

D. Federal Reserve Bank of St. Louis
(Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *First Horizon National Corporation*, Memphis, Tennessee; to acquire 100 percent of The State Bank, Rocky Ford, Colorado.

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

1. *Citizens National Corporation*, Wisner, Nebraska; to acquire 40 percent of the voting shares of Republic Corporation, and thereby indirectly acquire shares of United Republic Bank (in organization), both in Omaha, Nebraska.

Board of Governors of the Federal Reserve System, April 11, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-5600 Filed 4-14-06; 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 Web site at <http://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 May 12, 2006.

A. Federal Reserve Bank of Cleveland (Cindy West, Manager) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. *Citizens National Corporation*, Paintsville, Kentucky; to acquire 100 percent of Heritage Bank of Ashland, Inc., Ashland, Kentucky

B. Federal Reserve Bank of Chicago (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Monarch Community Bancorp, Inc.*, Coldwater, Michigan; to become a bank holding company by acquiring 100 percent of the voting shares of Monarch Community Bank, Coldwater, Michigan.

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

1. *The Farmers State Bank of Fort Morgan Colorado Employee Stock Ownership Plan*, Morgan, Colorado; to acquire up to 38 percent of the voting shares of FSB Bancorporation of Fort Morgan, and thereby indirectly acquire voting shares of Farmers State Bank of Fort Morgan, both of Fort Morgan, Colorado.

Board of Governors of the Federal Reserve System, April 12, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-5665 Filed 4-14-06; 8:45 am]

BILLING CODE 6210-01-S

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. 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 the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 1, 2006.

A. Federal Reserve Bank of Chicago (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Farmers Bancorp.*, Frankfort, Indiana; to retain 100 percent of the voting shares of Farmers Bank Reinsurance Company, Ltd., Frankfort, Indiana, and thereby engage in the sale or brokering of insurance, pursuant to section 225.28(b)(11)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, April 11, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-5599 Filed 4-14-06; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL TRADE COMMISSION

[Docket No. 9317]

Dynamic Health of Florida, LLC; Analysis of Proposed Consent Order to Aid Public Comment

AGENCY: Federal Trade Commission.

ACTION: Proposed consent agreement.

SUMMARY: The consent agreement in this matter settles alleged violations of federal law prohibiting unfair or deceptive acts or practices or unfair methods of competition. The attached Analysis to Aid Public Comment describes both the allegations in the complaint and the terms of the consent order—embodied in the consent agreement—that would settle these allegations.

DATES: Comments must be received on or before May 5, 2006.

ADDRESSES: Interested parties are invited to submit written comments. Comments should refer to “Dynamic Health of Florida, Docket No. 9317,” to facilitate the organization of comments. A comment filed in paper form should include this reference both in the text and on the envelope, and should be mailed or delivered to the following

address: Federal Trade Commission/Office of the Secretary, Room 135–H, 600 Pennsylvania Avenue, NW., Washington, DC 20580. Comments containing confidential material must be filed in paper form, must be clearly labeled “Confidential,” and must comply with Commission Rule 4.9(c). 16 CFR 4.9(c) (2005).¹ The FTC is requesting that any comment filed in paper form be sent by courier or overnight service, if possible, because U.S. postal mail in the Washington area and at the Commission is subject to delay due to heightened security precautions. Comments that do not contain any nonpublic information may instead be filed in electronic form as part of or as an attachment to e-mail messages directed to the following e-mail box: consentagreement@ftc.gov.

The FTC Act and other laws the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. All timely and responsive public comments, whether filed in paper or electronic form, will be considered by the Commission, and will be available to the public on the FTC website, to the extent practicable, at <http://www.ftc.gov>. As a matter of discretion, the FTC makes every effort to remove home contact information for individuals from the public comments it receives before placing those comments on the FTC website. More information, including routine uses permitted by the Privacy Act, may be found in the FTC’s privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

FOR FURTHER INFORMATION CONTACT: Janet Evans (202–326–2125) or Sydney Knight (202–326–2162), Bureau of Consumer Protection, 600 Pennsylvania Avenue, NW., Washington, DC 20580.

