

to make determinations regarding deposit insurance coverage for depositors of failed institutions. The information provided allows the FDIC to identify the actual owners of an account and each owner's interest in the account.

Current Action: The FDIC is requesting OMB approval to make modifications, which may be considered substantive and material, to the following forms: Declaration for Trust, Form 7200/05, and Declaration for Testamentary Deposit (Multiple Grantors), Form 7200/09. In addition, the FDIC proposes to eliminate its Declaration for Testamentary Deposit (Single Grantors), Form 7200/03, combining it with the newly modified Form 7200/09, Declaration for Testamentary Deposit; and add to the collection a new form, Declaration for Irrevocable Trust, Form 7200/18. Specifically, with respect to Form 7200/05, the FDIC is changing the title of the form to "Declaration for Revocable Trust," thereby eliminating use of the form for irrevocable trusts; deleting the request for information on ownership interest (by percentage or dollar amount); adding a request for information on beneficiary type (*i.e.*, individual, charity, or non-profit) and adding, for charitable or non-profit organizations, a request that the respondent indicate whether the charity or non-profit is recognized by the IRS. The FDIC believes that the changes to Form 7200/05 do not render it any more or less burdensome than the existing form; therefore, the estimated time to complete the form is unchanged. There is, however, an estimated decrease (of 200) in the number of respondents because the form will no longer be used to collect information for irrevocable trusts. With respect to Form 7200/09, the FDIC is proposing to combine it with Form 7200/03, making it applicable to both single and multiple grantor testamentary deposits; eliminate the request for information regarding the relationship of each beneficiary to the grantors; eliminate the requirement to provide a date of death for any named beneficiaries who are deceased; add a request for information on beneficiary type (*i.e.*, individual, charity, or non-profit) and add, for charitable or non-profit organization beneficiaries, a request that the respondent indicate whether the charity or non-profit is recognized by the IRS. The FDIC believes that changes to Form 7200/09 do not render it any more or less burdensome than the existing form. Although the number of respondents has increased to reflect inclusion of

respondents to discontinued Form 7200/03, the impact on overall burden for the collection is neutral. With respect to new Form 7200/18, it will collect information regarding irrevocable trusts that previously was collected on Form 7200/05. However, unlike old Form 7200/05, new Form 7200/18 does not request information on the ownership interest (percentage or dollar amount) of beneficiaries, or the date of death or any deceased beneficiaries, but does collect information on the beneficiary type (*i.e.*, individual, charity or non-profit) and, for charitable or non-profit organizations, on whether the entity is recognized by the IRS. The estimated response time for new Form 7200/18 is 30 minutes and the estimated number of respondents is 200. Therefore, the impact of all of the changes on overall burden estimates for the collection is neutral.

Request for Comment

Comments are invited on: (a) Whether these collections of information are necessary for the proper performance of the FDIC's functions, including whether the information has practical utility; (b) the accuracy of the estimate of the burden of the information collection, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Dated at Washington, DC, this 26th day of January 2010.

Federal Deposit Insurance Corporation.

Valerie J. Best,

Assistant Executive Secretary.

[FR Doc. 2010-1998 Filed 1-29-10; 8:45 am]

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FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than February 16, 2010.

A. Federal Reserve Bank of Atlanta (Steve Foley, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. *Viradesh Kumar Nanda and Sameer Kumar Nanda*; to acquire additional shares of Hometown Community Bancshares, Inc., and its subsidiary, Hometown Community Bank, both of Braselton, Georgia. Total pro forma ownership will equal 17.51 percent.

2. *Brian Clayton McRae, of Shreveport, Louisiana*; to retain shares of Vernon Bancshares, and its subsidiary bank, Vernon Bank, both of Leesville, Louisiana.

Board of Governors of the Federal Reserve System, January 27, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-1964 Filed 1-29-10; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the

standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank 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 February 25, 2010.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *Sandhills Financial Services, LLC, Fremont, Nebraska*; to become a bank holding company through the acquisition of 100 percent of the voting shares of Bassett Investment Company, and thereby acquire Commercial Bank, both in Bassett, Nebraska.

