

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office 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 November 5, 2001.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105-1521:

1. *Albert V. Schulze, and Michelle A. Schulze*, both of Orwigsburg, Pennsylvania; to acquire voting shares of Union Bancorp, Inc., Pottsville, Pennsylvania, and thereby indirectly acquire voting shares of Union Bank and Trust Company Pottsville, Pennsylvania.

B. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *Elizabeth L. Kirch*, Moorhead, Minnesota; to acquire voting shares of State Bancshares of Ulen, Inc., Dilworth, Minnesota, and thereby indirectly acquire voting shares of The Northwestern State Bank of Ulen, Ulen, Minnesota.

Board of Governors of the Federal Reserve System, October 16, 2001.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 01-26479 Filed 10-19-01; 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 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 November 15, 2001.

A. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *Dakota Bancshares, Inc.*, Mendota Heights, Minnesota; to acquire 100 percent of the voting shares of The Midway National Bank of St. Paul, St. Paul, Minnesota.

Board of Governors of the Federal Reserve System, October 16, 2001.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 01-26480 Filed 10-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Public Comment on AHRQ's Evidence-based Practice Program

AGENCY: The Agency for Healthcare Research and Quality (AHRQ), DHHS.

ACTION: Request for public comments.

SUMMARY: AHRQ will issue a Request for Proposals (RFP) in December 2001, to continue its Evidence-based Practice Centers Program (EPC Program). Prior to release of the RFP, AHRQ invites comments from interested parties about the EPC Program with respect to: (a) What has worked well; (b) What has not worked well; (c) What changes and improvements could be made.

AHRQ also is interested in suggestions about new opportunities. For example, what steps might AHRQ take to encourage more healthcare organizations and other relevant groups to translate EPC evidence reports into

clinical practice guidelines? What steps might AHRQ take to expand the number of performance measures, educational curricula, and other quality enhancement tools derived from EPC evidence reports? How might AHRQ better track implementation of the evidence-based tools and measures derived from EPC evidence reports, that impact on patient outcomes and quality of care? Are there information technology systems that AHRQ might utilize to broaden clinician access to and use of EPC products?

DATES: To be considered for incorporation in the planned RFP, comments must be received by Friday, November 9, 2001. Comments should be sent to Jacqueline Besteman via e-mail (preferred) jbestema@ahrq.gov; or fax number: 301-594-4027.

FOR FURTHER INFORMATION CONTACT: Jacqueline Besteman, J.D., M.A., Director, EPC Program, Center for Practice and Technology Assessment, AHRQ, 6010 Executive Blvd., Suite 300, Rockville, MD 20852; Phone: (301) 594-4017; Fax: (301) 594-4027; E-mail: jbestema@ahrq.gov

SUPPLEMENTARY INFORMATION:

Background

AHRQ is the lead Federal agency for enhancing the quality, appropriateness, and effectiveness of healthcare services and access to such services. In carrying out this mission, AHRQ conducts and funds research that develops and presents evidence-based information on healthcare outcomes, quality, cost, use and access. Included in AHRQ's legislative mandate is support of syntheses and wide-spread dissemination of scientific evidence, including dissemination of methods or systems for rating the strength of scientific evidence. These research findings and syntheses assist providers, clinicians, payers, patients, and policymakers in making evidence-based decisions regarding the quality and effectiveness of health care.

In June 1997, AHRQ established the Evidence-based Practice Center Program (EPC Program) to better respond to significant changes within the health care industry. AHRQ became a science partner with private and public-sector organizations in their efforts to improve the quality, effectiveness and appropriateness of clinical practice. AHRQ awarded 5-year contracts to 12 institutions and designated them as Evidence-based Practice Centers (EPCs). Since 1997, the EPCs have conducted more than 80 systematic reviews and analyses of scientific literature on a wide spectrum of topics, incorporating

the results and conclusions into evidence reports and technology assessments (visit AHRQ's website www.ahrq.gov for Summaries of EPC reports).

EPC evidence reports and technology assessments have been used by systems of care, professional societies, health plans, public and private purchasers, States, and other entities, as a scientific foundation for development and implementation of their own clinical practice guidelines, clinical pathways, review criteria, performance measures, and other clinical quality improvement tools, as well as for formulation of evidence-based policies related to specific health care technologies.

