viruses and biological agents that pose a threat to global public health. Through this international collaboration ASPR will capitalize on GMI's influential position as an important regional partner on disease surveillance efforts and public health emergency preparedness. This new cooperative agreement will help to further strengthen laboratory diagnostic capacity in Panama and other countries in the region. GMI's strong collaborative relationships with neighboring governments, as well as its training capabilities, and laboratory infrastructure will be critical for the viability of this partnership. In addition, this collaboration will support overall HHS efforts to continue building capacity abroad with the ultimate intent of detecting, stopping, slowing or otherwise limiting the threat or actual spread of bio-terrorism agents or a pandemic to the United States, thereby enhancing the health security of the American population.

ADDITIONAL INFORMATION: The agency program contact is Dr. Maria Julia Marinissen, who can be contacted at 202-205-4214 or Maria.Marinissen@hhs.gov.

Statutory Authority: Sections 301, 307, 1701 and 2811 of the Public Health Service Act, 42 U.S.C. 241, 2421, 300u, 300hh-10.

Dated: August 15, 2011.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2011-21294 Filed 8-19-11; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Advisory Board on Radiation and Worker Health, Department of Health and Human Services, has been renewed for a 2-year period through August 3, 2013.

For information, contact Mr. Theodore Katz, Designated Federal Officer, Advisory Board on Radiation and Worker Health, Department of Health and Human Services, 1600 Clifton Road, M/S E20, Atlanta, Georgia 30341, telephone 404/498-2533, or fax 404/498-2570.

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.

Dated: August 12, 2011.

Elizabeth Millington,

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

[FR Doc. 2011-21413 Filed 8-19-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-11KA]

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 404-639-5960 and send comments to Catina Conner, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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

Use of Evidence-Based Practices for Comprehensive Cancer Control—New—National Center for Chronic Disease

Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There have been increasing calls in the fields of public health generally and cancer control specifically for the dissemination, adoption, and implementation of evidence-based practices (EBPs). EBPs are public health practices (interventions, programs, strategies, policies, procedures, processes, and/or activities) that have been tested or evaluated and shown to be effective. However, while the development, review, and compilation of EBPs has steadily increased over time, there is concern that the adoption and implementation of those practices, including among cancer control planners and practitioners, has not kept pace. Given the gap between the development of EBPs and their use, public health and cancer control organizations need to place greater emphasis on the promotion and dissemination of these practices among those who can use them to improve population health.

While efforts to promote cancer control EBPs have increased, questions remain whether these efforts will result in widespread adoption and implementation of EBPs in the context of comprehensive cancer control (CCC) in the states, Tribes, and U.S. Associated Pacific Island Jurisdictions and territories. National Comprehensive Cancer Control Program (NCCCCP) grantees may face a number of challenges to incorporating EBPs into CCC efforts in their jurisdictions. In order to address these barriers effectively and better promote the use of EBPs for cancer control, CDC would like to understand (1) how evidence-based approaches are currently being used to develop CCC plans; (2) how CCC programs identify EBPs; (3) what EBPs have been adopted by CCC programs; and (4) what challenges and unintended consequences have been encountered in their implementation.

CDC plans to conduct a new, one-time study to examine CCC planners' use of scientific and practice-based information to inform development of their CCC plans. Information collection will consist of two Web-based surveys involving key CCC stakeholders in the NCCCCP-funded states, Tribes, and U.S. Associated Pacific Island Jurisdictions and territories. Respondents for the first survey will be Directors of the 66 NCCCCP-funded programs, who will also have the opportunity to participate in a follow-up telephone call. Respondents for the second survey will be key