

and acquire additional shares of, Citizens Bankshares of Springhill, Inc., and thereby indirectly acquire and retain voting shares of Citizens Bank & Trust Company, both of Springhill, Louisiana.

Board of Governors of the Federal Reserve System, January 22, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-1565 Filed 1-26-10; 8:45 am]

BILLING CODE 6210-01-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 applications 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 February 19, 2010.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *First Niagara Financial Group, Inc.*, Buffalo, New York; to acquire by its proposed acquisition of Harleysville National Corporation, Harleysville,

Pennsylvania, up to 19.9 percent of the outstanding shares of Berkshire Bancorp, Inc., and thereby indirectly acquire shares of Berkshire Bank, both of Wyomissing, Pennsylvania.

B. Federal Reserve Bank of St. Louis (Glenda Wilson, Community Affairs Officer) P.O. Box 442, St. Louis, Missouri 63166-2034:

1. *Cabool State Bank Employee Stock Ownership Plan*, Cabool, Missouri; to acquire an additional 1.04 percent of, for a total of 31.67 percent of, the voting shares of Cabool Bancshares, Inc., and thereby indirectly acquire additional voting shares of Cabool State Bank, both of Cabool, Missouri.

2. *First National Bancorp, Inc.*, Green Forest, Arkansas; to acquire an additional 0.78 percent of, for a total of 9.06 percent of, the voting shares of Legacy National Bank, Springdale, Arkansas.

Board of Governors of the Federal Reserve System, January 21, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-1507 Filed 1-26-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-10-0650]

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 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, 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

Prevention Research Centers Program National Evaluation Reporting System—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Prevention Research Centers (PRC) Program was established by Congress through the Health Promotion and Disease Amendments of 1984. CDC manages the PRC program and currently provides funding to PRC grantees that are housed within schools of public health, medicine or osteopathy. Awards are made for five years and may be renewed through a competitive application process. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. Research projects involve State and local health departments, health care providers, universities, community partners, and other organizations. PRCs collaborate with external partners to assess community health priorities; identify research priorities; set research agendas; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public. Each PRC receives an approximately equal amount of funding from CDC to establish its core capacity and support a core research project as well as training and evaluation activities. Research foci reflect each PRC's area of expertise and the needs of the community. Health disparities and goals outlined in *Healthy People 2010* are a particular emphasis for most PRC core research.

CDC is currently approved to collect progress and performance information from PRCs through the PRC Information System (IS), a Web-based application (OMB #0920-0650, exp. 8/31/2010). The IS was developed to organize programmatic information through work plans and progress reports and to assist in tracking progress toward and achievement of the PRC performance indicators. Respondents also report data

related to the prevention research projects, products resulting from those projects, trainings related to those projects, and partnerships.

CDC will request OMB approval to continue collecting progress and performance information from PRCs for three years, with changes. The current IS will be phased out and replaced with two restructured information collections. The first information collection will be conducted utilizing a simplified, more user-friendly Web-based survey system. The second information collection will consist of telephone interview involving a key contact person for each PRC grantee. CDC proposes to amend the title of the

OMB approval to reflect the change in data collection methodology.

In the next approval period, information collection will be restructured around a revised set of performance indicators that are based on a review of fiscal year 2007 data and input from the PRCs from 2008–2009. During that time, the CDC PRC Program office and grantees concluded that performance could be adequately monitored using a subset of the previously approved questions, implementing minor changes to some questions, instituting a brief telephone interview, and reducing the frequency of data collection.

CDC will continue to use the information reported by PRCs to

identify training and technical assistance needs, respond to requests for information from Congress and other sources, monitor grantees' compliance with cooperative agreement requirements, evaluate progress made in achieving goals and objectives, and describe the impact and effectiveness of the PRC program.

PRCs will report the required information to CDC once per year. Although the number of respondent PRCs will increase to 35, the overall estimated burden is expected to decrease due to a reduction in the estimated burden per respondent. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PRC Program	Survey	35	1	6	210
	Telephone Interview	35	1	1	35
Total	245

Dated: January 20, 2010.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-1649 Filed 1-26-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-10-09AM]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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 a 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 clarify 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 information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Prevalence Survey of Healthcare Associated Infections (HAIs) and Antimicrobial Use in U.S. Acute Care Hospitals—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to conduct two surveys to obtain national estimates of Healthcare Associated Infections (HAIs) prevalence and antimicrobial use in the United States. Preventing HAIs is a CDC priority, and an essential step in reducing the occurrence of HAIs is to accurately estimate the burden of these infections in U.S. hospitals and to describe the types of HAIs and their causative

organisms, including antimicrobial-resistant pathogens.

The scope and magnitude of HAIs in the U.S. were last directly estimated in the 1970s and 1980s by CDC's Study on the Efficacy of Nosocomial Infection Control (SENIC), in which comprehensive data were collected from a sample of 338 hospitals; 5% of hospitalized patients acquired an infection not present at the time of admission. CDC's current HAI surveillance system, the National Healthcare Safety Network (NHSN) (OMB Control No. 0920-0666, expiration date 9/30/2012), focuses instead on device-associated and procedure-associated infections in a variety of patient locations, and does not receive data on all types of HAIs to make hospital-wide burden estimates. The purpose of this information collection request is to assess the magnitude and types of HAIs and antimicrobial use occurring in all patient populations within acute care hospitals in order to inform decisions made by local and national policy makers and hospital infection control personnel regarding appropriate targets and strategies for preventing HAIs and the emergence of antimicrobial-resistant pathogens and encouraging appropriate antimicrobial use. Such assessments can be obtained in periodic national prevalence studies, such as