

1. *Franklin Resources, Inc.*, San Mateo, California; to acquire 14.12 percent of the voting shares of Centennial C Corp., Rancho Santa Fe, California, and thereby indirectly acquire Centennial Bank of the West, Fort Collins, Colorado.

Board of Governors of the Federal Reserve System, May 25, 2004.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 04-12207 Filed 5-28-04; 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 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 Web site at [www.ffiec.gov/nic/](http://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 June 25, 2004.

**A. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Mabrey Bancorporation, Inc.*, Okmulgee, Oklahoma; to acquire an additional 51.2 percent, for a total of 100 percent, of the voting shares of CSB,

Inc., Bixby, Oklahoma, and thereby indirectly acquire voting shares of Citizens Security Bancshares, Inc., and Citizens Security Bank & Trust Company, both of Bixby, Oklahoma.

Board of Governors of the Federal Reserve System, May 26, 2004.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 04-12318 Filed 5-28-04; 8:45 am]

**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Meeting of the President's Council on Bioethics on June 24-25, 2004

**AGENCY:** The President's Council on Bioethics, HHS.

**ACTION:** Notice.

**SUMMARY:** The President's Council on Bioethics (Leon R. Kass, M.D., chairman) will hold its seventeenth meeting, at which, among other things, it will continue its discussion of neuroethics and neuroimaging, including a discussion of deep brain stimulation. It will also continue discussing ethical issues relating to Alzheimer's, dementia, and end-of-life care. Subjects discussed at past Council meetings (and potentially touched on at this meeting) include: Cloning, stem cell research, embryo research, assisted reproduction, reproductive genetics, IVF, ICSI, PGD, sex selection, inheritable genetic modification, patentability of human organisms, aging retardation, lifespan-extension, and organ procurement for transplantation. Publications issued by the Council to date include: *Human Cloning and Human Dignity: An Ethical Inquiry* (July 2002); *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003); *Being Human: Readings from the President's Council on Bioethics* (December 2003); *Monitoring Stem Cell Research* (January 2004), and *Reproduction and Responsibility: The Regulation of New Biotechnologies* (March 2004).

**DATES:** The meeting will take place Thursday, June 24, 2004, from 8:45 a.m. to 4:30 p.m. ET; and Friday, June 25, 2004, from 8:30 a.m. to 12:30 p.m. ET.

**ADDRESSES:** The Ronald Reagan Building and International Trade Center, 1300 Pennsylvania Avenue, NW., Washington, DC 20004. A photo I.D. is required for entrance into the building.

**Agenda:** The meeting agenda will be posted at <http://www.bioethics.gov>.

**Public Comments:** The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 a.m., on Friday, June 25. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

**FOR FURTHER INFORMATION CONTACT:** Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: 202/296-4669. E-mail: [info@bioethics.gov](mailto:info@bioethics.gov). Web site: <http://www.bioethics.gov>.

Dated: May 24, 2004.

**Dean Clancy,**

*Executive Director, The President's Council on Bioethics.*

[FR Doc. 04-12242 Filed 5-28-04; 8:45 am]

**BILLING CODE 4150-28-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-04-58]

#### 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 the CDC Reports Clearance Officer on (404) 498-1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments should be received within 60 days of this notice.

**Proposed Project**

Surveys to Determine the National Incidence of Healthcare-associated Infections and Hospital Surveillance Methods—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Approximately 2 million hospital patients develop infections acquired while hospitalized (nosocomial infections) each year. The National Nosocomial Infections Surveillance (NNIS) system provides national data for nosocomial infections in the U.S. Currently, NNIS hospitals provide data on infections in surgical patients and patients in intensive care units (ICUs) only. Consequently, national estimates of the incidence and burden of healthcare-associated infections in all hospitalized patients are incomplete. Additionally, only about 300 of the nation's 5000 hospitals report data to

NNIS, so surveillance methods at most U.S. hospitals are unknown.

This proposed project consists of two surveys. The objective of the first survey will be to estimate the total number and rate per 100 inpatient discharges of the five most common healthcare-associated infections in U.S. hospitals. The objective of the second survey is to determine surveillance methods routinely used by U.S. hospitals to monitor nosocomial infections.

The first survey (Incidence of Nosocomial Infections) will involve the use of a simplified nosocomial infections data collection instrument that includes questions covering the five most common healthcare associated infections. The survey will cover nosocomial laboratory-confirmed bloodstream infections, urinary tract infections, surgical site infections, Clostridium difficile-associated gastrointestinal infections, and pneumonia. Data will be abstracted by the hospital Infection Control Practitioner (ICP) or designee. The ICP will review the charts of 20 consecutive discharged patients on a designated day and complete a form indicating whether each met specified criteria for nosocomial infections.

The second survey (Surveillance Methods) will also be completed by a hospital ICP or designee. It will include

questions on the number of personnel participating in surveillance for nosocomial infections, the types of events under surveillance, the methods used for surveillance, who the data is reported to, and preferences regarding CDC-sponsored healthcare surveillance systems.

Participation in the proposed surveys will be voluntary. A random sample of 400 U.S. hospitals registered with the American Hospital Association (AHA) would be recruited for each survey, so there will be a total of 800 respondents. A deadline for the return of the surveys will be provided, after which non-respondents will be contacted and prompted to complete the surveys. Respondents may provide data on paper forms mailed to CDC or electronically via a secure Web site.

These data will be used to estimate the total number and rate of infections per 100 inpatient discharges at U.S. hospitals as well as the site distribution of these infections. These estimates will be used by CDC and other Federal agencies to allocate resources and potentially to track rates over time. Additionally, the data will be used to better understand the methods that are used for surveillance and to improve CDC-sponsored healthcare surveillance systems.

Form	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden hours
Incidence of Nosocomial Infections .....	400	20	10/60	1333
Surveillance Methods .....	400	1	1	400
Total .....	800	.....	.....	1733

In the above table, the number of respondents reflects the number of institutions, and the number of responses, reflects the number of forms completed per hospital for each survey. The burden per response is the time taken to review records and complete the appropriate form(s). The total burden is the cumulative time that would likely be taken for all respondents.

Dated: May 17, 2004.

**Joe E. Salter,**

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

[FR Doc. 04-12224 Filed 5-28-04; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-54-04]

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

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New

Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Evaluation of Educational Materials Promoting Informed Decision-Making About Prostate Cancer Screening—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Prostate cancer is the second most commonly diagnosed cancer among men in the United States. In 2003, an estimated 220,900 new cases of prostate cancer was diagnosed, and approximately 28,900 men died from the disease. The effectiveness of prostate cancer screening has not been established. A number of clinical guidelines recommend that the potential