

B. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *FNB Financial Corporation*, Las Vegas, New Mexico; to become a bank holding company by acquiring 100 percent of the voting shares of First National Bank in Las Vegas, Las Vegas, New Mexico.

C. Federal Reserve Bank of San Francisco (Maria Villanueva, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. *Eggemeyer Advisory Corp.*; *WJR Corp.*; Castle Creek Capital, LLC; Castle Creek Capital Partners Fund I, LP; Castle Creek Capital Partners Fund IIa, LP; Castle Creek Capital Partners Fund IIb, LP, all of Rancho Santa Fe, California; to acquire more than 5 percent of the voting shares of Ruidoso Bank Corporation, Ruidoso, New Mexico, and thereby indirectly acquire Ruidoso State Bank, Ruidoso, New Mexico.

2. *State National Bancshares, Inc.*, Lubbock, Texas; to acquire 100 percent of the voting shares of Ruidoso Bank Corporation, Ruidoso, New Mexico, and thereby indirectly acquire voting shares of Ruidoso State Bank, Ruidoso, New Mexico.

Board of Governors of the Federal Reserve System, June 30, 2000.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 00-17084 Filed 7-5-00; 8:45 am]

BILLING CODE 6210-01-P

GENERAL SERVICES ADMINISTRATION

Federal Travel Regulation; National Travel Conference 2000

AGENCY: Office of Governmentwide Policy, GSA.

ACTION: Notice.

SUMMARY: The General Services Administration (GSA) is announcing that significant changes to the Federal Travel Regulation will be discussed at a national travel conference to be held in Orlando, Florida, October 30 through November 1, 2000. Additionally, Travel Managers of the Year Awards will be presented by Government Executive magazine. Federal agencies may hold agency-wide meetings at this conference.

FOR FURTHER INFORMATION CONTACT: Jane Groat, Office of Governmentwide Policy, Travel Management Policy Division, at (202) 501-4318, or by e-mail to jane.groat@gsa.gov or at www.nationaltravel2000.com.

Dated: June 30, 2000.

William T. Rivers,

Acting Director, Travel Management Policy Division.

[FR Doc. 00-17076 Filed 7-5-00; 8:45 am]

BILLING CODE 6820-34-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY-50-00]

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) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

National Nosocomial Infections Surveillance (NNIS) System (0920-0012)—Revision—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). The most recent renewal of the NNIS system was in 1997. The NNIS system, which was instituted in 1970, is an ongoing surveillance system currently involving 315 hospitals that voluntarily report their nosocomial infections data to the Centers for Disease Control and Prevention (CDC), who aggregates the data into a national database. The data are collected using surveillance protocols developed by CDC for high risk patient groups (ICU, high-risk surgery, and surgical patients). Instructional manuals, training of surveillance personnel, and a computer surveillance software are among the support that CDC provides without cost

to participating hospitals to ensure the reporting of accurate and uniform data.

The purpose of the NNIS system is to provide national data on the incidence of nosocomial infections and their risk factors, and on emerging antibiotic resistance. The data are used to determine the magnitude of various nosocomial infection problems and trends in infection rates among patient with similar risks. They are used to detect changes in the epidemiology of nosocomial infections resulting from new medical therapies and changing patient risks. New to the NNIS system is the monitoring of antibiotic resistance and antimicrobial use in groups of patients to describe the epidemiology of antibiotic resistance and to understand the role of antimicrobial therapy to this growing problem. The NNIS system can also serve as a sentinel system for the detection of nosocomial infection outbreaks in the event of national distribution of a contaminated medical product or device.

The respondent burden is not the same in each hospital since the hospitals can select from a wide variety of surveillance options. A typical hospital will monitor patients for infections in two ICUs and surgical site infections following 3 surgical operations. The respondent burden includes the time and cost to collect data on nosocomial infections in patients in these groups and the denominator data to characterize risk factors in the patients who are being monitored; to enter the data as well as a surveillance plan into the surveillance software; to send the data to CDC by electronic transmission; and complete a short annual survey and administrative forms. The annualized burden is estimated to be 71,259 hours.

Respondent	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Hospitals	315	12	1.30

Dated: June 29, 2000.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00-17092 Filed 7-5-00; 8:45 am]

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