Governors not later than February 28, 2000.

- A. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261–4528:
- 1. First Charter Corporation, Concord, North Carolina; to merge with Carolina First BancShares, Inc., Lincolnton, North Carolina, and thereby indirectly acquire Community Bank and Trust Company, Rutherfordton, North Carolina; Cabarrus Bank of North Carolina, Concord, North Carolina; Lincoln Bank of North Carolina, Lincolnton, North Carolina. Applicant also will acquire shares of First Gaston Bank of North Carolina, Gastonia, North Carolina.
- B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166–2034:
- 1. Branson Bancshares, Inc., Branson, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Branson Bank, Branson, Missouri (in organization).
- 2. Maries County Bancorp, Inc., Vienna, Missouri; to acquire 9.3 percent of the voting shares of Branson Bancshares, Inc., Branson, Missouri, and thereby indirectly acquire Branson Bank, Branson, Missouri a de novo bank).

Board of Governors of the Federal Reserve System, January 28, 2000.

Robert deV. Frierson,

Associate Secretary of the Board. [FR Doc. 00–2360 Filed 2–2–00; 8:45 am] BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Notice of Proposals To Engage in Permissible Nonbanking Activities or to Acquire Companies That Are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage de novo, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 18, 2000.

- A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303–2713:
- 1. Exchange Bankshares, Inc., Milledgeville, Georgia; to acquire Exchange Insurance Agency, Inc., Gray, Georgia, and thereby engage in insurance agency activities in a town of less than 5,000, pursuant to § 225.28(b)(11)(iii) of Regulation Y.
- B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166–2034:
- 1. National Commerce
 Bancorporation, Memphis, Tennessee;
 to acquire through its subsidiary,
 TransPlatinum Service Corp., Nashville,
 Tennessee, Fleet One, L.L.C., Nashville,
 Tennessee, and thereby engage in data
 processing and data transmission
 activities, pursuant to § 225.28(b)(14) of
 Regulation Y.

Board of Governors of the Federal Reserve System, January 28, 2000.

Robert deV. Frierson,

Associate Secretary of the Board. [FR Doc. 00–2359 Filed 2–2–00; 8:45 am] BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Request and Extension of Deadline for Nominations for the Secretary's Advisory Committee on Minority Health

AGENCY: Office of Public Health and Science, Office of Minority Health, HHS.

ACTION: Notice—Extension of Deadline.

Authority: Section 1707(c) of the Public Health Service Act, as amended (42 U.S.C. 300u–6(c)); Federal Advisory Committee Act (5 U.S.C. appendix 2).

SUMMARY: The Secretary, Department of Health and Human Services, signed the charter establishing the Committee on

Minority Health on September 17, 1999. Unless renewed prior to its expiration, the Committee will terminate on September 22, 2001. It is the function of the Committee to advise and make recommendations to the Secretary on improving the health of racial and ethnic minority groups and development of goals and specific program activities. This notice requests and extends the deadline for submission of nominations for membership on the Committee.

DATES: Nominations for members must be received no later than 5:00 P.M. on March 6, 2000.

ADDRESSES: You may mail or deliver nominations to the following address: Monica Farrar, Division of Management Operations, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, MD 20852. Nominations will not be accepted by e-mail nor by facsimile.

A request for a copy of the Secretary's charter for the Advisory Committee should be submitted to: Joan Jacobs, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, MD 20852. The charter can also be downloaded from the Office of Minority Health Resource Center web site at http://www.omhrc.gov.

FOR FURTHER INFORMATION CONTACT: Joan Jacobs, (301) 443–9923.

SUPPLEMENTARY INFORMATION:

I. Background and Legislative Authority

Section 1707(c) of the Public Health Service Act directs the Secretary to establish the Advisory Committee on Minority Health. The Committee is also governed by the Federal Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formulation and use of advisory committees.

The Advisory Committee shall advise the Secretary on improving the health of racial and ethnic minorities and developing goals and specific program activities. These activities include, but are not limited, to the following:

- (1) Establishing short-range and longrange goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals.
- (2) Entering into interagency agreements with other agencies of the Public Health Service.
- (3) Supporting research, demonstrations, and evaluations to test new and innovative models.

(4) Increasing knowledge and understanding of health risk factors.

(5) Developing mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial and ethnic minority groups.

(6) Ensuring that the National Center for Health Statistics, Centers for Disease Control and Prevention, collects data on the health status of each minority group.

- (7) With respect to individuals who lack proficiency in speaking the English language, entering into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.
- (8) Supporting a national minority health resource center to carry out the following:
- (A) Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care;
 - (B) Facilitate access to information;
- (C) Assist in the analysis of issues and problems relating to such matters;
- (D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials of such technical assistance).
- (9) Carrying out programs to improve access to health care services for individuals with limited proficiency in speaking the English language.
 Activities under the preceding sentence shall include developing and evaluating model projects.

II. Nominations

The Office of Minority Health (OMH) is requesting nominations for voting members to serve on the Advisory Committee. The Committee is to consist of 12 voting members appointed by the Secretary from among racial and ethnic minorities, defined as Black or African American, Hispanic/Latino, American Indian/Alaska Native, Asian American, and Native Hawaiian or Pacific Islander, who have expertise regarding issues of minority health. The racial and ethnic minority groups will be equally represented among the voting members. The membership will also be diverse in terms of gender, HIV status, disability, age, culture, sexual orientation, geography, and points of view. Employees or officers of the Federal Government may not serve as voting

members, except that the Secretary may appoint employees of the DHHS to serve as ex-officio, non-voting members.

OMH is seeking nominations of persons from a wide-array of fields including but not limited to: public health and medicine, health administration and financing, behavioral and social sciences, immigration and rural health, health law and economics, cultural and linguistic competency, and biomedical ethics and human rights. Demonstrated expertise in minority health, in subject areas such as access to care, data collection and analysis, health professions development, cultural competency, and eliminating disparities in cancer, cardiovascular diseases, infant mortality, HIV infection/AIDS, child and adult immunization, diabetes, substance abuse, homicide, suicide, unintentional injuries, and other diseases and health conditions is also required.

Nominations must state that the nominee is willing to serve as a member of the Advisory Committee and appears to have no conflict of interest that would preclude membership.

Candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

Members are appointed for a term of four years except that the Secretary shall initially appoint a portion of members to one, two, and three year terms. The Chair, selected by the Secretary from among the voting members of the Committee, will serve a term of two years. Committee members will be compensated for the time spent in Committee meetings (including travel time) as well as per diem costs.

Any interested person may nominate one or more qualified persons. Self-nominations will also be accepted.

Nomination forms may be obtained from the Office of Minority Health Resource Center, P.O. Box 37337. Washington, D.C. 20013–7337, telephone 1–800–444–6472, TDD 301–230–7199, e-mail: info@omhrc.gov. Nomination forms may also be downloaded from the Office of Minority Health Resource Center web site, http://www.omhrc.gov. All nominations and curricula vitae for the Advisory Committee should be set to Monica Farrar at the address in this notice.

Dated: January 27, 2000.

Nathan Stinson, Jr.,

Deputy Assistant Secretary for Minority Health.

[FR Doc. 00–2312 Filed 2–2–00; 8:45 am] BILLING CODE 4160–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-00-22]

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 the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistance Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333, Written comments should be received within 60 days of this notice.

Proposed Project

Implementation of data collection described in Evaluation Guidance for CDC Funded Health Department HIV Prevention Programs To Be Implemented From 2000 to 2003—New—The Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP) proposes a collection of standardized HIV evaluation data from health department grantees to ensure delivery of the best possible HIV prevention services. The CDC needs standardized evaluation data from