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 August 27, 2007.

A. Federal Reserve Bank of New York (Anne MacEwen, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. Allied Irish Banks, plc, Dublin, Ireland; to acquire additional shares of M&T Bank Corporation, Buffalo, New York, for a total of 29 percent, and thereby indirectly control M&T Bank, National Association, Oakfield, New York, and M&T Trust Company, Buffalo, New York.

B. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. Blue Ridge Financial Corporation; to become a bank holding company by acquiring 100 percent of the voting shares of Blue Ridge Bank of Walhalla, both of Walhalla, South Carolina.

C. Federal Reserve Bank of Atlanta (David Tatum, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. FBC Bancorp, Inc., Orlando, Florida; to acquire 100 percent of the voting shares of Prime Bank, Melbourne, Florida.

D. Federal Reserve Bank of Chicago (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. Sidney Bancorp.; to become a bank holding company by acquiring 100 percent of the voting shares of Sidney State Bank, both of Sidney, Michigan.

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

1. Mineola Community Mutual Holding Company, and Mineola Community Financial Group, Inc., to become bank holding companies by acquiring 100 percent of the voting shares of Mineola Community Bank, S.S.B., all of Mineola, Texas.

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

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–14979 Filed 8–1–07; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–0000; 30-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

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 a proposed collection 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.

Type of Information Collection Request: New collection

Title of Information Collection: Homelessness Data for Health and Human Services Mainstream Programs

Form/OMB No.: 0990–0000

Use: The Office of the Assistant Secretary for Planning and Evaluation will study data collection practices by Temporary Assistant for Needy Families (TANF) and Medicaid state programs regarding homelessness and housing status. Telephone interviews will be conducted with state officials from all 50 states and the District of Columbia who administer the TANF and Medicaid programs to collect information about the type and quality of data related to homelessness and housing status that are collected from and recorded about TANF and Medicaid applicants. This information will be used to determine whether these two HHS mainstream programs are collecting information from program applicants and/or participants regarding their housing status.

Frequency: One time

Affected Public: State, Local and Tribal Government

Annual Number of Respondents: 102

Total Annual Responses: 102

Average Burden per Response: 60 minutes

Total Annual Hours: 102

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov,* or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the Desk Officer at the address below: OMB Desk Officer: John Kraemer, OMB Human Resources and Housing Branch, Attention: (OMB #0990–0000), New Executive Office Building, Room 10235, Washington DC 20503.

Date: July 25, 2007.

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7–14978 Filed 8–1–07; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community; Announcement of Public Comment Period About the Design and Implementation of the American Health Information Community Successor

SUMMARY: This notice announces a public comment period, from August 6, 2007 to August 31, 2007, to collect input about ideas for the design and implementation of a successor entity for the American Health Information Community (AHIC) as described in the *American Health Information Community Successor White paper, July 2007* (available on the Web at *http://www.hhs.gov/healthit/community/background/AHICsuccessor. html* on or after July 31, 2007).

The ANIC is a federally-chartered advisory committee that provides input and recommendations to the Department of Health and Human Services (HHS) on how to make health records digital and interoperable, and how to assure that the privacy and security of those records are protected. The charter of the AHIC requires that its responsibilities be transferred to a successor entity. Therefore, HHS and the AHIC are embarking upon a project that will take the AHIC to the next level. The successor entity will be an independent, sustainable public-private partnership that brings together the best of the public and private sectors. This

new public-private partnership will develop a unified approach to realize an effective, interoperable nationwide health information system that supports the health and well-being of the people of this country. The input from this public comment period will be used to inform the plans for transitioning the locus of activity from a Federal advisory committee to a independent public-private partnership.

HHS and the AHIC are eager to hear the thoughts of your organization with respect to the AHIC successor entity. To facilitate your participation in this process, you are encouraged to provide your comments organized by the following concepts:

- Purpose and scope of the successor entity
- Membership, including classes and sectors
- Governing body and decision-making process
- Protections, incorporation, management, and staffing
- Value of participation in the successor entity for stakeholders

All comments in any format will be accepted.

DATES: Comments should be received by the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, on or before 5 p.m. EST on August 31, 2007.

ADDRESSES: electronic responses are preferred and may be recorded via the Web site at *http://www.hhs.gov/healthit/commhnity/background/AHICsuccessor.html* or may be sent via e-mail addressed to *AHICsuccessor@hhs.gov* in the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services. Please include ''AHIC Successor White Paper Comments'' in the subject line.

Paper-based responses will also be accepted. Please send to: Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, Attention: AHIC Successor White Paper Comments, Mary C. Switzer Building, 330 C Street, SW., Room 4080, Washington, DC 20201, or fax to (202) 690–6079, Attention: AHIC Successor White Paper Comments.

FOR FURTHER INFORMATION: Visit *http://www.hhs.gov/healthit/community/background/AHICsuccessor.html.*

Dated: July 27, 2007.

Michelle Murray,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 07–3768 Filed 8–1–07; 8:45 am]

BILLING CODE 4150–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60–Day–07–07BN]

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 Maryam I. Daneshvar, CDC Acting 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

Pilot Project to Estimate the Incidence of Hepatitis C Virus (HCV) Infection Among Young Injection Drug Users (IDUs) Using Serial Cross-Sectional Seroprevalence Surveys—New—National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Hepatitis C is the most prevalent bloodborne infection in the United States; approximately 3.2 million persons are chronically infected with HCV. National recommendations for prevention and control of HCV infection emphasize primary prevention activities to reduce the risk of HCV transmission. Identifying and reaching persons at risk for HCV infection to provide risk-reduction counseling is thus critical to prevent infection. Currently the Centers for Disease Control and Prevention (CDC) monitors the national incidence of acute hepatitis C through passive surveillance of acute, symptomatic cases of laboratory confirmed hepatitis C. However, only a minority of people with acute infection have symptoms at all (<25%) and passive surveillance only captures a small fraction of acutely infected people, i.e., those who have symptoms and receive medical attention and appropriate laboratory testing during the acute phase of the disease. Injection drug users (IDUs), who are the primary risk group for acute hepatitis C (70% of identified acute cases), have additional barriers to health care access and/or utilization resulting in the potential for a further underestimation of overall incidence. Thus, it is necessary to consider strategies other than passive surveillance for incidence monitoring. One such strategy is to conduct Serial Cross-Sectional Seroprevalence Surveys (SCSS) among populations at increased risk of infection such as IDUs.

For the proposed pilot project, funding will be awarded to selected U.S. sites that will develop and test different methods to recruit a sample of young IDUs that is most representative of the population of young IDUs at risk for HCV infection. These sampling methods will be compared and contrasted to identify a methodology to be used in ongoing SCSSs among young IDUs. Better methods of identification of persons at risk will enhance current surveillance efforts to monitor the incidence of HCV infection which in turn are the best means to direct and assess primary prevention strategies, determine new transmission patterns, and identify and control outbreaks. Moreover, methods developed in this study can be used in other areas to gather representative data on incidence of acute disease and the burden of disease caused by HCV infection.

In addition, instruments for collecting behavioral/risk factor data from IDUs will be developed and pilot tested. It is estimated that data will be collected over 15 months from a total of 2000