Shelbyville, Inc., Shelbyville, Kentucky; to acquire 100 percent of the voting shares of Dupont State Bank, Dupont, Indiana.

Board of Governors of the Federal Reserve System, December 19, 2000.

#### Robert deV. Frierson

Associate Secretary of the Board.
[FR Doc. 00–32748 Filed 12–21–00; 8:45 am]
BILLING CODE 6210–01–8

### **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 January 16, 2001.

## A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480–2171:

1. Glacier Bancorp, Inc., Kalispell, Montana; to merge with WesterFed Financial Corporation, Missoula, Montana, and thereby indirectly acquire Western Security Bank, Missoula, Montana and thereby engage in controlling, owning, and operating a savings association pursuant to § 225.28(b)(4) of Regulation Y.

Board of Governors of the Federal Reserve System, December 18, 2000.

#### Robert deV. Frierson

Associate Secretary of the Board. [FR Doc. 00–32632 Filed 12–21–00; 8:45 am] BILLING CODE 6210–01–S

# HARRY S. TRUMAN SCHOLARSHIP FOUNDATION

# Harry S. Truman Scholarship 2001 Competition

**AGENCY:** Harry S. Truman Scholarship Foundation.

**ACTION:** Notice of closing for nominations from eligible institutions of higher education.

**SUMMARY:** Notice is hereby given that, pursuant to the authority contianed in the Harry S. Truman Memorial Scholarship Act, Pub. L. 93–642 (20 U.S.C. 2001), nominations are being accepted from eligible institutions of higher education for 2001 Truman Scholarships. Procedures are prescribed at 45 CFR 1801.

In order to be assured consideration, all documentation in support of nominations must be received by the Truman Scholarship Foundation, 712 Jackson Place, NW, Washington, DC 20006 no later than January 29, 2001 from participating institutions.

Dated: December 18, 2000.

#### Louis H. Blair,

Executive Secretary.

[FR Doc. 00–32639 Filed 12–21–00; 8:45 am]

BILLING CODE 6820-AD-M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Office of Minority Health; National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care

**AGENCY:** HHS/OS/Office of Public Health and Science, Office of Minority Health, DHDS.

**ACTION:** Final report.

SUMMARY: The HHS Office of Minority Health announces the publication of final national standards on culturally and linguistically appropriate services (CLAS) in health care, following a 120-day comment period on draft standards in 2000 and revisions to the standards. The CLAS standards, with a brief background summary of the development and comment process, are printed below.

# FOR FURTHER INFORMATION CONTACT:

Guadalupe Pacheco, Office of Minority

Health, 5515 Security Lane, Suite 1000, Rockville, MD 20852, Attn: CLAS; Office Telephone: (301) 443–5084, FAX: (301) 594–0767, E-Mail: gpacheco@osophs.dhhs.gov. The standards, the public comments from the regional meetings, and a complete report on the project can be found online at [www.omhrc.gov/CLAS].

#### SUPPLEMENTARY INFORMATION:

#### **Table of Contents**

- -Background
- —Public Comment Period and Regional Informational Meetings
- —National Project Advisory Committee (NPAC)
- —Analysis and Response to Public Comments on the CLAS Standards
- —National Standards for Culturally and Linguistically Appropriate Services in Health Care

## Background

Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter. As health providers begin to treat a more diverse clientele as a result of demographic shifts and changes in insurance program participation, interest is increasing in culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction. The provision of culturally and linguistically appropriate services is in the interest of providers, policymakers, accreditation and credentialing agencies, purchasers, patients, advocates, educators and the general health care community.

Many health care providers do not have clear guidance on how to prepare for, or respond to, culturally sensitive situations. Until now, no comprehensive nationally recognized standards of cultural and linguistic competence in health care service delivery have been developed. Instead, Federal health agencies, State policymakers, and national organizations have independently developed their own standards and practices. Some have developed definitions of cultural competence while others mandate providing language services to limited English proficient (LEP) speakers. Some specify collection of language, race, and ethnicity data. Many approaches attempt to be comprehensive, while others target only a specific issue, geographic area, or subfield of health care such as mental health. The result is a wide spectrum of ideas about what constitutes culturally appropriate health services, including significant