Peachtree Street, N.E., Atlanta, Georgia 30303:

1. Floridian Community Holdings, Inc., Davie, Florida; to become a bank holding company by acquiring 100 percent of the voting shares of Floridian Community Bank, Inc., Davie, Florida.

Board of Governors of the Federal Reserve System, May 14, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04–11362 Filed 5–18–04; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Federal Open Market Committee; Domestic Policy Directive of March 16, 2004

In accordance with § 271.25 of its rules regarding availability of information (12 CFR part 271), there is set forth below the domestic policy directive issued by the Federal Open Market Committee at its meeting held on March 16, 2004.[1]

The Federal Open Market Committee seeks monetary and financial conditions that will foster price stability and promote sustainable growth in output. To further its long–run objectives, the Committee in the immediate future seeks conditions in reserve markets consistent with maintaining the federal funds rate at an average of around 1 percent.

By order of the Federal Open Market Committee, May 11, 2004.

Vincent R. Reinhart,

Secretary, Federal Open Market Committee.

[FR Doc. 04–11315 Field 5–18–04; 8:45 am]

BILLING CODE 6210–01–Sy

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–51–04]

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. 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

Prevention Research Center Information System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The Prevention Research Center Information System will collect in electronic format (a) data needed to measure progress toward, or achievement of, newly developed performance indicators, (b) information on Prevention Research Centers that is currently being reported in hard-copy documents, and (c) data on research projects that are currently submitted electronically via a spreadsheet.

Background

In 1984, Congress passed Public Law 98–551 directing the Department of Health and Human Services (DHHS) to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, CDC was given lead responsibility for this program, referred to now as the Prevention Research Centers program. Currently, CDC provides funding to 28 Prevention Research Centers (PRCs) selected through competitive peer review process and managed as CDC cooperative agreements. Awards are made for five (5) years and may be renewed through a competitive Request for Application (RFA) process. PRCs (which can be housed in a school of public health, medicine, or osteopathy) conduct multi-disciplinary, community-based, outcomes-oriented research on a broad range of topics related to health promotion and disease prevention.

In Spring 2003, CDC published RFA #04003 (FY20004–20009) for the Prevention Research Centers program. The RFA introduces a set of performance indicators that were developed collaboratively with the PRCs and other program stakeholders and are consistent with federal requirements that all agencies, in response to the Government Performance and Results Act of 1993, prepare performance plans and collect program-specific performance measures.

An Internet-based information system will allow CDC to monitor, and report on, PRC activities more efficiently. Data reported to CDC through the PRC information system will be used by CDC to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program activities and effectiveness.

The estimated annualized burden is 237 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Clerical	28	2	2.73
Directors	28	2	1.5

[1] Copies of the Minutes of the Federal Open Market Committee meeting on March 16, 2004, which includes the domestic policy directive issued at the meeting, are available upon request to the Board of Governors of the Federal Reserve System, Washington, D.C. 20551. The minutes are published in the Federal Reserve Bulletin and in the Board's annual report.

Dated: May 12, 2004.

Alvin Hall,

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

[FR Doc. 04–11276 Filed 5–18–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–52]

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 Dale Verell, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

CDC Model Performance Evaluation Program, OMB No. 0920–0274—Revision—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

In 1986, the Centers for Disease Control and Prevention (CDC) implemented the Model Performance Evaluation Program (MPEP) to evaluate the performance of laboratories conducting testing to detect human immunodeficiency virus type 1 (HIV–1) antibody (Ab), and to support CDC's mission of improving public health and preventing disease through continuously improving laboratory practices.

High-quality HIV–1 antibody testing is essential to meeting the public health objectives for the prevention and control of this retrovirus infection. High-quality CD4+ T–cell determinations and HIV–1 viral RNA (viral load) determinations are essential to HIV–infected patient care and management, and the mission of reducing retrovirus-associated morbidity and mortality. Prevention programs, diagnostic clinics, and seroprevalence studies rely not only on accurate antibody testing results to document HIV infection but also accurate CD4+ T–cell determinations and HIV–1 viral RNA determinations. The impetus for developing this program came from the recognized need to assess the quality of retroviral and AIDS-related laboratory testing and to ensure that the quality of testing was adequate to meet medical and public health needs. The objectives of the MPEP are to: (1) Develop appropriate methods for evaluating quality in laboratory testing systems (including test selection, sample collection, and reporting and interpreting test results); (2) develop strategies for identifying and correcting testing quality failures; and (3) evaluate the effect of testing quality on public health.

This external quality assessment program will be made available at *no cost* (for receipt of sample panels) to sites conducting testing to detect human immunodeficiency virus type 1 (HIV–1) antibody (Ab), CD4+ T–cell determinations, and HIV–1 viral RNA determinations. This program will offer laboratories/testing sites an opportunity for:

- Assuring accurate tests are being provided by the laboratory/testing site through external quality assessment;
- Improving testing quality through self-evaluation in a non-regulatory environment;
- Testing well characterized samples from a source outside the test kit manufacturer;
- Discovering potential testing problems so that procedures can be adjusted to eliminate them;
- Comparison of testing results with others at a national and international level; and
- Ability to consult with CDC staff to discuss testing issues.

There are no costs to respondents.

Form name	Number of respondents	Numbers of response per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Enrollments (new)	100	1	3/60	5
HIV Testing Survey	1,000	1	1	333*
CD4+ T-cell determinations Survey	325	1	30/60	54*
HIV–1 Ab PE Results Form	900	2	10/60	300
HIV–1 RNA PE Results Form	210	2	10/60	70
CD4+ T-cell determinations PE Results Form	300	2	10/60	100
Totals				862

*Both the HIV and the CD4+ T-cell determinations surveys are performed every other year; therefore, the total hour burden for these two surveys was divided by three to determine annualized hourly burden for the three-year approval period.