

indirectly acquire voting shares of Stutsman County State Bank, Jamestown, North Dakota.

**B. Federal Reserve Bank of Kansas City** (Susan Zubradt, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Bethlehem Financial Corporation*, Belen, New Mexico, to become a bank holding company by acquiring 100 percent of the voting shares of The Bank of Belen, Belen, New Mexico.

**C. Federal Reserve Bank of Dallas** (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *ISB Holdings, Inc.*, Perryton, Texas, and *ISB Delaware Holdings, Inc.*, Wilmington, Delaware; to become bank holding companies by acquiring 100 percent of the voting shares of Interstate Bank, SSB, Perryton, Texas.

Board of Governors of the Federal Reserve System, July 25, 2002.

**Robert deV. Frierson,**  
*Deputy Secretary of the Board.*  
[FR Doc. 02-19223 Filed 7-29-02; 8:45 am]  
**BILLING CODE 6210-01-S**

**BOARD OF GOVERNORS OF THE  
FEDERAL RESERVE SYSTEM**

**Government in the Sunshine Meeting  
Notice**

**AGENCY:** Board of Governors of the Federal Reserve System.

**TIME AND DATE:** 11 a.m., Monday, August 5, 2002.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 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 MORE INFORMATION CONTACT:** Michelle A. Smith, Assistant to the Board; 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.

Dated: July 26, 2002.

**Robert deV. Frierson,**  
*Deputy Secretary of the Board.*  
[FR Doc. 02-19353 Filed 7-26-02; 2:56 pm]  
**BILLING CODE 6210-01-P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Disease Control and  
Prevention**

**[60Day-02-72]**

**Proposed Data Collections Submitted  
for Public Comment and  
Recommendations**

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports

Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* State Influenza Coordinators Survey—New—National Center for Infectious Diseases (NCID), Centers for Disease control and Prevention (CDC.) Influenza epidemics in the United States are associated with approximately 20,000 deaths and 114,000 hospitalizations each year; influenza pandemics are responsible for dramatic increases in morbidity and mortality worldwide. In order to detect “novel” viruses, changes in circulating strains, and the clinical impact of circulating strains, surveillance systems must present a broad picture of influenza activity. Data on morbidity and mortality are essential and must be reported in a timely manner.

Influenza Surveillance at CDC consists of four components: U.S. Sentinel Physician Network, State and Territorial Epidemiologist Reports, 122 Cities Mortality Report, and the WHO/NRVESS Laboratory Reports. Each of the 50 states as well as the District of Columbia participate in at least one of the CDC's four surveillance components, however, additional surveillance activities within the states are currently unclear. In order to develop or enhance current Influenza surveillance activities at CDC and prepare for the future, including possible pandemics, it is crucial that we are aware of any existing surveillance systems at the state level. We are proposing a survey of state health departments, specifically each state's Influenza Surveillance Coordinator in order to ascertain the nature of flu surveillance in his/her state as well as how prepared the state is for things to come. The data collected will be used to improve and/or enhance national surveillance efforts.

The questionnaire that will be used focuses on state surveillance systems as well as pandemic preparedness. Questions will be asked regarding current surveillance including: Sentinel Physicians Systems, Nursing home surveillance, and School Absenteeism. There is no cost to respondents.

Respondents	No. of re- spondents	No. of re- sponses/re- spondent	Average bur- den/response (in hours)	Total burden (in hours)
State health departments .....	53	1	30/60	27
Total .....	.....	.....	.....	27

Dated: July 23, 2002.

**Nancy E. Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 02-19144 Filed 7-29-02; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02191]

#### Expansion of HIV/AIDS/TB Care and Prevention Activities Among People With HIV/AIDS in the Republic of Uganda; Notice of Availability of Funds; Amendment

A notice announcing the availability of Fiscal Year 2002 funds for cooperative agreements for the Expansion of HIV/AIDS/TB Care and Prevention Activities Among People with HIV/AIDS in the Republic of Uganda was published in the **Federal Register**, June 20, 2002, Volume 67, No. 119, pages 42006-42007. The notice is amended as follows: On page 42006, Column 3, Paragraph "I. Submission and Deadline", remove "July 17, 2002" and insert in its place "August 9, 2002".

