

concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices" (12 U.S.C. 1843). Any request for a hearing must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

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 December 16, 1996.

A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. *Walker Ban Co.*, Walker, Minnesota; to merge with Pequot Area Bancorporation, Inc., Pequot Lakes, Minnesota, and thereby indirectly acquire Lakes State Bank, Pequot Lakes, Minnesota.

Board of Governors of the Federal Reserve System, November 18, 1996.

William W. Wiles,

Secretary of the Board.

[FR Doc. 96-29807 Filed 11-20-96; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Notice of Health Care Policy and Research; Special Emphasis Panel Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2), announcement is made of the following special emphasis panel scheduled to meet during the month of December 1996:

Name: Health Care Policy and Research Special Emphasis Panel.

Date and Time: December 3, 1996, 3:00 p.m.

Place: Agency for Health Care Policy and Research, 2101 E. Jefferson Street, Suite 400, Rockville, MD 20852.

Open December 3, 1996, 3:00 p.m. to 3:15 p.m.

Closed for remainder of meeting.

Purpose: This Panel is charged with conducting the initial review of grant applications proposing analytical and theoretical research on costs, quality, access, and efficiency of the delivery of health services for the research grant program administered by the Agency for Health Care Policy and Research (AHCPR).

Agenda: The open session of the meeting on December 3, from 3:00 p.m. to 3:15 p.m., will be devoted to a business meeting covering administrative matters. During the closed session, the panel will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, AHCPR, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact Carmen Johnson, Agency for Health Care Policy and Research, Suite 400, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594-1449 x1613.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: November 14, 1996.

Clifton R. Gaus,

Administrator.

[FR Doc. 96-29693 Filed 11-20-96; 8:45 am]

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Centers for Disease Control and Prevention

[INFO-97-29]

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) 639-7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Evaluation of the Field Epidemiology Training Program—New—A questionnaire has been designed to collect information for the "Evaluation of the Field Epidemiology Training Program" project. The purpose of the project is to develop and implement a comprehensive evaluation strategy which will provide the International Branch, Division of Field Epidemiology, Epidemiology Program Office, with the capacity to assess the degree to which CDC's Field Epidemiology Training Program (FETP) has achieved its objectives: (1) To train public health professionals in applied epidemiological skills; (2) to promote the sustainability of autonomous FETPs; and (3) to develop a global network of national programs. The information gathered will be analyzed, in conjunction with data collected from other sources, to address these questions. The results of the project will assist the International Branch, Division of Field Epidemiology, Epidemiology Program Office, in accomplishing the part of its mission related to protecting the health of the public of the United States, through maintaining a strong international presence and an international network of public health professionals and officials. In order to focus its support to international training efforts and resource allocation, a representative view of the overall Field Epidemiology Training Program (FETP), which includes assessing the recruitment of countries, the sustainability of autonomous FETPs, the quality of training, the public health usefulness of FETP, and the international linkages of FETP is needed. The total estimated cost to the in-country respondents is \$8,380.00.