

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 Web site at <http://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 April 6, 2006.

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

1. *Capitol Bancorp Ltd.*, Lansing, Michigan; to engage *de novo* through its subsidiary, *Capitol Wealth, Inc.*, Lansing, Michigan, in financial and investment advisory activities, and securities brokerage services, pursuant to sections 225.28(b)(6)(i) and (b)(7)(i).

Board of Governors of the Federal Reserve System, March 17, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-4133 Filed 3-21-06; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-06-05AK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Intimate Partner and Sexual Violence Survey (NISVS)—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate partner violence (IPV) and sexual violence (SV) are major public health problems that have serious health consequences and substantial costs for individuals, families, communities and

society. Although it is well understood that IPV and SV are significant public health problems, their magnitude is not well understood and prevalence estimates vary considerably, due to under-reporting and non-standard or non-optimal survey methodology.

The NISVS pilot survey will be administered to a random sample of 3000 men and 3000 women ages 18-50. The proposed study is a critical step in the development of a national surveillance system for IPV and SV. The specific aims of this project are to: (1) Provide information that will assist in the selection of specific language to introduce IPV and SV victimization and perpetration in an ongoing national IPV and SV survey, and (2) determine the optimal order for asking questions about IPV (including stalking, physical violence, and emotional abuse) and SV. Three contexts (health, crime, and family conflict) and two question orders (victimization before perpetration and vice versa) will be evaluated to determine the context and order that best facilitates the reporting of victimization and perpetration.

Ultimately, this knowledge will assist the CDC in establishing an ongoing data collection system for monitoring IPV and SV victimization and perpetration.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1,552.

ESTIMATED ANNUAL BURDEN TABLE

Type of respondent	Number of responses	Number of responses per respondent	Average burden per response (in hours)
Ineligible Household (Screened Only)	9,039	1	1/60
Eligible, Non-Participating Household (Screened, Does Not Consent)	3,026	1	3/60
Eligible Household (Completes Screening, Informed Consent, and Survey)	3,000	1	25/60

Dated: March 14, 2006.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6-4118 Filed 3-21-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-06AY]

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 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluation of the Spanish-Language Campaign *Good Morning Arthritis, Today You Will Not Defeat Us*.—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Arthritis affects nearly 43 million Americans, or about one in every six people, and is the leading cause of disability among adults in the United States. Because of the broad public health impact of this disease, the Centers for Disease Control and Prevention (CDC) developed the National Arthritis Action Plan in 1998 as a comprehensive approach to reducing the burden of arthritis in the United States.

As part of its efforts to implement the National Arthritis Action Plan, CDC

developed and tested a health communications campaign promoting physical activity among Caucasian and African-American adults with arthritis. In 2003–2004, CDC developed a similar campaign for Spanish-speaking people with arthritis. Hispanic populations have a slightly lower prevalence rate of self-reported, doctor-diagnosed arthritis, but Hispanics with arthritis report greater work limitations, and higher rates of severe pain than do Caucasian populations with arthritis.

The Spanish-language campaign, *Good Morning Arthritis, Today You Will Not Defeat Us*, is designed to reach Spanish speaking adults with arthritis who are aged 45–64, who have high school education or less, and whose annual income is less than \$35,000. The key message elements of the Spanish language health communications campaign are similar to its English counterpart, as are the campaign objectives and materials. The campaign objectives are to increase target audience members' (1) Beliefs about physical activity as an arthritis management strategy (there are "things they can do" to make arthritis better, and physical activity is an important part of arthritis management); (2) Knowledge of the benefits of physical activity and appropriate physical

activity for people with arthritis; (3) Confidence in their ability to be physically active, and (4) Trial of physical activity behaviors. Based on formative research, campaign materials refer to exercise instead of physical activity. Campaign materials include; print ads, 30- and 60-second radio ads and public service announcements, and desktop displays with brochures for pharmacies, doctors' offices, and community centers.

In the Fall of 2005, the Spanish language campaign was pilot tested by 5 state health departments that receive funding from CDC for their arthritis programs. CDC will eventually disseminate these materials to all 36 CDC-funded states. The 5 preliminary pilot tests focused on reach and exposure; a more thorough evaluation is necessary to assess impact of the campaign. This information will be used to guide the public health practice of the 36 state arthritis programs and their partners.

CDC will conduct an evaluation of the impact of the Spanish language health communications campaign on the exercise/physical activity-related attitudes, beliefs, and behaviors among the target audience of Spanish-speaking people with arthritis. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening Survey	12,000	1	2/60	400
Telephone Survey	2,500	1	15/60	625
Total				1,025

Dated: March 16, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6–4119 Filed 3–21–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Amendment of February 4, 2004, Order To Embargo Birds and Bird Products Imported From Albania, Azerbaijan, Cameroon, and Myanmar

SUMMARY: On February 4, 2004, the Centers for Disease Control and Prevention (CDC) within the U.S.

Department of Health and Human Services issued an order to ban immediately the import of all birds (Class: *Aves*) from specified Southeast Asian countries, subject to limited exemptions for returning pet birds of U.S. origin and certain processed bird-derived products. HHS/CDC took this step because birds from these countries potentially can infect humans with avian influenza (influenza A/ [H5N1]). The February 4, 2004, order complemented a similar action taken at the same time by the Animal and Plant Health Inspection Services (APHIS) within the U.S. Department of Agriculture (USDA).

On March 10, 2004, HHS/CDC lifted the embargo of birds and bird products from the Hong Kong Special Administrative Region (HKSAR)

because of the documented public-health and animal health measures taken by Hong Kong officials to prevent spread of the outbreak with the HKSAR, and the absence of highly pathogenic avian influenza H5N1 cases in Hong Kong's domestic and wild bird populations. USDA/APHIS took a similar action. On September 28, 2004, HHS/CDC extended the embargo on birds and bird products to include Malaysia because of the documented cases of highly pathogenic avian influenza A H5N1 in poultry in Malaysia. On July 20, 2005, USDA/APHIS adopted as a final rule the interim rule that became effective on February 4, 2004, which amended its regulations to prohibit or restrict the importation of birds, poultry, and unprocessed birds and poultry products