II. 20 NOTICES OF COMMENCEMENT FROM: 11/17/05 TO 12/07/05—Continued

Case No.	Received Date	Commencement Notice End Date	Chemical		
P-04-0808	11/25/05	11/17/05	(G) Aromatic thermoplastic polyurethane		
P-05-0002	11/28/05	11/16/05	(G) Methyl cyano amino ethyl ether		
P-05-0010	11/28/05	11/20/05	(G) Trimethyl bis alkylamine bis (aminoethyl) ether		
P-05-0119	11/30/05	10/05/05	(G) Allylpolyalkylenglycolsulfate, ammonium salt		
P-05-0152	11/23/05	11/14/05	(G) Polydimethyl alkyl methyl siloxane		
P-05-0366	11/25/05	11/09/05	(G) Substituted phenylsulfonyl, substituted acid chloride		
P-05-0405	11/25/05	11/12/05	(G) Substituted phenylsulfonyl, halosubstituted benzamide		
P-05-0432	11/22/05	07/01/05	(G) Alkanedioic acid, polymer with amine, alkanediols, caprolactone, dialkyl ester of sulfated aromatic dicarboxylic acid, sodium salt, hydroxy substituted alkane, isocyanates and alkanetriol.		
P-05-0449	11/18/05	10/18/05	(G) Epoxidized soya oil reaction products with alcohol		
P-05-0509	11/21/05	11/09/05	(G) Isocyanate functional urethane polymer		
P-05-0555	11/30/05	11/16/05	(S) Dodecanedioic acid, dihydrazide		
P-05-0601	11/30/05	11/07/05	(G) Ethoxylated bis (hydroxysubstituted) alkane		
P-05-0671	11/22/05	11/16/05	(G) Alkyl imide condensate of chloro triaryl diamine dione		
P-05-0672	11/21/05	10/28/05	(S) Cyclohexadecanone, .beta.(or 9)-methyl-, didehydro derivative		
P-05-0696	12/06/05	11/15/05	(G) Polyether polyurethane derivative polymer		
P-05-0702	11/21/05	11/08/05	(G) Sulphonated azo dye		

List of Subjects

Environmental Protection, Chemicals, Premanufacturer Notices.

Dated: December 22, 2005.

Carolyn Thornton,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. E5–8032 Filed 12–29–05; 8:45 am] **BILLING CODE 6560–50–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 January 27, 2006.

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

1. Tonganoxie Bankshares, Inc., Tonganoxie, Kansas; to acquire 53 percent of the voting shares of Overbrook Bankshares, Inc., and thereby indirectly acquire First Security Bank, both of Overbrook, Kansas.

Board of Governors of the Federal Reserve System, December 27, 2005.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E5–8106 Filed 12–29–05; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act Notice

TIME AND DATE: 10 a.m. (EST), January 4, 2006.

PLACE: 4th Floor Conference Room, 1250 H Street, NW., Washington, DC.

STATUS: Closed to the public.
MATTERS TO BE CONSIDERED:

Personnel matters.

CONTACT PERSON FOR MORE INFORMATION:

Thomas J. Trabucco, Director, Office of External Affairs, (202) 942–1640.

Dated: December 27, 2006.

Elizabeth S. Woodruff,

Secretary to the Board, Federal Retirement Thrift Investment Board.

[FR Doc. 05–24674 Filed 12–27–05; 4:05 pm]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Assistant Secretary for Planning & Evaluation Medicaid Program; Meeting of the Medicaid Commission—January 24–26, 2006

AGENCY: Assistant Secretary for Planning & Evaluation (ASPE), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting of the Medicaid Commission. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Medicaid Commission will advise the Secretary on ways to modernize the Medicaid program so that it can provide high-quality health care to its beneficiaries in a financially sustainable way.

DATES: The Meeting: January 24–26, 2006. The meeting will begin at 6 p.m. on January 24, and will begin at 9 a.m. each day on January 25 and 26.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Medicaid

Commission by January 13, 2006 (see FOR FURTHER INFORMATION CONTACT).

