A. Federal Reserve Bank of New York (Anne McEwen, Financial Specialist) 33 Liberty Street, New York, New York 10045-0001:

1. Bancorp of New Jersey, Inc., to become a bank holding company by acquiring voting shares of Bank of New Jersey, both of Fort Lee, New Jersey.

B. Federal Reserve Bank of Kansas City (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. First Bancorp of Durango, Inc. Inverness, Illinois; to acquire 100 percent of the voting shares of Grants State Bank, Grants, New Mexico.

Board of Governors of the Federal Reserve System, January 30, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–1736 Filed 2–1–07; 8:45 am]

BILLING CODE 6210–01–S

GENERAL SERVICES ADMINISTRATION

[ME–2007–N01; Docket 2007–0005, Sequence 1]

Change in Fee Structure for FIPS 201 Product/Service Evaluations

AGENCY: Office of Governmentwide Policy, General Services Administration.

ACTION: Notice.

SUMMARY: Under the Federal Information Processing Standards (FIPS) 201 Evaluation Program, the General Services Administration (GSA) publishes this notice of intent that it will no longer fund product/service evaluations as of April 3, 2007. Overall impact on the FIPS 201 Evaluation Program is minimal with respect to operations. Product/service evaluations will continue to be performed and approved through the current fully operational laboratory and future qualified laboratories; however, fees for evaluations will be borne on a cost–reimbursable basis by the Supplier. Instruction on how to obtain product/service evaluations and an estimated fee structure will be posted at: (*http://fips201ep.cio.gov/index.php*).

DATES: The GSA FIPS 201 Evaluation Program currently provides funding for evaluation of products and services through its fully operational laboratory. Suppliers whose applications for evaluation are received by the laboratory after April 3, 2007 will be required to bear the cost of their evaluation.

FOR FURTHER INFORMATION CONTACT: Ms. April Giles, FIPS 201 Evaluation Program, GSA, 1800 F Street, NW, Stop 2013, Washington, DC, 20405, telephone: 202–501–1123, e-mail: *april.giles@gsa.gov*.

SUPPLEMENTARY INFORMATION:

Background

Homeland Security Presidential Directive–12 (HSPD–12), ''Policy for a Common Identification Standard for Federal Employees and Contractors'' requires agencies to use only information technology products and services that meet this standard. The Office of Management and Budget (OMB) has designated the GSA as the Executive Agent for government-wide acquisitions for the implementation of HSPD–12. HSPD–12 establishes the requirement for a mandatory Government-wide standard for secure and reliable forms of identification issued by the Federal Government to its employees and contractors. OMB has directed Federal agencies to purchase only products and services that are compliant with the Federal policy, standards and numerous supporting technical specifications, including:

- Federal Information Processing Standard 201, Personal Identity Verification of Federal Employees and Contractors;
- National Institute of Standards and Technology (NIST) Special Publications (SP) 800–73, Interfaces for Personal Identity Verification, 800–78 Cryptographic Algorithms and Key Sizes for Personal Identity Verification, and 800–79, Guidelines for the Certification and Accreditation of PIV Card Issuing Organizations; and
- Special Publication 800–76, Biometric Data Specification for Personal Identity Verification (Pending).

To ensure standard HSPD–12 compliant products and services are available, NIST has issued requirements in FIPS 201 and supporting documentation (*http://csrc.nist.gov/piv-program/fips201–support-docs.html*).

As mandated by OMB through M05–24, GSA has been designated as the ''executive agent for Government-wide acquisitions of information technology'' under section 5112(e) of the Clinger-Cohen Act of 1996 (40 U.S.C. § 11302(e)) for the products and services required by the HSPD–12. GSA will ensure all approved Suppliers provide products and services that meet all applicable federal standards and requirements through its fully operational laboratory under the FIPS 201 Evaluation Program, web site found at (*http://fips201ep.cio.gov/index.php*).

