

**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 will also 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.

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 September 18, 2017.

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

1. *Guaranty Bancorp, Inc., Denver, Colorado*; to merge with Castle Rock Bank Holding Company, and thereby indirectly acquire Castle Rock Bank, both of Castle Rock, Colorado.

Board of Governors of the Federal Reserve System, August 17, 2017.

**Yao-Chin Chao,**

*Assistant Secretary of the Board.*

[FR Doc. 2017-17771 Filed 8-21-17; 8:45 am]

**BILLING CODE P**

**GENERAL SERVICES ADMINISTRATION**

[Notice—MA—2017—05; Docket No. 2017—0002; Sequence 15]

**Maximum Per Diem Reimbursement Rates for the Continental United States (CONUS)**

**AGENCY:** Office of Government-wide Policy (OGP), General Services Administration (GSA).

**ACTION:** Notice of GSA Per Diem Bulletin FTR 18-01, Fiscal Year (FY) 2018 CONUS per diem reimbursement rates.

**SUMMARY:** GSA's Fiscal Year (FY) 2018 per diem reimbursement rates review has resulted in lodging and meal allowance changes for certain locations within CONUS to provide for reimbursement of Federal employees' subsistence expenses while on official travel.

**DATES:** *Applicability:* This notice applies to travel performed on or after October 1, 2017, through September 30, 2018.

**FOR FURTHER INFORMATION CONTACT:** For clarification of content, contact Ms. Jill Denning, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202-208-7642, or by email at [travelpolicy@gsa.gov](mailto:travelpolicy@gsa.gov). Please cite Notice of GSA Per Diem Bulletin FTR 18-01.

**SUPPLEMENTARY INFORMATION:**

*Background:* The CONUS per diem reimbursement rates prescribed in Bulletin 18-01 may be found at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). GSA bases the maximum lodging allowance rates on the average daily rate that the lodging industry reports to an independent organization. If a maximum lodging allowance rate and/or a meals and incidental expenses (M&IE) per diem reimbursement rate is insufficient to meet necessary expenses in any given location, Federal executive agencies can request that GSA review that location. Please review numbers six and seven of GSA's per diem Frequently Asked Questions, at [www.gsa.gov/perdiemfaqs](http://www.gsa.gov/perdiemfaqs), for more information on the special review process. In addition, the Federal Travel Regulation (FTR) allows for actual expense reimbursement as provided in §§ 301-11.300 through 301-11.306. For FY 2018, no new non-standard area locations were added. The standard CONUS lodging allowance rate will increase from \$91 to \$93. The M&IE reimbursement rate tiers were not revised for FY 2018.

GSA issues and publishes the CONUS per diem rates, formerly published in Appendix A to 41 CFR Chapter 301,

solely on the Internet at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). GSA also now solely publishes the M&IE meal breakdown table, which is used when employees are required to deduct meals from their M&IE reimbursement pursuant to FTR § 301-11.18, at [www.gsa.gov/mie](http://www.gsa.gov/mie).

This process, implemented at 68 FR 22314, on April 28, 2003, for per diem reimbursement rates, and in 2015 for the M&IE breakdown table, ensures more timely changes in per diem reimbursement rates established by GSA for Federal employees on official travel within CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem reimbursement rates to agencies other than the changes posted on the GSA Web site.

Dated: August 14, 2017.

**Allison Fahrenkopf Brigati,**  
*Associate Administrator, Office of Government-wide Policy, General Services Administration.*

[FR Doc. 2017-17677 Filed 8-21-17; 8:45 am]

**BILLING CODE 6820-14-P**

**GENERAL SERVICES ADMINISTRATION**

[Notice—MA—2017—06; Docket No. 2017—0002, Sequence No. 17]

**Federal Travel Regulation (FTR); Reimbursement for Use of Transportation Network Companies or Innovative Mobility Technology Companies While on Official Travel**

**AGENCY:** Office of Government-wide Policy (OGP), General Services Administration (GSA).

**ACTION:** Notice of a Bulletin.

**SUMMARY:** The purpose of this notice is to inform federal agencies that FTR Bulletin 17-04, pertaining to the authorization of and reimbursement for use of Transportation Network Companies (TNCs) or innovative mobility technology companies by Federal travelers on temporary duty, is now available online at [www.gsa.gov/ftbulletin](http://www.gsa.gov/ftbulletin).

**DATES:** *Effective:* August 22, 2017.

**FOR FURTHER INFORMATION CONTACT:** Mr. Cy Greenidge, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202-219-2349, or by email at [travelpolicy@gsa.gov](mailto:travelpolicy@gsa.gov).

Please cite Notice of FTR Bulletin 17-04.