ADDRESSES: The Meeting: The meeting will be held at the following address: Holiday Inn Washington-Chevy Chase, 5520 Wisconsin Ave, Chevy Chase, MD 20815, United States, telephone: 1 (301) 656–1500, fax: 1 (301) 656–5045.

Web site: You may access up-to-date information on this meeting at http://www.cms.hhs.gov/FACA/10_mc.asp#TopOfPage.

FOR FURTHER INFORMATION CONTACT: Margaret Reiser, (202) 205–8255.

SUPPLEMENTARY INFORMATION: On May 24, 2005, we published a notice (70 FR 29765) announcing the Medicaid Commission and requesting nominations for individuals to serve on the Medicaid Commission. This notice announces a public meeting of the Medicaid Commission.

Topics of the Meeting

The Commission will discuss options for making longer-term recommendations on the future of the Medicaid program that ensure long-term sustainability. Issues to be addressed may include, but are not limited to: eligibility, benefit design, and delivery; expanding the number of people covered with quality care while recognizing budget constraints; long term care; quality of care, choice, and beneficiary satisfaction; and program administration.

Procedure and Agenda

This meeting is open to the public. There will be a public comment period at the meeting. The Commission may limit the number and duration of oral presentations to the time available. We will request that you declare at the meeting whether or not you have any financial involvement related to any services being discussed.

After the presentations and public comment period, the Commission will deliberate openly. Interested persons may observe the deliberations, but the Commission will not hear further comments during this time except at the request of the Chairperson. The Commission will also allow an open

public session for any attendee to address issues specific to the topic.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

Dated: December 20, 2005.

Donald A. Young,

Acting Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

[FR Doc. E5–8097 Filed 12–29–05; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-06-05AD]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–4766 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Helping to End Lead Poisoning (HELP): A Questionnaire Study of Medicaid Providers' Self-Reported Attitudes, Practices, Beliefs, and Barriers to Childhood Blood Lead Testing—New—National Center for Environmental Health, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

According to the United States Department of Health and Human Services (DHHS), lead poisoning is one of the most serious environmental threats to children in the United States. Very high blood lead levels in children can cause encephalopathy, coma, and even death. At lower levels, lead poisoning is a silent attacker because most children who are lead poisoned do not show symptoms. Low levels of lead poisoning are often associated with reductions in IQ and attention span, and with learning disabilities, hyperactivity, and behavioral problems. Because of these subtle effects, the best way to determine if a child has lead poisoning is by giving the child a blood lead test.

Children eligible for Medicaid are typically at highest risk for lead exposure. DHHS policies require blood lead testing for all children participating in Federal health care programs. However, most children in or targeted by Federal health care programs have not been tested.

Although blood lead testing is important, it is ineffective unless it is performed when the child is young enough to receive the full benefits of effective environmental interventions. Thus, it was determined by the CDC Lead Poisoning Prevention Branch (LPPB) that more information is needed to understand the barriers Medicaid providers face when it comes to blood lead testing.

Helping To End Lead Poisoning (HELP) is a comparison study between two communities in Wisconsin. To determine why some areas in Wisconsin have high blood lead testing rates and others do not, Medicaid providers in two areas will be studied. Community 1 has high and Community 2 has low blood lead testing rates. Questionnaires will be mailed to all Medicaid providers in these two Wisconsin communities. The questionnaires will be sent from and returned to the CDC LPPB in Atlanta, Georgia. CDC will analyze the data from the questionnaires. CDC and the Wisconsin Childhood Lead Poisoning Prevention Program staff will use this information to understand the barriers Medicaid providers face concerning blood lead testing and to develop effective strategies that promote blood lead testing among Medicaid providers. There is no cost to respondents, other than their time.

National Center for Environment Health (NCEH), is requesting a year to complete the study. The total estimated burden hours are 14.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Targeted Medicaid Providers in Wisconsin	13	1	10/60
(mailed questionnaire) Targeted Medicaid Providers in Wisconsin	60	1	10/60