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 June 10, 2005.

A. Federal Reserve Bank of Atlanta (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. GB Bank Group, Inc., Glennville, Georgia; to become a bank holding company by acquiring 100 percent of the voting shares of Glennville Bank, Glennville, Georgia.

2. GB Banck Group, Inc., Glennville, Goergia; to merge with Tippins Bankshares, Inc., and thereby indirectly acquire Tippins Bank & Trust Company, both of Claxton, Georgia.

Board of Governors of the Federal Reserve System, May 11, 2005.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 05–9747 Filed 5–16–05; 8:45 am]

BILLING CODE 6210–01–S

Federal Reserve System

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:30 a.m., Monday, May 23, 2005.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR FURTHER INFORMATION CONTACT: Michelle A. Smith, Director, Office of Board Members; 202–452–2955.

SUPPLEMENTARY INFORMATION: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at *http://www.federalreserve.gov* for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, May 13, 2005.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 05–9948 Filed 5–13–05; 3:12 pm]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Implementing Community-Level Strategies for Fetal Alcohol Syndrome Prevention and Surveillance in South Africa

Announcement Type: New.

Funding Opportunity Number: RFA DD05–118.

Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates: Letter of Intent Deadline: June 16, 2005.

Application Deadline: July 1, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under sections 307, 317(k)(2), and 317(C) of the Public Health Service Act [42 U.S.C., sections 242(I), 247b(k)2 and 247b–4], as amended].

Purpose: The purpose of this program is to: (a) Identify urban and rural communities in South Africa with high proportions of childbearing-aged women who are at risk for an alcohol exposed pregnancy that could result in Fetal Alcohol Syndrome (FAS); and (b) to develop a model prevention program aimed at reducing hazardous alcohol use and/or promoting pregnancy delay until alcohol abuse is resolved in those women at highest risk. The model prevention program should have three stages.

Stage 1: The formative research stage is composed of qualitative and quantitative research documenting the knowledge, attitudes and practices among all groups described: (a) Women of childbearing-age at high risk of an alcohol-exposed pregnancy and women with children with FAS: (b) spouses and partners of high risk women; (c) community health care providers, obstetricians and nurses, especially providers including alcohol treatment and substance abuse services; and (d) community leaders, social support organizations and networks addressing use of alcohol in pregnancy, use of contraception, knowledge of FAS, as well as issues such as identification of services and barriers to services.

The formative research will conclude with a description of the socio-demographic characteristics and attributes of the targeted community(ies) at risk, identification of constraints and opportunities for behavior change, and allow the initiation and conduct of community and person-level interventions under Stage 2.

Stage 2: This protocol and intervention development stage will use the information gathered in Stage 1 in combination with previous evidence-based research in FAS and HIV prevention in the U.S. and South Africa to develop a model intervention.

Stage 3: This stage will test the feasibility of the model program in the high risk FAS community(ies) targeted by the applicant in this announcement, including outcome measures.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center on Birth Defects and Developmental Disabilities (NCBDDD): Prevent birth defects and developmental disabilities.

Background and Research Objectives: FAS is caused by maternal alcohol use during pregnancy and is one of the leading causes of preventable birth defects and disabilities. Recently, the highest prevalence of FAS worldwide was reported among children living in the winery area of the Western and Northern Cape region of South Africa with FAS prevalence rates ranging from 40.5 to 46.4 per 1,000 children. In the Gauteng region of South Africa (outside the wine-growing region) FAS prevalence rates range from 11.8 to 41.0 per 1,000 children. In addition, CDC has implemented a monitoring system in the area of De AAR, where the FAS prevalence rate was $\simeq$80 per 1,000 live births. These rates show that FAS is a serious public health problem in some areas or subgroups of the South African population.