Board of Governors of the Federal Reserve System, January 27, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2010-1965 Filed 1-29-10; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Studying the Implementation of a Chronic Care Toolkit and Practice Coaching In Practices Serving Vulnerable Populations." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by April 2, 2010.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at doris.lefkowitz@AHRQ.hhs.gov.

Copies of the proposed collection plans, data collection instruments, and

specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Studying the Implementation of a Chronic Care Toolkit and Practice Coaching In Practices Serving Vulnerable Populations

An important part of AHRQ's mission is to disseminate information and tools that can support improvement in quality and safety in the U.S. health care community. This proposed information collection supports that part of AHRQ's mission by further refining the practice coaching delivered in conjunction with a previously developed toolkit, Implementing Integrating Chronic Care and Business Strategies in the Safety Net: A Toolkit for Primary Care Practices and Clinics. AHRQ requests that the Office of Management and Budget approve, under the Paperwork Reduction Act of 1995, AHRQ's intention to collect information needed to determine whether practice coaching is effective in facilitating adoption of the Chronic Care Model (CCM) for improving treatment and management of chronic medical conditions by primary care physicians, especially those who care for underserved populations. This project is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to quality measurement and improvement and with respect to clinical practice, including primary care and practice-oriented research. 42 U.S.C. 299a(a)(2) and (4). This project will be conducted by AHRQ through a contract with the University of Minnesota.

Although 1500 physician practices in the U.S. and internationally have been involved in CCM quality improvement efforts, most patients still do not receive their chronic care in accordance with CCM. One factor affecting CCM implementation has been that having teams attend collaborative meetings (three two-day meetings over a nine-month period) is burdensome, especially for under-resourced providers. An attempt to use the Internet as a virtual collaborative met with disappointing results. Another barrier to adoption of the CCM in settings that serve vulnerable

populations is the scarcity of resources to implement and sustain the CCM. In 2006 AHRQ contracted with the RAND Corporation, Group Health's MacColl Institute, and the California Health Care Safety Net Institute (SNI) to develop a toolkit that informs safety net providers on how to redesign their systems of care along the lines of the Chronic Care Model while attending to their financial realities. The result was Implementing Integrating Chronic Care and Business Strategies in the Safety Net. A Toolkit for Primary Care Practices and Clinics. The Toolkit was piloted in two California safety net clinics. Recognizing that merely distributing the Toolkit was unlikely to foster adoption of CCM, the intervention included six months of practice coaching delivered by the MacColl Institute. Practice Coaches (PC) are health care or related professionals who help primary care practices in a variety of quality improvement and research activities. PCs made two site visits to each site and participated in weekly team meetings by phone. They also interacted with the sites through e-mail and phone contact.

The lack of documentation available on coaching led to the development of a practice coaching manual, which was funded by AHRQ through a contract with the RAND Corporation. Development of the Coaching Manual entailed conducting a literature review, interviewing practice coaching experts, and incorporating evaluation results from the coaching provided in conjunction with the Toolkit. The Coaching Manual was published in the winter of 2009. The literature review and interviews revealed that there are a number of different models of practice coaching. However, knowledge is scant about how practice coaching is best performed, under what conditions practice coaching is most successful, and the costs of coaching and being coached. Pilot testing the Toolkit with a low-intensity practice coaching strategy proved insufficient to encourage practices to use the Toolkit independently. The Toolkit was subsequently streamlined based on pilot sites' reports that the initial Toolkit was not easy to use. This project will explore the implementation of the revised Toolkit along with a more intensive practice coaching strategy, providing lessons on methods to improve chronic care in clinical practices that serve vulnerable populations.

Method of Collection

This project will include the following data collections:

(1) *Key Informant Interviews* with providers, staff and practice coaches