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 application 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 17, 2005.

A. Federal Reserve Bank of Boston (Richard Walker, Community Affairs Officer) 600 Atlantic Avenue, Boston, Massachusetts 02106–2204:

1. Charter Oak Community Bank Corp., Rockville, Connecticut; to acquire 55 percent of the voting shares of Rockville Financial, Inc., Rockville, Connecticut, and thereby indirectly acquire voting shares of Rockville Bank, South Windsor, Connecticut.

In addition to this application, Rockville Financial, Inc., Rockville, Connecticut, also has applied to become a bank holding company by acquiring 100 percent of the voting shares of Rockville Bank, South Windsor, Connecticut.

Board of Governors of the Federal Reserve System, January 18, 2005.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 05–1239 Filed 1–21–05; 8:45 am]

BILLING CODE 6210–01–S

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0118]

Federal Management Regulation and Federal Property Management Regulations; Information Collection; Standard Form 94, Statement of Witness

AGENCY: Federal Vehicle Policy Division, GSA.

ACTION: Notice of request for comments regarding a renewal to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration, has submitted to the Office of Management and Budget (OMB) a request to review and approve a renewal of a currently approved information collection requirement regarding Standard Form 94, statement of witness. A request for public comments was published at 69 FR 54669, September 9, 2004. No comments were received.

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

DATES: Submit comments on or before: February 23, 2005.

FOR FURTHER INFORMATION CONTACT: Michael Moses, Team Leader, Federal Vehicle Policy Division, at (202) 501–2507 or via e-mail to *mike.moses@gsa.gov*.

ADDRESSES: Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ms. Jeanette Thornton, GSA Desk Officer, OMB, Room 10236, NEOB, Washington, DC 20503, and a copy to the Regulatory Secretariat (VIR), General Services Administration, Room 4035, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090–0118, Standard Form 94, Statement of Witness, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

Standard Form 94 is used by all Federal agencies to report accident information involving U.S. Government motor vehicles. The Standard Form 94 is an essential part of the investigation of motor vehicle accidents, especially those involving the public with a potential for claims against the United States. It is a vital piece of information in lawsuits and provides the Assistant United States Attorneys with a written statement to refresh recollection of accidents, as necessary. The Standard Form 94 is usually completed at the time of an accident involving a motor vehicle owned or leased by the Government. Individuals, other than the vehicle operator, who witness the accident, complete the form.

Use of the Standard Form 94 is prescribed in FMR 102–34.300(b) and Federal Property Management Regulations 101–39.40(b).

B. Annual Reporting Burden

Respondents: 874
Responses Per Respondent: 1
Hours Per Response: 20 minutes
Total Burden Hours: 291
Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VIR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 3090–0118, Standard Form 94, Statement of Witness, in all correspondence.

Dated: January 13, 2005

Michael W. Carleton,

Chief Information Officer.

[FR Doc. 05–1171 Filed 1–21–05; 8:45 am]

BILLING CODE 6820–14–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 the Office of Management and Budget (OMB) to allow the proposed information collection project: ''National Study of the Hospital Adverse Event Reporting Survey''. In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by March 25, 2005.

ADDRESSES: Written comments should be submitted to: Cynthia D. McMichael, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room 5022, Rockville, MD 20850.

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: Cynthia D. McMichael, AHRQ Reports Clearance Officer, (301) 427–1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

''National Safety of the Hospital Adverse Event Reporting Survey''

The National Study of the Hospital Adverse Event Reporting Survey will use a survey instrument which was developed to examine and characterize adverse event reporting in the Nation's hospitals. The survey will collect information from staff for a nationally representative sample of non-Federal hospitals. Risk managers will complete the questionnaire.

To achieve responses from 960 hospitals (a scientifically sound representative national sample of US hospitals), we will contact 1200 hospitals to enlist their cooperation (thus, we anticipate an 80% response rate). Contacting 1200 hospitals should yield 960 Risk Managers with whom to conduct an interview.

The questionnaire will ask whether hospitals collect information on adverse events, and how the information is stored. The questionnaire also asks about the hospital's case definition of a reportable event and whether information on the severity of the adverse event is collected. It inquires about who might report information and whether they can report to a system which is confidential and/or anonymous. The questionnaire also asks about the uses of the data that are collected, reporting systems, and whether information is used for purposes including analytic uses, personnel action, and intervention design. Finally, the questionnaire asks about the other sources of information that are useful for patient safety-related interventions.

The sample will be randomly drawn from the American Hospital Association Field Guide (the ''AHA Guide''). The AHA Guide is a listing of 5,890 registered hospitals, which include Department of Defense, and Veteran's Administration hospitals. The AHA believes its database is close to 100 percent complete. AHA gathers information directly from hospitals via an annual survey. The resulting database includes over 600 fields in areas such as organizational structure, facilities, bed numbers, finances and services specialties. Their survey results are published annually in the AHA Guide. In our sample, we will include approximately 5,795 non-Federal hospitals (public hospitals operated by cities, countries, and States and private hospitals including both for profit and not-for-profit), and we will aim to administer the surveys in large, medium and small hospitals.

Mandate for Data Collection; Sponsorship

In the Fiscal Year 2002 Senate Appropriations Report for the Department of Labor, HHS, and Education (Report—107–84), AHRQ was given the following congressional direction:

The Committee further directs AHRQ to provide a report detailing the results of its efforts to reduce medical errors. The report should include how hospitals and other healthcare facilities are reducing medical errors; how these strategies are being shared among health care professionals; how many hospitals and other health care facilities record and track medical errors; how medical error information is used to improve patient safety; what types of incentives and/or disincentives have helped health care professionals reduce medical errors; and, a list of the most common root causes of medical errors.

