

must be submitted for inclusion in the public docket. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2.

Docket Copying Costs. Copying arrangements will be made through the Docket Facility and billed directly to the recipient. Copying costs may be waived depending on the total number of pages copied.

Authority: Sections 2002, 4005, and 4010(c) of the Solid Waste Disposal Act, as amended, 42 U.S.C. 6912, 6945, and 6949(a). Delegation 8–46. State/Tribal Permit Programs for Municipal Solid Waste Landfills.

Dated: June 6, 2007.

Wayne Nastri,

Regional Administrator, Region IX.

[FR Doc. E7–11773 Filed 6–18–07; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL RESERVE SYSTEM

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

This notice corrects a notice (FR Doc. E7–11296) published on page 32296 of the issue for Tuesday, June 12, 2007.

Under the Federal Reserve Bank of St. Louis heading, the entry for Gaylon M. Lawrence, Jr., Franklin, Tennessee, is revised to read as follows:

A. Federal Reserve Bank of St. Louis (Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Gaylon M. Lawrence, Jr.*, Nashville, Tennessee; to acquire control of Farmers Bancorp, Inc., and thereby indirectly acquire control of Farmers Bank and Trust Company, both of Blytheville, Arkansas.

Comments on this application must be received by June 27, 2007.

Board of Governors of the Federal Reserve System, June 14, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–11762 Filed 6–18–07; 8:45 am]

BILLING CODE 6210–01–S

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 July 5, 2007.

A. Federal Reserve Bank of Minneapolis (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *William Sexton*, Incline Village, Nevada, as an individual, and as part of a group acting in concert with Kevin Noble, Minnetonka, Minnesota, Brian Schoenborn, Saint Joseph, Minnesota, and Jason Noble, Clara City, Minnesota; to acquire control of Kensington Bancorp, Inc., Kensington, Minnesota, and thereby indirectly acquire control of First State Bank of Kensington, Kensington, Minnesota.

Board of Governors of the Federal Reserve System, June 14, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–11763 Filed 6–18–07; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07AZ]

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

US-Mexico Border Diabetes Community Health Worker/Promotores de Salud Intervention Pilot Project—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Pan American Health Organization (PAHO), El Paso field office, in collaboration with the United States/Mexico Border Diabetes Prevention and Control Programs and the Mexico Secretariat of Health is requesting approval for the US-MEXICO BORDER DIABETES COMMUNITY HEALTH WORKER/PROMOTORES de SALUD INTERVENTION PILOT PROJECT (CHW/PdS IPP) of the US-Mexico Diabetes Prevention and Control Project.

The purpose of the project is to diminish the impact of diabetes on the border population by conducting activities to address the high prevalence of diabetes, related behavioral risk factors and improve the health services for the border population. This project is targeted for completion by September 2009. CHW/PdS IPP will be implemented in eleven pilot communities, where persons living with diabetes will be randomized to either intervention group participant (IGP) or delayed intervention control group participant (DICGP). The DICGP will receive usual diabetes self management education by the health care provider in a community health center setting, and the IGP will be assigned to receive diabetes self management education reinforcement and coaching social support at the community/home level, by a Community Health Worker/Promotor de Salud. These programs will be culturally and linguistically appropriate and will include the participation of community health workers (*promotores*) and primary

healthcare providers working as a team approach.

Activities will include implementation of family centered community interventions that will provide biweekly site visits to the person living with diabetes and provide follow-up and support for the participant and their family. Two family members, found with the highest risk factor rating, will also be intervened by the CHW/PdS. The CHW will reinforce educational messages on balance nutrition and physical activity and provide social support and coaching to the person living with diabetes and their family members. The CHW/PdSs will be trained in diabetes and community mobilization skills.

A person living with diabetes and one high risk blood relative family members will receive an initial survey, to establish baseline to evaluate the model's effectiveness. Participants will receive a nutrition questionnaire to assess their nutrition knowledge and practice to tailor the nutrition education information, and will also receive a questionnaire to assess the cost effectiveness of the CHW/PdS model. The Diabetes Intervention Group (DIG) and the 1st Degree Blood Relative Intervention Group (BRIG), will receive tri-weekly visits, lasting approximately 2 hours. During these sessions the initial survey, the nutrition questionnaire and the cost effectiveness questionnaire will

be given by the CHW/PdS to the participants.

The Diabetes Delayed Intervention Group (DDIG) and the 1st Degree Blood Relative Delayed Intervention Group (BRDIG), will receive an initial site visit, lasting approximately 2 hours. At this time the initial participant and family member survey will be administered by the CHW/PdS. After the intervention phase is completed, estimated time line being 18 months, the DDIG and the BRDIG will receive group educational sessions for a period of one hour for 16 weeks.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Types of visits	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hours)
Diabetes Intervention Group (DIG)	Every three weeks visit	363	17	2	12,342
1st Degree Blood Relative Intervention Group (BRIG).	Every three weeks visit	363	17	2	12,342
Diabetes—Delayed Intervention Group (DDIG) ...	First visit	363	1	2	726
	Weekly visits		16	1	5,808
1st Degree Blood Relative—Delayed Intervention Group (BRDIG).	First visit	363	1	2	726
	Weekly visit		16	1	5,808
CHW/PdS, for 5 days during the intervention section, the CHW/PdS will complete a tool to determine the time and effort by the clinic personnel in serving the DIG, BRIG, DDIG, BRDIG members explain.	Five (5) working days ...	11	1	1	55
Total	1463	37,807

Dated: June 13, 2007.

Catina Conner,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-11779 Filed 6-18-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Meeting

Correction: This notice was published in the **Federal Register** on May 4, 2007, Volume 72, Number 86, page 25318. The matters to be discussed have been changed.

Matters To Be Discussed: The agenda will include discussions on Vaccine Financing; Hepatitis A Post-Exposure

Prophylaxis which will include a VFC Vote; Cold Adapted Influenza Vaccine; Immunization Safety; Tdap-IPV-Hib Combination Vaccine (Pentacel); MCV4 Dose to 2 years; Vaccine Shortages; Economic Analyses of Vaccines; Evidence-Based Recommendations; Human Papillomavirus Vaccine; Update on HIV Vaccines; Childhood Immunization Schedule; Adult Immunization Schedule; Update on Pneumococcal Vaccines Working Group; Update on Vaccines during Pregnancy and Breastfeeding Working Group; Hepatitis B update on Adult Recommendations; and Agency updates. VFC Votes will be taken to add Pentacel to the Diphtheria, Tetanus, Pertussis Resolution; to the Haemophilus Influenza Type B Resolution and to the Polio Resolution pending the Food and Drug Administration approval for licensure of Pentacel. Amended to include a VFC Vote on FluMist.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Demetria Gardner, Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., (E-05), Atlanta, Georgia 30333, telephone 404/639-8836, fax 404/639-6258.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the CDC and ATSDR.

Dated: June 12, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7-11789 Filed 6-18-07; 8:45 am]

BILLING CODE 4163-18-P