Dated: July 24, 2002.

**Rebecca B. O'Kelley,**

*Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

[FR Doc. 02-19161 Filed 7-29-02; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02198]

#### International Programs To Prevent and Control Micronutrient Malnutrition; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for the international prevention and control of micronutrient malnutrition.

The purpose of this program is to achieve the elimination of micronutrient malnutrition, especially iron, iodine and vitamin A deficiencies by: Component 1 supporting and strengthening program

development, epidemiology, laboratory, intervention, and communications capacity of nutrition/micronutrient programs in selected countries through regional strategies activities, including distribution of vitamin A capsules, iron, and folic acid supplements to target populations worldwide; component 2 developing and implementing program policy and standards, maintaining relationships with ministries of health (MOH) and other policy makers, and setting international standards for nutritional status; component 3 testing the usefulness of the micronutrient version of CDCynergy as a planning, training or evaluation tool for developing countries participating in national or regional food fortification and supplementation programs.

##### B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317(k)(2) of the Public Health Service Act, (42 U.S.C. 247b(k)(2)), as amended. The Catalog of Federal Domestic Assistance number is 93.945.

##### C. Eligible Applicants

Assistance will be provided only to those potential applicants that are eligible as described below:

All components must involve work with developing countries only.

##### Eligibility for Component 1

Assistance will be provided only to the United Nations Children's Fund (UNICEF), New York, New York. No other applications are solicited.

UNICEF is the only organization that has country-based offices to support direct delivery of public health programs and services in nearly every country in the world. Additionally, UNICEF's mandate also address educational related health issues. This focus has enabled UNICEF programs to develop a leadership role in micronutrient deficiency intervention programs across multiple sectors of society because of the significant impact of such programs on health and population-based health education. In addition to national offices, UNICEF supports sub-national programs which provide direct access to local public health and education programs.

UNICEF supports micronutrient deficiency intervention programs around the world through the distribution of vitamin A capsules, as well as iron and folic acid supplements to target populations. UNICEF supports country-based salt iodization programs around the world to reduce the burden of iodine deficiency disorders.

##### Eligibility for Component 2

Assistance will be provided only to the World Health Organization (WHO) and its Eastern Mediterranean Regional Office (EMRO). No other applications are solicited.

WHO is the most appropriate and qualified agency to conduct the activities under this component because it is the only organization that (a) has demonstrated the necessary expertise and experience in technical, policy, and program issues relating to micronutrient malnutrition; (b) maintains relationships with MOH officials and other policy makers throughout the region; and (c) serves as the source of international standards for nutritional status, including micronutrient status.

WHO supports micronutrient malnutrition intervention programs. WHO is a partner in a global initiative to eliminate micronutrient malnutrition.

In the past ten years WHO/EMRO has made progress in working towards the prevention of iron deficiency anemia (IDA) and the elimination of iodine deficiency disorders (IDD). WHO/EMRO identified flour fortification with iron and folate as the best preventive and most sustainable strategy for IDA, as bread and other wheat-flour products are widely consumed in the countries of region. Through regional workshops, WHO/EMRO has helped countries write action plans for flour fortification with iron and folate, and at present, six countries have either begun or are in the process of beginning flour fortification. Additionally, WHO/EMRO supports country-based salt iodization programs throughout the region which has had a significant impact on reducing the burden of iodine deficiency disorders.

##### Eligibility for Component 3

Applicants must have a presence and/or office in a country and demonstrate the ability to implement the activity within the country.

Assistance will be provided to public and private nonprofit organizations and institutions working in developing countries; such as, educational institutions, universities, colleges, research institutions, hospitals, faith-based organizations and other organizations and institutions. Applicants must have the authorization and overall resources to implement a micronutrient program in a country or region of a country.

**Note:** Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.