This project is an AHRQ-funded activity as part of its Patient Safety Evaluation Contract.

Method of Collection

The survey and data collection procedures have been previously piloted (under OMB # 0935–0114 which expired 01/31/2004). The survey mode will be an initial mailed survey with two waves of mailed follow-ups as needed, and a Computer-Assisted Telephone Interviewing (CATI) telephone survey follow-up for the remaining non-responders. The CATI survey will be tested by survey coordinators at the RAND Survey Research Group prior to fielding to ensure that the questionnaire items appear on the interviewer computer screens as designed, that appropriate range checks are programmed (so that interviewers cannot enter out of range values), that skip patterns are programmed appropriately, and that the data recording is being done correctly. The survey will take approximately 25 minutes to complete. The 960 surveys will be obtained from one Risk Manager per hospital.

The steps in the process are as follows:

1. For each hospital, telephone interviewers will contact the hospital and ''screen'' for the Risk Manager's name, direct telephone number, and FAX number and will verify the hospital's mailing address. The initial hospital information will come from the 2002 AHA database.

2. All confirmed Risk Managers will receive an advance letter and a copy of the survey in the mail.

3. A reminder letter will be sent to those who have not returned the survey within 2 weeks of the initial mailing, and a re-mail of the survey will be sent 2 weeks after the reminder letter is sent.

4. If a survey has not been returned after the second re-mail, then a telephone interviewer will attempt to complete the survey with the Risk Manager over the telephone. The interviewer will record responses electronically using specially prepared software.

5. It is anticipated that there will be a follow-up survey (using a similar survey strategy) administered 2 or 3 years later.

Estimated Annual Respondent Burden

It is estimated that 960 Risk Managers will participate in the 25 minute national study. This yields a 403.2 hour burden per year and at an estimated $27.10 per hour, the annualized cost to the surveyed 960 (approximately 1000) hospitals would be a total of $10,926.72 or about $11.38 each. The figures are summarized in the table below:

Type of respondent	Number of respondents	Estimated time per respondent in hours	Estimated total burden hours	Estimated annual cost to each hospital
Risk Manager	960	.42 (25 minutes)	403.20	$11.38

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden (including hours and costs) 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 the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: January 7, 2005.

Carolyn M. Clancy,

Director.

[FR Doc. 05–1187 Filed 1–21–05; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

[Program Announcement 05002]

Public Health Conference Grant Program; Notice of Availability of Funds Amendment

A notice announcing the availability of Fiscal Year 2005 funds to award a Grant Agreement to Support Public Health Conference Support Grant Agreement published in the **Federal Register** on November 2, 2004, Volume 69, Number 211, pages 63541–63546. The notice is amended as follows:

On page 63543, second column, under III.3 Other, Special Requirements, second bullet, delete the bullet that reads, ''Applicants who do not submit a LOI will not be eligible to submit an application for review or funding.''

On page 63543, third column, under IV.2 Content and Form of Submission, Letter of Intent (LOI), first paragraph, delete the fifth sentence that reads, ''If you do not submit a LOI, you will not be allowed to submit an application.''

On page 63544, second column, under IV.3 Submission Dates and Times, delete the fourth paragraph that reads, ''Applicants who do not submit an LOI will not be eligible to submit an application for review or funding.''

Dated: January 14, 2005.

William P. Nichols,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 05–1205 Filed 1–21–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Integration; Correction

In the notice document announcing the ''Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Integration,'' Funding Opportunity Number: RFA 05028, appearing on page 357 in the **Federal Register** issue of Tuesday, January 4, 2005, the notice is amended as follows:

On page 357, third column under **DATES,** and page 360, second column under Section IV.3. Submission Dates and Times: amend to reflect Letter of Intent Deadline (LOI) Date: February 10, 2005, and Application Deadline Date: March 14, 2005.

On page 359, second column under Section III.3. Other: fourth bullet delete the semicolon and the word and [; and]; delete fifth bullet ''Have previously been awarded a CDC Cooperative Agreement for EHDI Tracking, Surveillance, and Integration (Program Announcements 00076, 01048, or 03055).''

Dated: January 14, 2005.

William P. Nichols,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 05–1219 Filed 1–21–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Cardiovascular and Renal Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Cardiovascular and Renal Drugs Advisory Committee (CRDAC).

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on February 24, 2005, from 8 a.m. to 5 p.m.

Location: Food and Drug Administration, Center for Drug Evaluation and Research Advisory Committee Conference Room, rm. 1066, 5630 Fishers Lane, Rockville, MD.

Contact Person: Cathy Groupe, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301–827–7001, e-mail: *groupec@cder.fda.gov*, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512533. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss supplemental new drug applications (sNDAs) S–022, S–024, and S–025 to approved new drug application (NDA) 20–838, ATACAND (candesartan cilexetil) Tablets (4 milligrams (mg), 8 mg, 16 mg, and 32 mg), AstraZeneca LP, for the use in the treatment of patients with congestive heart failure, specifically in the following ways: (1) S–022, reducing the risk of cardiovascular mortality or heart failure hospitalization when added to an angiotensin-converting enzyme inhibitor-containing regimen in congestive heart failure patients with left ventricular systolic dysfunction; (2) S–024, reducing the risk of cardiovascular mortality or heart failure hospitalization in congestive heart failure patients with left ventricular systolic dysfunction, as a primary renin-angiotensin-aldosterone system modulating treatment; and (3) S–025, reducing the frequency of hospitalizations for heart failure in congestive heart failure patients with preserved left ventricular systolic dysfunction. ATACAND is currently approved for use in the treatment of hypertension. The background material will become available no later than the day before the meeting and will be posted on FDA's Web site at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm* under the heading