FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). 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 June 15, 2015.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *Commerce Bank and Trust Holding Company Employee Stock Ownership Plan,* Topeka, Kansas; to acquire up to 30.20 percent of the voting shares of Commerce Bank and Trust Holding Company, and thereby indirectly acquire voting shares of CoreFirst Bank & Trust, both in Topeka, Kansas.

Board of Governors of the Federal Reserve System, May 18, 2015.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2015–12318 Filed 5–20–15; 8:45 am]

BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than June 5, 2015.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309:

1. *Anthony J. Burnett, William E. Collins, Sr., William E. Collins, Jr., Martha Sue Collins, Tom J. Eskridge, Jr., and Connie E. Eskridge,* all of Vernon, Alabama, *and J. Steven Roy and Traci L. Roy,* both of Dothan, Alabama; to acquire voting shares of Citizens Southern Bancshares, Inc., and thereby indirectly acquire voting shares of Citizens State Bank, both in Vernon, Alabama.

Board of Governors of the Federal Reserve System, May 18, 2015.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2015–12317 Filed 5–20–15; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.652]

Announcing the Award of a Single-Source Cooperative Agreement to the American Public Human Services Association for the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in Washington, DC

AGENCY: Children's Bureau, Administration on Children, Youth and Families, ACF, HHS.

ACTION: Notice of the award of a single-source cooperative agreement to the American Public Human Services Association on behalf of its' affiliate, the Association of Administrators of the Interstate Compact On the Placement of Children to scale the successful pilot National Electronic Interstate Compact Enterprise (NEICE) system to a national level.

SUMMARY: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau (CB) announces the award of a single-source cooperative agreement in the amount of $1,200,000 for each of 3 years to the American Public Human Services Association for its affiliate the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), Washington, DC, for the national expansion of the NEICE to improve the administrative efficiency in the interstate process of the ICPC nationally. The ICPC establishes uniform legal and administrative procedures governing the interstate placement of children for the purposes of foster care, adoption and residential placement in all 52 member jurisdictions of the ICPC.

Award funds will support the development of the NEICE beyond the original six pilot sites to include all 50 states, the District of Columbia and the U.S. Virgin Islands. The NEICE system was previously developed as a pilot project through the Partnership Fund for Program Integrity Innovation with funding directed through The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF). Implementation of a national inter-jurisdictional Interstate Compact on the Placement of Children (ICPC) electronic system is intended to improve the administrative efficiency in the interstate process via the ICPC.

The AAICPC as an affiliate of the APHSA is uniquely positioned to scale up this project due to their governance of the placement of children across state lines for purposes of foster care, adoption and residential placements.

DATES: The first year of this 3 year project will begin June 1, 2015 and end May 31, 2016. Pending the availability of grant funds, the same level will be made available for 2 subsequent years to complete the expansion of the NEICE.

FOR FURTHER INFORMATION CONTACT: June Dorn, National Adoption Specialist, Division of Capacity Building, 1250 Maryland Avenue SW., Suite 8150, Washington, DC 20024. Telephone: 202–205–9540; Email: *June.Dorn@acf.hhs.gov*

Statutory Authority: The statutory authority is title II, section 203(b) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(b)(3)), as most recently amended by CAPTA Reauthorization Act of 2010.

Mark Greenberg,

Acting Commissioner, Administration on Children, Youth and Families.

[FR Doc. 2015–12418 Filed 5–20–15; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

[CFDA Number: 84.133B–6]

Final Priority. National Institute on Disability, Independent Living, and Rehabilitation Research—Rehabilitation Research and Training Centers

AGENCY: Administration for Community Living, Department of Health and Human Services.

ACTION: Final priority.

SUMMARY: The Administrator of the Administration for Community Living announces a priority for the Rehabilitation Research and Training Center (RRTC) Program administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Specifically, we announce a priority for an RRTC on Outcomes Measurement for Home and Community Based Services. The Administrator of the Administration for Community Living may use this priority for competitions in fiscal year (FY) 2015 and later years. We take this action to focus research attention on an area of national need. We intend for this priority to contribute to improved home and community based services for individuals with disabilities.

