

received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 4, 2004.

**A. Federal Reserve Bank of New York** (Jay Bernstein, Bank Supervision Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *J.P. Morgan Chase & Co.*, New York, New York; to engage *de novo* through its subsidiary, Chase FSB, Newark, Delaware, in operating a federal savings bank, pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, December 4, 2003.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E3-00498 Filed 12-9-03; 8:45 am]

BILLING CODE 6210-01-S

## FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

### Sunshine Act Meeting

**TIME AND DATE:** 11:30 a.m. (EDT); correction, December 15, 2003.

**PLACE:** 4th Floor, Conference Room, 1250 H Street, NW., Washington, DC.

**AGENCY:** Federal Retirement Thrift Investment Board.

**ACTION:** Notice; correction.

**SUMMARY:** The Federal Retirement Thrift Investment Board published a notice in the **Federal Register** on Friday, December 5, 2003, concerning upcoming Board member meeting.

#### Correction:

In the **Federal Register** of Friday, December 5, 2003, Vol. 68, No. 234, page 68093, first column, change the time caption to read: 11:30 a.m.

**FOR FURTHER INFORMATION CONTACT:** Thomas J. Trabucco, Director, Office of External Affairs, (202) 942-1640.

Dated: December 8, 2003.

**Elizabeth S. Woodruff,**

*Secretary to the Board, Federal Retirement Thrift Investment Board.*

[FR Doc. 03-30713 Filed 12-8-03; 1:07 pm]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

[Document Identifier: OS-0990-0221]

**Agency Information Collection Activities: Proposed Collection; 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 (OS), 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.

*#1 Type of Information Collection Request:* Revision of currently approved collection;

*Title of Information Collection:* Family Planning Annual Report: Forms and Instructions and Supporting Regulations 42 CFR Part 50 and 59; *Form/OMB No.:* OS-0990-0221;

*Use:* This annual reporting requirement is for family planning service delivery projects authorized and funded under the Population Research and Voluntary Family Planning Programs (Section 1001 Title X of the Public Health Service Act, 42 U.S.C. 300). The Family Planning Annual Report (FPAR) is the only source of annual, uniform reporting by all Title X family planning service grantees. Office of Population Affairs uses FPAR data to monitor compliance with statutory requirements, to comply with accountability and performance requirements of Government Performance and Results Act and HHS plans, and to guide program planning and evaluation.

*Frequency:* Annually;  
*Affected Public:* State, local, or tribal government;  
*Annual Number of Respondents:* 89;  
*Total Annual Responses:* 89;  
*Average Burden Per Response:* 30 hours;

*Total Annual Hours:* 2,937.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at <http://www.hhs.gov/oirm/infocollect/pending/> or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Naomi.Cook@hhs.gov](mailto:Naomi.Cook@hhs.gov) or call the Reports Clearance Office on (202) 690-

5522. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OS Paperwork Clearance Officer designated at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Budget, Technology, and Finance, Office of Information and Resource Management, Attention: Naomi Cook (0990-0221), Room 531-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: December 1, 2003.

**John P. Burke III,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. 03-30551 Filed 12-9-03; 8:45 am]

BILLING CODE 4168-17-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Studies To Determine the Prevalence of a History of Traumatic Brain Injury (TBI) in an Institutionalized Population

*Announcement Type:* New.

*Funding Opportunity Number:* 04062.  
*Catalog of Federal Domestic*

*Assistance Number:* 93.136.

*Key Dates:*

Letter of Intent Deadline: January 9, 2004.

Application Deadline: February 18, 2003.

#### I. Funding Opportunity Description

*Authority:* This program is authorized under sections 391(a) and 301(a) of the Public Health Service Act (PHS Act) and 42 U.S.C. 241(a) and 280b(a) as amended.

*Purpose:* The purpose of the program is to fund a cooperative agreement to conduct pilot studies to investigate methods for determining the prevalence of a history of traumatic brain injury (TBI) in an institutionalized population. For purposes of this RFA, "institutionalized" refers to persons who are either incarcerated or residing in a nursing home. Research on only one of these populations should be proposed.

Anecdotal reports suggest that a very large proportion of the prison population may have experienced one or more TBIs, with many of them occurring prior to incarceration. The cognitive deficits that can result from traumatic brain injuries often are not visible, and behavioral and emotional problems associated with TBI may be