

1. *Arvest Holdings, Inc.*, Little Rock, Arkansas, and *Arvest Bank Group, Inc.*, Bentonville, Arkansas; to acquire 100 percent of the voting shares of *Mountain Bancshares, Inc.*, Yellville, Arkansas, and thereby indirectly acquire *The Bank of Yellville, Yellville, Arkansas*.

Board of Governors of the Federal Reserve System, March 6, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

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BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary, Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection

Request: New.

Title of Information Collection: Office for Civil Rights Complaint Forms.

Form No.: OS-OCR Complaint Forms (OMB #0938—Newcc).

Use: Under these authorities, individuals may file written complaints with OCR when they believe they have been discriminated against or if they believe that on or after April 14, 2003, their right to the privacy of protected health information has been violated. OCR has developed two complaint forms—one for civil rights discrimination complaints and one for complaints alleging violation of the privacy of protected health information. The use of these forms will be voluntary; complaints may be submitted via other means such as letter or e-mail.

The Office for Civil Rights (OCR) is responsible for enforcing Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and other statutes which prohibit discrimination by programs or entities that receive Federal financial assistance from HHS. Additionally, OCR has jurisdiction over Federally-conducted programs in cases involving disability-based discrimination under section 504 of the Rehabilitation Act, over State and local public entities in cases involving disability-based discrimination under Title II of the Americans with Disabilities Act and, effective April 14, 2003, over certain health plans, health clearinghouses and health care providers with respect to enforcement of the standards for privacy of individually identifiable health information rule issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

Frequency: On occasion.

Affected Public: Individuals.

Number of Respondents: 23,800 (2,100 discrimination/21,700 medical privacy).

Total Annual Responses: 23,800.

Total Annual Hours: 16,275.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, call the OS Reports Clearance Office at (202) 619-2118 or e-mail *Geerie.Jones@HHS.gov*.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt (OS/OCR Complaint Forms), New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 5, 2003.

Robert E. Polson,

Reports Clearance Officer, Office of the Secretary, Department of Health and Human Services,

[FR Doc. 03-5904 Filed 3-11-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

[Program Announcement No. AoA-03-01]

Fiscal Year 2003 Program Announcement; Availability of Funds and Notice Regarding Applications

AGENCY: Administration on Aging, HHS.

ACTION: Announcement of availability of funds and request for applications.

SUMMARY: The Administration on Aging announces that under this program announcement it will hold a competition for a cooperative agreement to fund a National Long-Term Care Ombudsman Center at \$550,000 per year for a period of 3 years.

Legislative authority: The Older Americans Act, Pub. L. 106-501 (Catalog of Federal Domestic Assistance 93.048, Title IV and Title II Discretionary Projects).

Purpose of grant award: This cooperative agreement project will support the National Long-Term Care Ombudsman Program. The award will be a cooperative agreement because AoA will be substantially involved in the development and implementation of the project. The cooperative agreement will provide for training, technical assistance and support to State Agencies on Aging and to the directors of the Offices of the State Long-Term Care Ombudsman in every state, the District of Columbia, Puerto Rico and Guam.

Eligibility for grant awards and other requirements: Eligibility for a cooperative agreement is limited to public and/or nonprofit agencies and organizations, including faith-based organizations and community-based organizations. To be considered for funding, however, a qualified applicant must demonstrate knowledge and experience with the Long-Term Care Ombudsman Program at national, state and local levels, as well as a thorough command of the history and current status of the program and the policy considerations bearing on its future development. This requirement is intended to ensure high quality training and assistance for the Long-Term Care Ombudsman Program.

Grantees are required to provide at least 25% of the total program costs from non-federal cash or in-kind resources in order to be considered for the award.

DATES: The deadline date for the submission of applications is April 28, 2003.

ADDRESSES: Application kits are available by writing to Administration on Aging, U.S. Department of Health and Human Services, Washington, DC 20201, attn: Sue Wheaton, or by calling (202) 357-3587.

Applications kits are also available at <http://www.aoa.gov/egrants>.

Applications may be mailed to the Office of Grants Management at the same address or hand-delivered to Administration on Aging, Office of

Grants Management, One Massachusetts Avenue, Washington, DC.