Dated: August 14, 2017.

**Allison Fahrenkopf Brigati**,  
Associate Administrator, Office of  
Government-wide Policy, General Services  
Administration.

[FR Doc. 2017-17680 Filed 8-21-17; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-17-0773; Docket No. CDC-2017-  
0061]

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

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comments on the information collection  
extension request titled “Adverse  
Events among Persons on Treatment of  
Latent Tuberculosis Infection.”

**DATES:** Written comments must be  
received on or before October 23, 2017.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2017-  
0061 by any of the following methods:

- *Federal eRulemaking Portal:*  
*Regulations.gov.* Follow the instructions  
for submitting comments.

- *Mail:* Leroy A. Richardson,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE., MS-  
D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. All relevant comments  
received will be posted without change  
to *Regulations.gov*, including any  
personal information provided. For  
access to the docket to read background  
documents or comments received, go to  
*Regulations.gov*.

*Please note:* All public comments  
should be submitted through the  
Federal eRulemaking portal  
(*Regulations.gov*) or by U.S. mail to the  
address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact Leroy A.  
Richardson, Information Collection  
Review Office, Centers for Disease  
Control and Prevention, 1600 Clifton  
Road NE., MS-D74, Atlanta, Georgia  
30329; phone: 404-639-7570; Email:  
*omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the  
Paperwork Reduction Act of 1995 (PRA)  
(44 U.S.C.3501-3520), Federal agencies  
must obtain approval from the Office of  
Management and Budget (OMB) for each  
collection of information they conduct  
or sponsor. In addition, the PRA also  
requires Federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
previously approved information  
collection before submitting the  
collection to OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

*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; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, Information  
Collection Request Procedures Manual  
33 retain, disclose or provide  
information to or for a Federal agency.  
This includes the time needed to review  
instructions; to develop, acquire, install  
and utilize technology and systems for  
the purpose of collecting, validating and  
verifying information, processing and  
maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to  
a collection of information, to search  
data sources, to complete and review  
the collection of information; and to

transmit or otherwise disclose the  
information.

#### Proposed Project

National Surveillance for Severe  
Adverse Events among Persons on  
Treatment of Latent Tuberculosis  
Infection—(OMB Control No. 0920-  
0773, expires 01/17/2018)—Extension—  
Division of Tuberculosis Elimination  
(DTBE), National Center for HIV, Viral  
Hepatitis, STD, and TB Prevention  
NCHHSTP), Centers for Disease Control  
and Prevention (CDC).

#### Background and Brief Description

As part of the national tuberculosis  
(TB) elimination strategy, the American  
Thoracic Society and CDC have  
published recommendations for targeted  
testing for TB and treatment for latent  
TB infection (LTBI) (Morbidity and  
Mortality Weekly Report (MMWR)  
2000;49[RR06];1-54). However, between  
October 2000 and September 2004, the  
CDC received reports of 50 patients with  
severe adverse events (SAEs) associated  
with the use of the two or three-month  
regimen of rifampin and pyrazinamide  
(RZ) for the treatment of LTBI; 12 (24%)  
patients died (MMWR 2003;52[31]:735-  
9). In 2004, CDC began collecting  
reports of SAEs among persons on  
treatment regimen for LTBI.

For surveillance purposes, an SAE  
was defined as any drug-associated  
reaction resulting in a patient’s  
hospitalization or death after at least  
one treatment dose for LTBI. During  
2004-2016, CDC received 66 reports of  
SAEs among recipients of isoniazid  
(INH)-only (n=44), INH-rifapentine  
(RPT) (n=20), rifampin (RIF) (n=1) and  
INH/Levofloxacin (n=1) for LTBI.  
Among INH-only recipients, seven died;  
five, including one child, underwent  
liver transplantation. Among INH-RPT,  
RIF, and INH/Levofloxacin recipients,  
length of hospitalization ranged 1-20  
(median: 3) days; no liver transplants or  
deaths were reported. The RIF recipient  
had an acute kidney injury but  
recovered after three hemodialysis  
treatments [Severe Adverse Events  
(Hospitalization or Death) Among  
Persons on Treatment for Latent  
Tuberculosis Infection, United States,  
January 2004-December 2016. Presented  
at the NAR/IUATLD Conference,  
Vancouver, Canada, February 2017].  
Ten of the SAEs were published in  
Powell, K, et al. Severe Isoniazid-  
associated Liver Injuries among Persons  
Being Treated for Latent Tuberculosis  
Infection-United States, 2004-2008.  
MMWR 2010; 59:224-9.

Reports of SAEs related to LTBI  
treatment regimens have prompted a  
need for this project—a national