SUPPLEMENTARY INFORMATION: Pursuant to section 6(f) of the Federal Trade Commission Act, 38 Stat. 721, 15 U.S.C. 46(f), and § 3.25(f) of the Commission Rules of Practice, 16 CFR 3.25(f), notice is hereby given that the above-captioned consent agreement containing a consent order to cease and desist, having been filed with and accepted, subject to final approval, by the Commission, has been placed on the public record for a period of thirty (30) days. The following Analysis to Aid Public Comment describes the terms of the consent

agreement, and the allegations in the complaint. An electronic copy of the full text of the consent agreement package can be obtained from the FTC Home Page (for April 6, 2006), on the World Wide Web, at <http://www.ftc.gov/os/2006/04/index.htm>. A paper copy can be obtained from the FTC Public Reference Room, Room 130–H, 600 Pennsylvania Avenue, NW., Washington, DC 20580, either in person or by calling (202) 326–2222.

Public comments are invited, and may be filed with the Commission in either paper or electronic form. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before the date specified in the **DATES** section.

Analysis of Agreement Containing Consent Order to Aid Public Comment

The Federal Trade Commission has accepted, subject to final approval, an agreement containing a consent order with Dynamic Health of Florida, LLC; Chhabra Group, LLC; and Vineet Chhabra a/k/a Vincent Chhabra (“respondents”). The proposed order resolves the allegations of the complaint issued against these respondents and others on June 15, 2004. In the Matter of Dynamic Health of Florida, LLC, D. 9317 (June 15, 2004).

The proposed consent order has been placed on the public record for thirty (30) days for submission of comments by interested persons. Comments received during this period will become part of the public record. After thirty (30) days, the Commission will review the agreement in light of any comments received and will decide whether it should withdraw from the agreement and take other appropriate action or make final the agreement’s proposed order.

This matter concerns the respondents’ marketing of a purported children’s weight loss product called “Pedia Loss” and a purported female libido enhancer called “Fabulously Feminine.” The Commission’s complaint charged that advertising for Pedia Loss made unsubstantiated claims that (1) Pedia Loss causes weight loss in overweight or obese children ages 6 and over, and (2) when taken by overweight or obese children ages 6 and over, Pedia Loss causes weight loss by suppressing appetite, increasing fat burning, and slowing carbohydrate absorption. The Commission’s complaint also charged that advertising for Fabulously Feminine falsely represented that clinical testing proves that Fabulously Feminine enhances a woman’s satisfaction with her sex life and level of sexual desire. In addition, the

complaint challenged the unsubstantiated claim that Fabulously Feminine will increase a woman’s libido, sexual desire, and sexual satisfaction by stimulating blood flow and increasing sensitivity.

Part I.A. of the proposed order requires that respondents possess and rely on competent and reliable scientific evidence to support representations that Pedia Loss or any other covered product causes weight loss, suppresses appetite, increases fat burning, or slows carbohydrate absorption; causes weight loss in overweight or obese children ages 6 and over; or causes weight loss by suppressing appetite, increasing fat burning, or slowing carbohydrate absorption, when taken by overweight or obese children ages 6 and over. “Covered product” is defined as any dietary supplement, food, or drug. Part I.B. of the order requires that proposed respondents possess and rely on competent and reliable scientific evidence to support representations that Fabulously Feminine or any other covered product will increase a woman’s libido, sexual desire, or sexual satisfaction.

Part II of the proposed order requires that respondents possess and rely on competent and reliable scientific evidence to support benefits, performance, or efficacy representations for any covered product.

Part III of the proposed order prohibits respondents from misrepresenting the existence, contents, validity, results, conclusions, or interpretations of any test or studies.

Part IV of the proposed order permits respondents to make certain claims for food or drugs that are permitted in labeling under laws and/or regulations administered by the U.S. Food and Drug Administration.

The remainder of the proposed order contains requirements that respondents maintain copies of advertising making representations covered by the order and any materials relied upon in disseminating these representations (Part V); distribute copies of the order to certain company officials (Part VI); notify the Commission of changes in corporate structure (Part VII); notify the Commission of changes in the individual respondent’s business or employment (Part VIII); and file one or more reports detailing their compliance with the order (Part IX). Part X of the proposed order is a provision whereby the order, absent certain circumstances, terminates twenty years from the date of issuance.

The purpose of this analysis is to facilitate public comment on the proposed order, and is not intended to

¹ The comment must be accompanied by an explicit request for confidential treatment, including the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. The request will be granted or denied by the Commission’s General Counsel, consistent with applicable law and the public interest. See Commission Rule 4.9(c), 16 CFR 4.9(c).

constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E6-5622 Filed 4-14-06; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services; Elder Care Initiative Long Term Care Grant Program

Announcement Type: New Discretionary .

Funding Announcement Number: HHS-2006-IHS-IWHD-0001.

Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates:

Letter of Intent Deadline: May 12, 2006.

Application Receipt Deadline: June 5, 2006.

Application Review Dates: June 19–30, 2006.