Instructions for electronic mailing of grant applications are available at <http://www.aoa.gov/egrants>.

Dated: March 7, 2003.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 03-5863 Filed 3-11-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-50]

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 Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Special Exposure Cohort Petitions—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384-7385 [1994, supp. 2001] was enacted. It established a compensation program to provide a

lump sum payment of \$150,000 and medical benefits as compensation to covered employees suffering from designated illnesses incurred as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors and subcontractors. This legislation also provided for payment of compensation for certain survivors of these covered employees.

EEOICPA instructed the President to designate one or more Federal Agencies to carry out the compensation program. Accordingly, the President issued Executive Order 13179 ("Providing Compensation to America's Nuclear Weapons Workers") on December 7, 2000 (65 FR 77487), assigning primary responsibility for administration of the compensation program to the Department of Labor (DOL). The executive order directed the Department of Health and Human Services (HHS) to perform several technical and policymaking roles in support of the DOL program.

Among other duties, the executive order directed HHS to establish and implement procedures for considering petitions by classes of nuclear weapons workers to be added to the "Special Exposure Cohort" (the "Cohort"), various groups of workers selected by Congress whose claims for cancer under EEOICPA can be adjudicated without demonstrating that their cancer was "at least as likely as not" caused by radiation doses they incurred in the performance of duty. In brief, EEOICPA authorizes HHS to designate such classes of employees for addition to the Cohort when NIOSH lacks sufficient information to estimate with sufficient accuracy the radiation doses of the employees, if HHS also finds that the health of members of the class may have been endangered by the radiation dose the class potentially incurred. HHS must also obtain the advice of the Advisory Board on Radiation and Worker Health (the "Board") in establishing such findings. On March 7, 2003, HHS proposed procedures for adding such classes to the Cohort in a notice of proposed rulemaking at 42 CFR part 83.

The proposed HHS procedures would authorize a variety of individuals and entities to submit petitions, as specified under § 83.7. Petitioners would be required to provide the information specified in § 83.9 to qualify their petitions for a complete evaluation by HHS and the Board. HHS has developed two petition forms to assist the petitioners in providing this required information efficiently and completely.

Petition Form A is a one-page form to be used by EEOICPA cancer claimants for whom NIOSH will have attempted to conduct dose reconstructions and will have determined that available information is not sufficient to complete the dose reconstruction the majority of petitioners. The form addresses the informational requirements specified under § 83.9(a) and (b). NIOSH expects these claimant-petitions will comprise the majority of petitions. Petition Form B, accompanied by separate instructions, is intended for all other petitioners. The form addresses the informational requirements specified under § 83.9(a) and (c). Forms A and B can be submitted electronically as well as in hard copy. Petitioners should be aware that HHS is not *requiring* petitioners to use the forms. Petitioners can choose to submit petitions as letters or in other formats, but petitions must meet the informational requirements referenced above. NIOSH expects, however, that all petitioners for whom Form A would be appropriate will actually make use the form, since NIOSH will provide it to them upon determining that their dose reconstruction cannot be completed and encourage them to submit the petition. NIOSH expects the large majority of petitioners for whom Form B would be appropriate will also use the form, since it provides a simple, organized format for addressing the informational requirements of a petition.

NIOSH will use the information obtained through the petition for the following purposes; to: (a) Identify the petitioner(s), obtain their contact information, and establish that the petitioner(s) is qualified and intends to petition HHS; (b) establish an initial definition of the class of employees being proposed to be considered for addition to the Cohort; (c) determine whether there is justification to require HHS to evaluate whether or not to designate the proposed class as an addition to the Cohort (such an evaluation involves potentially extensive data collection, analysis, and related deliberations by NIOSH, the Board, and HHS); and, (d) target an evaluation by HHS to examine relevant potential limitations of radiation monitoring and/or dosimetry-relevant records and to examine the potential for related radiation exposures that might have endangered the health of members of the class.

Finally, under § 83.16, petitioners may contest the proposed decision of the Secretary to add or deny adding classes of employees to the cohort by submitting evidence that the proposed decision relies on a record of either