The objectives of the upcoming second competition for the EPC Program (EPC II) are: (1) Continuation of the methodologically rigorous systematic reviews and analyses of scientific literature on clinical, organizational, and financing systems topics; (2) updating or prior EPC reports; (3) supporting EPC methodologies assistance to professional organizations and others, to facilitate translation of the evidence reports into quality improvement tools, educational programs, etc.; and (4) expanded EPC methods and implementation research.

The EPC Program is an essential component of AHRQ's resources for evidence-based systematic reviews, analyses, and research. AHRQ intends that evidence reports, technology assessments, and research, flowing from EPC II will be more useful to a broader array of stakeholders—consumers, providers, employers, policymakers—and be more rapidly available. AHRQ invites your comments and suggestions on how to achieve these EPC Program goals.

Dated: October 15, 2001.

John M. Eisenberg,

Director.

[FR Doc. 01-26476 Filed 10-19-01; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of Unsolicited Proposal

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award of Fiscal Year 2001 funds in the amount of \$42,140 for a one-year research grant entitled "International Pooled Analysis of Lead-Exposed Cohorts." The

recipient is Children's Hospital Research Foundation, Division of General Pediatrics, 3333 Burnet Avenue, Cincinnati, Ohio 45229-3039.

Performance Period: September 30, 2001 through September 29, 2002.

This grant addresses the "Healthy People 2010" focus area of Environmental Health. The purpose of the program is to examine lead-associated cognitive deficits below 10 µg/dL.

B. Where To Obtain Additional Information

To obtain business management technical assistance, contact: Sharron Orum, Lead Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone number: (770) 488-2716, FAX: (770) 488-2777, Email address: spo2@cdc.gov.

For program technical assistance, contact: Pamela Meyer, Epidemiologist, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, National Center for Environmental Health, Centers for Disease Control and Prevention, Executive Park, Building 6, Room 1043, Mailstop E-17, Atlanta, GA 30333, Telephone number: (770) 498-1015, FAX: (770) 498-1088, Email address: PMeyer@cdc.gov.

Dated: October 16, 2001.

Rebecca B. O'Kelley,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 01-26518 Filed 10-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02007]

State Implementation Projects for Preventing Secondary Conditions and Promoting the Health of People With Disabilities; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for cooperative agreements for State implementation projects for preventing secondary conditions and promoting the health of persons with disabilities. This program addresses the

Healthy People 2010 focus area of Disability and Secondary Conditions.

The purpose of this program is to support States in preventing secondary conditions in persons with disabilities and in implementing effective health promotion and wellness programs for persons with disabilities.

This announcement is comprised of three levels of cooperative agreements:

Level I—Full State Implementation Projects with Intervention and Evaluation Components. The purpose of this Level is to sustain and expand support for States having already established CDC programs, provide the resources to build upon achievements and effective collaborations now in place, and allow States to immediately implement intervention programs to address the documented needs of targeted populations. Level I awards will also provide a mechanism to permit States to offer on-site guidance and consultation to other State projects to accelerate their development and capacity to also prevent secondary conditions and promote the health of people with disabilities. Level I projects are expected to implement targeted interventions during the first budget year.

Level II—State Implementation Projects. The purpose of this Level is: (1) To allow currently funded States that may not meet the comprehensive requirements for a Level I award to continue to develop their State Plan, advisory, program management, disability surveillance, partnering, health promotion, and intervention planning functions to advance toward a Full State Implementation Project; and (2) to allow States not currently funded that have an advanced capacity to also address and achieve the program status and operational components noted above, and expressed under the Recipient Activities listed in this announcement. Level II projects should have the capacity to implement targeted interventions within the project period based on established or developed capacity.

Level III—State Infrastructure Development Projects. The purpose of this Level is to provide States not currently funded with the resources to develop the infrastructure necessary, and build the capacity to meet the comprehensive requirements and components of a State implementation project over time. These States should aspire to demonstrate performance that could later form the basis for consideration for additional funding based on the achievement of program goals and objectives. Funding for Level III projects is designed to develop State