The GSA FIPS 201 Evaluation Program is currently set up to evaluate products and services against the requirements outlined in FIPS 201 and its supporting documents. Twenty-two product/service categories were created using FIPS 201 and supporting documentation as the foundation. Each category has developed approval and test procedures which outline the evaluation criteria, approval mechanisms and test process employed by the laboratory during their evaluation of a Supplier's product or service against the requirements for that category. Initially the cost of evaluating each product was funded by GSA.

Once evaluated and approved by GSA, products and services are placed on the FIPS 201 Approved List. Agencies can then procure these products and services from Suppliers for their HSPD–12 implementations having full assurance that they meet all the requirements of FIPS 201 and all supporting documentation.

Dated: January 24, 2007.

Mary Mitchell,

Deputy Associate Administrator, Office of Technology Strategy.

[FR Doc. E7–1693 Filed 2–1–07; 8:45 am]

BILLING CODE 6820–34–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–367]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. This is necessary to ensure compliance with implementation of Public Law 109–171 Deficit Reduction Act (DRA) of 2005. CMS does not have sufficient time to complete the normal PRA clearance process.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicaid Drug Program Monthly Quarterly Drug Reporting Format. *Use:* Section 1927 of the Social Security Act requires drug manufacturers to enter into and have in effect a rebate agreement with the Federal Government for States to receive funding for drugs dispensed to Medicaid beneficiaries. The Deficit Reduction Act (DRA) of 2005 modified Section 1927 to require additional reporting requirements beyond the quarterly data currently collected; therefore, we are seeking approval of a revision to this collection to reflect changes implemented by the DRA. Such changes include the addition of nominal pricing as another quarterly data element. CMS form 367 identifies the data fields that manufacturers must submit to CMS on both a monthly and quarterly basis. *Form Number:* CMS–367 (OMB#: 0938–0578); *Frequency:* Reporting: Monthly and quarterly; *Affected Public:* Business or other for-profit; *Number of Respondents:* 540; *Total Annual Responses:* 8,640; *Total Annual Hours:* 51,840.

CMS is requesting OMB review and approval of this collection by March 5, 2007, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by March 3, 2007.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995/* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be received by the designees referenced below by March 3, 2007:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: Melissa Musotto (CMS–367)

and,

OMB Human Resources and Housing Branch, Attention: Katherine Astrich, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 23, 2007.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 07–376 Filed 2–1–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–P–0015A and CMS–10204]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Current Beneficiary Survey (MCBS): Rounds 48–56. *Use:* The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged, disabled, and institutionalized Medicare beneficiaries. MCBS, which is sponsored by the Centers for Medicare & Medicaid Services, is the only comprehensive source of information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of Medicare beneficiaries. MCBS data users can assess the impact of major policy innovations and health care reform on Medicare beneficiaries. They can monitor delivery of services, sources of payment for Medicare covered and non-covered services, beneficiary cost sharing and financial protection, and satisfaction with and the access to health care services. *Form Number:* CMS–P–0015A (OMB#: 0938–0568); *Frequency:* Third Party Disclosure, Recordkeeping, and Reporting—Yearly; *Affected Public:* Individuals or households, Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 16,500; *Total Annual Responses:* 49,500; *Total Annual Hours:* 50,325.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Evaluation of the Medical Adult Day-Care Services Demonstration, Phase I; *Use:* This request seeks Office of Management and Budget's (OMB) approval of (1) collection of enrollment data by demonstration sites and (2) face-to-face interviews with Medicare beneficiaries (not to exceed 45 minutes in length). These data collection and interviews are to be completed during Phase I of the Evaluation of the Medical Adult Day-Care Services Demonstration (Contract Number 500–00–0038/5).

Section 703 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (Pub. L. 108–173) authorizes a three-year demonstration to assess the clinical and cost-effectiveness of providing medical adult day-care services as a substitute for a portion of home health services that would otherwise be provided in the beneficiary's home. Under this authority, the Centers for Medicare &