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 27, 2005.

Robert deV. Frierson.

Deputy Secretary of the Board. [FR Doc. 05–11020 Filed 5–31–05; 9:37 am] BILLING CODE 6210–01–S

GOVERNMENT ACCOUNTABILITY OFFICE

Appointments to the Medicare Payment Advisory Commission

AGENCY: Government Accountability Office (GAO).

ACTION: Notice of appointments.

SUMMARY: The Balanced Budget Act of 1997 established the Medicare Payment Advisory Commission (MedPAC) and gave the Comptroller General responsibility for appointing its members. This notice announces two new appointments and three reappointments to fill the vacancies occurring this year.

DATES: Appointments are effective May 1, 2005 through April 30, 2008.

ADDRESSES:

GAO: 441 G Street, NW., Washington, DC 20548.

MedPAC: 601 New Jersey Avenue, NW., Suite 9000, Washington, DC 20001.

FOR FURTHER INFORMATION CONTACT:

GAO: Molly Ryan, (202) 512–3592. MedPAC: Mark E. Miller, Ph.D., (202) 220–3700.

SUPPLEMENTARY INFORMATION: To fill this year's vacancies I am announcing the following:

Newly appointed members are Jennie Chin Hansen, R.N., M.S.N., member, American Association of Retired Persons (AARP) Board of Directors, and Nancy M. Kane, D.B.A., professor of management, Department of Health Policy and Management, Harvard School of Public Health. Reappointed members are Nancy-Ann DeParle, J.D., senior advisor, JP Morgan Partners, LLC and adjunct professor of health care systems, The Wharton School, University of Pennsylvania; David F.

Durenberger, chairman and chief executive officer, National Institute of Health Policy; and Nicholas J. Wolter, M.D., chief executive officer, Deaconess Billings Clinic.

(Sec. 4022, Pub. L. 105–33, 111 Stat. 251, 350)

David M. Walker,

Comptroller General of the United States. [FR Doc. 05–11001 Filed 6–1–05; 8:45 am] BILLING CODE 1610–02–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS-0990-New]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, Office of Public Health and Science, Office on Women's Health.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment.

Type of Information Collection Request: New collection, regular. Title of Information Collection: Evaluation of HIV Prevention Program

in Women.

Form/OMB No.: OS-0990-New.

This notice replaces a previous notice for the same information collection published on March 13, 2005. We are republishing this notice in order to provide more accurate information about the numbers of clients serviced by funded programs. The two primary differences between this notice and the previously published notice are the increase in burden from 147.5 hours to 1,635 hours and the number of respondents from 218 to 552. This increase is caused by data collection forms associated with only one type of respondent, program staff. Respondents are required to complete these forms for each person utilizing their service. The enhanced information regarding the number of clients served increased the burden. The new burden more accurately reflects the number of responses per respondent required to conduct the pre-post methodology of this evaluation of knowledge and risk behaviors.

Use: The Office on Women's Health (OWH) has instituted an HIV Prevention Program in Women. As part of their

evaluation of the HIV Prevention Program for Women, the OWH is seeking a new clearance to conduct data collection activities associated with the evaluation of funded programs. The evaluation is designed to determine best practices and clearly define the gendercentered approach to HIV/AIDS prevention. The HIV/AIDS programs to be evaluated are the Model Mentorship, Incarcerated/Newly Released Women and HIV prevention in the rural south. The program consists of individual community-based organizations from across the country. The evaluation results will assess how successful the OWH program is at meeting its overarching goals: to increase HIV prevention knowledge and reduce the risk of contracting HIV among young minority women.

Awarded contractors participating in the HIV Prevention Program in Women and stakeholders in the HIV Prevention service area will provide data that are necessary to conduct the evaluation. Stakeholders will provide data on (1) the number of women served with HIV/ AIDS; (2) the network of services (and programs) available in those communities, including programs offered by their particular center or agency; (3) the challenges and barriers to service implementation faced by providers; (4) the unique and general challenges and barriers to service faced by women with HIV/AIDS; (5) the general impression of perceived need for services (as opposed to identified need); and (6) the sources of funding for their HIV/AIDS prevention services in general and those for women in particular. Awarded contractors will provide data on the number of women served, client demographics, type and number of services provided, client outcomes, client utilization, and service capacity. Clients of awarded contractors will also participate in a client utilization survey. The data provided will be utilized to evaluate the overall performance of the HIV Prevention Program in Women. This information will also be used to develop a comprehensive framework from which to analyze the relationship between surveillance data and HIV prevention service gap and to carry out a comparative analysis to determine best practices for HIV prevention among women.

Frequency: Reporting, quarterly. Affected Public: Individuals or households, business or other for-profit, not-for-profit institutions.

Annual Number of Respondents: 552. Total Annual Responses: 5,918. Average Burden Per Response: 1 hour. Total Annual Hours: 1,635.