DATES: *Effective Date:* This priority is effective June 22, 2015.

FOR FURTHER INFORMATION CONTACT: Marlene Spencer, U.S. Department of Health and Human Services, 400 Maryland Avenue SW., Room 5133, Potomac Center Plaza (PCP), Washington, DC 20202–2700. Telephone: (202) 245–7532 or by email: *marlene.spencer@acl.hhs.gov.*

If you use a telecommunications device for the deaf (TDD) or a text telephone (TTY), call the Federal Relay Service (FRS), toll free, at 1–800–877–8339.

SUPPLEMENTARY INFORMATION:

Purpose of Program: The purpose of the Disability and Rehabilitation Research Projects and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities, and to improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended (Rehabilitation Act).

Rehabilitation Research and Training Centers

The purpose of the RRTCs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through well-designed research, training, technical assistance, and dissemination activities in important topical areas as specified by NIDILRR. These activities are designed to benefit rehabilitation service providers, individuals with disabilities, family members, policymakers and other research stakeholders. Additional information on the RRTC program can be found at: *http://www2.ed.gov/programs/rrtc/index.html#types.*

Program Authority: 29 U.S.C. 762(g) and 764(b)(2)(A).

Applicable Program Regulations: 34 CFR part 350.

We published a notice of proposed priority (NPP) for this program in the **Federal Register** on February 25, 2015 (80 FR 10099). That notice contained background information and our reasons for proposing the particular priority.

There are differences between the proposed priority and this final priority.

Public Comment: In response to our invitation in the notice of proposed priority, one party submitted comments on the proposed priority.

Generally, we do not address technical and other minor changes. In addition, we do not address general comments that raised concerns not directly related to the proposed priority.

Analysis of the Comments and Changes: An analysis of the comments and of any changes in the priority since publication of the NPP follows.

Comment: One commenter asked whether the RRTC's work should apply to elderly users of home and community based services (HCBS), as well as people with disabilities who use HCBS.

Discussion: NIDILRR's priority does not specify the age range of people with disabilities who are to be the focus of the RRTC's work. Throughout the priority we refer to people with disabilities, or people with disabilities who use or receive HCBS. NIDILRR's ultimate intent is to build HCBS outcomes measurement capacity that is relevant to HCBS recipients of all ages. Given the early stage of outcomes development work in this area, the limited resources of this RRTC, and the broad populations served by HCBS, it is up to applicants to describe their target population(s) of HCBS users. The peer review process will determine the merits of each application.

Changes: None.

Comment: One commenter agreed with the priority's requirement that measures to be developed by the RRTC should minimize data collection burden on HCBS recipients. At the same time, the commenter noted the critical importance of gathering information directly from HCBS users to determine the impact of those services on the quality of their lives. The commenter cautioned NIDILRR and the eventual RRTC against minimizing data collection burden to such an extent that data on HCBS users' experiences and outcomes aren't available for such quality improvement purposes.

Discussion: NIDILRR agrees with the commenter that gathering outcomes information directly from HCBS recipients is critically important. The priority consistently emphasizes the importance of creating outcome measurement tools that focus on HCBS users' experiences and outcomes. By requiring the RRTC to minimize data collection burden on HCBS end users, NIDILRR is simply recognizing the potential for lengthy, duplicative, and overly burdensome data collection methods. With this requirement we are also highlighting the existence of advanced item-scaling and person-centered measurement techniques such as computerized adaptive tests, as well as the existence of administrative data that can be relevant to the measurement of person-centered outcomes.

Changes: None.

Comment: One commenter noted that different groups of HCBS users have different needs, and that the importance placed on different outcome domains may vary across subgroups of HCBS users. The commenter questioned whether the measures developed by the RRTC should be tailored to the needs of subgroups of HCBS users.

Discussion: NIDILRR agrees with the commenter that different subgroups of HCBS users may have outcome domains