Application Notification: July 10–14, 2006.

Anticipated Award Start Date: August 1, 2006.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces competitive grant applications for the Elder Care Initiative Long Term Care Grant Program (ECILTC). This program is authorized under section 301(a), Public Health Service Act, as amended, Snyder Act, 42 Stat. 208; Public Law 94-482; and Indian Health Care Improvement Act, 25 U.S.C. 1653(c). This program is described at 93.933 in the Catalog of Federal Domestic Assistance.

Approximately \$650,000 will be available through the ECILTC grant program to support planning and implementation of sustainable long term care (LTC) services for American Indians and Alaska Native (AI/AN) elders.

The AI/AN elder population is growing rapidly and the AI/AN population as a whole is aging. The prevalence of chronic disease in this population continues to increase, contributing to a frail elder population with increasing long-term care needs.

LTC is best understood as an array of social and health care services that support an individual who has needs for assistance in activities of daily living

over a prolonged period. LTC supports elders and their families with medical, personal, and social services delivered in a variety of settings to support quality of life, maximum function, and dignity. While families continue to be the backbone of LTC for AI/AN elders, there is well documented need to support this care with formal services. The way these services and systems of care are developed and implemented can have a profound impact on the cultural and spiritual health of the community.

Home and community-based services (HCBS) have the potential for meeting the needs of the vast majority of elders requiring LTC services, supporting the key roles of the family in the care of the elder and the elder in the care of the family and community. A LTC system with a foundation in home and community-based services will also comply with the U.S. Supreme Court interpretation of the Americans with Disabilities Act (ADA) in *Olmstead v. L.C.* This ruling obligates States and localities to provide care for persons with disability “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” (28 CFR 35.130(d)). An efficient and effective LTC system would make use of all available resources, integrating and coordinating services to assist families in the care of their elders.

The primary focus for planning and program development for AI/AN LTC is at the Tribal and urban community level. Tribes and communities have very different histories, capabilities, and resources with regard to LTC program development. Each Tribe or community will have different priorities in building LTC infrastructure. The development of LTC services should be well grounded in an assessment of need based on population demographics and rates of functional impairment. LTC services should be acceptable to elders and their families and consistent with community values in their implementation. The services should be a part of an overall vision and plan for an LTC system to support elders and their families.

There are a number of elements (Tribal sovereignty and the government-to-government relationship, the unique funding structure of Indian health, and the importance of the cultural context) that distinguish AI/AN LTC. Tribes and AI/AN organizations have found it useful to look both inside and outside of the Indian health system for LTC strategies and models.

The planning and design of LTC services must identify the revenue source(s) that will support the delivery of care. Finding resources for LTC services presents a formidable

challenge. Funds appropriated through the IHS (whether direct service or Tribal) can provide services which are part of a LTC system, but do not provide for a comprehensive set of LTC services. Further, IHS funds are intended for health and medical care and cannot support programs which are primarily custodial in nature (e.g. assisted living, board and care) or those designed to serve non-IHS beneficiaries. Programs funded through the Administration on Aging American Indian, Alaska Native and Native Hawaiian Program (e.g. Title VI A and Title VI C Family Caregiver Support Program) have been key elements in the LTC infrastructure in AI/AN communities. Additional Older American Act resources may be available through State Units on Aging and Area Agencies on Aging. Other resources are available to provide LTC services on a reimbursable basis for eligible AI/AN elders. The majority of formal LTC services in this country are funded by reimbursements from state Medicaid and Home and community-based services programs. The Veterans Administration may be a source of reimbursement for LTC services for eligible AI/AN veterans. Federal housing programs are a potential resource in developing the housing component of the LTC infrastructure. Each of these resources has unique eligibility requirements. Development of reimbursement-based LTC services often requires an ongoing investment of funds to support delivery of services during the initial period of client recruitment, start-up of services, and the receipt of reimbursement for those services.

This grant program is designed to provide support for the development of AI/AN LTC, with funding for either assessment/planning or program implementation. LTC services developed with support of this grant program must be those which the IHS has the authority to provide, either directly or through funding agreement, and must be designed to serve IHS beneficiaries. Most Tribes and urban communities are building toward their ideal LTC system incrementally, adding new or integrating existing services over time. The goal of this grant program is to support Tribes, Tribal consortia, and urban Indian health programs as they build LTC systems and services that meet the needs of their elders and that keep elders engaged and involved in the lives of their families and communities.

II. Award Information

Type of Awards: Grant.

Estimated Funds Available: The total amount identified for fiscal year (FY) 2006 is \$650,000. The awards are for 24