

President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:  
 1. *Southwest Bancorp, Inc.*, Stillwater, Oklahoma; to acquire 100 percent of the voting shares of SNB Bank of Wichita, Wichita, Kansas (in organization), and thereby engage in operating a savings association, pursuant to section 225.28(b)(4) of Regulation Y.

Board of Governors of the Federal Reserve System, July 15, 2003.

**Robert deV. Frierson,**  
*Deputy Secretary of the Board.*  
 [FR Doc.03-18319 Filed 7-17-03; 8:45 am]  
**BILLING CODE 6210-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-52-03]

**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. 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:* Resources and Services Database on CDC National Prevention Information Network (OMB Control No. 0920-0255)—Reinstatement with change—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC is requesting OMB approval to reinstate, with change, the data collection for the Resources and Services Database for the CDC National

Prevention Information Network (formerly known as the National AIDS Clearinghouse). This request is for a three-year reinstatement of clearance.

NCHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, sexually transmitted diseases (STDs), and tuberculosis (TB), including community-based HIV prevention activities and syphilis and TB elimination programs. To support NCHSTP's mission and to link Americans to prevention, education, and care services, the CDC National Prevention Information Network (NPIN) serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, STDs, and TB. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

Established in 1988, the NPIN Resources and Services Database contains entries on approximately 19,000 organizations and is the most comprehensive listing of HIV/AIDS, STD and TB resources and services available throughout the country. This database describes national, state and local organizations that provide services related to HIV/AIDS, STDs, and TB such as counseling and testing, prevention, education and support services. The NPIN reference staff rely on the Resources and Services Database to respond to nearly 63,000 requests each year for information or referral from community based organizations, state and local health departments, and health professionals working in HIV/AIDS, STD and TB prevention. The CDC National AIDS and STD Hotline staff also use the NPIN Resources and Services Database to refer approximately one million callers yearly to local

programs for information, services, and treatment. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 12 million visits by the public to the Web site are recorded annually.

To accomplish CDC's goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add 100 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. NPIN staff learn about new organizations through exhibiting at health and professional meetings, searching the Internet, and perusing newsletter announcements and press releases. Once a new organization is identified as providing HIV/AIDS, STD or TB-related services, NPIN staff will mail the Resource Organization Questionnaire along with a cover letter. The purpose of the questionnaire is to gather information about the HIV/AIDS, STD or TB-related services available from the organization, what geographic area the organization serves, and the target audiences for these services. Each organization will also receive a stamped, self-addressed envelope for the return of the questionnaire. Organizations with access to the Internet, will be given the option to complete and submit an electronic version of the questionnaire by visiting the CDC NPIN Web site. If NPIN receives no response to the initial mailing of the questionnaire, a follow-up telephone call will be made to the organization requesting them to complete and return the questionnaire.

As part of the verification process for the Resources and Services Database, 40 percent of the organizations will receive a copy of their current database entry by electronic mail, including a cover letter and a list of instructions. The remaining 60 percent will receive a telephone call to review their database record. The annual burden for this data collection is 3,858 hours.

Survey	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hours)
Questionnaire Resource Organization .....	100	1	30/60
Questionnaire Telephone Follow-up .....	33	1	15/60
Email Verification .....	7,600	1	15/60
Telephone verification .....	11,400	1	10/60

Dated: July 11, 2003.  
**Thomas A. Bartenfeld,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
 [FR Doc. 03-18222 Filed 7-17-03; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-54-03]

**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. 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:* Importation and Transport of Etiologic Agents (42 CFR 71.54 and Part 72) (OMB Control No. 0920-0199)—Revision—Office of the Director (OD), Centers for Disease Control and Prevention (CDC). The importation of etiologic agents, hosts, and vectors of human disease are regulated by 42 CFR 71.54 and requires that the importation of such materials must be accompanied by a permit issued by the CDC. To carry out this provision, CDC has developed two forms for application for permit. One form is used to apply for a permit to import or distribute after importation, etiologic agents. A second form is used to apply for a permit to import or

distribute after import, live bats. The second form is a new form for this information collection.

Interstate transportation of etiologic agents are regulated by 42 CFR Part 72. This regulation establishes minimal packaging requirements for all viable micro-organisms, illustrates the appropriate shipping label, and provides reporting instructions regarding damaged packages and failure to receive a shipment.

This request is for the information collection requirements contained in 42 CFR 71.54, 72.3(e), 72.3(f), and 72.4 which relate to the importation and transportation of etiologic agents. Respondents include laboratory facilities such as those operated by government agencies, universities, research institutions, and commercial entities. The only cost to respondents is their time to complete the application for permit to import form and report problems with shipment of etiologic agents.

CFR section	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
72.54 Application Permit for Etiologic Agents .....	2,340	1	20/60
72.54 Application Permit for Live Bats .....	60	1	20/60
72.3(e) Damaged Package .....	50	1	6/60
72.3(f) Shipping Requirement .....	200	10	12/60
72.4 Failure to Receive .....	2	1	12/60

Dated: July 11, 2003.  
**Thomas A. Bartenfeld,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-03-98]

**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**

Evaluation of an intervention to increase colorectal cancer screening in primary care clinics—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP),

Centers for Disease Control and Prevention (CDC).

Background and brief description of the proposed project: Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Routine colorectal cancer screening is recommended for all men and women age 50 years and older. Many screening tests are widely available (e.g., fecal occult blood test, flexible sigmoidoscopy, colonoscopy), and all have been shown to be effective in reducing colorectal cancer mortality. Despite their effectiveness, colorectal cancer screening by any modality remains low. Some reasons attributed to the low screening rates include limited public awareness of colorectal cancer and the benefits of screening, failure of health care providers to recommend screening to patients, and inefficient surveillance and support systems in many health care settings. The purpose of this project is to evaluate a multi-component intervention to increase colorectal cancer screening among average-risk men and women in primary care clinics.

The proposed study will consist of three tasks. In Task 1, 196 primary care