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 September 18, 2017.

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

1. *Guaranty Bancorp, Inc., Denver, Colorado;* to merge with Castle Rock Bank Holding Company, and thereby indirectly acquire Castle Rock Bank, both of Castle Rock, Colorado.

Board of Governors of the Federal Reserve System, August 17, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017–17771 Filed 8–21–17; 8:45 am]

BILLING CODE P

GENERAL SERVICES ADMINISTRATION

[Notice–MA–2017–05; Docket No. 2017–0002; Sequence 15]

Maximum Per Diem Reimbursement Rates for the Continental United States (CONUS)

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice of GSA Per Diem Bulletin FTR 18–01, Fiscal Year (FY) 2018 CONUS per diem reimbursement rates.

SUMMARY: GSA's Fiscal Year (FY) 2018 per diem reimbursement rates review has resulted in lodging and meal allowance changes for certain locations within CONUS to provide for reimbursement of Federal employees' subsistence expenses while on official travel.

DATES: *Applicability:* This notice applies to travel performed on or after October 1, 2017, through September 30, 2018.

FOR FURTHER INFORMATION CONTACT: For clarification of content, contact Ms. Jill Denning, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202–208–7642, or by email at *travelpolicy@gsa.gov.* Please cite Notice of GSA Per Diem Bulletin FTR 18–01.

SUPPLEMENTARY INFORMATION:

Background: The CONUS per diem reimbursement rates prescribed in Bulletin 18–01 may be found at *www.gsa.gov/perdiem.* GSA bases the maximum lodging allowance rates on the average daily rate that the lodging industry reports to an independent organization. If a maximum lodging allowance rate and/or a meals and incidental expenses (M&IE) per diem reimbursement rate is insufficient to meet necessary expenses in any given location, Federal executive agencies can request that GSA review that location. Please review numbers six and seven of GSA's per diem Frequently Asked Questions, at *www.gsa.gov/perdiemfaqs,* for more information on the special review process. In addition, the Federal Travel Regulation (FTR) allows for actual expense reimbursement as provided in §§ 301–11.300 through 301–11.306. For FY 2018, no new non-standard area locations were added. The standard CONUS lodging allowance rate will increase from $91 to $93. The M&IE reimbursement rate tiers were not revised for FY 2018.

GSA issues and publishes the CONUS per diem rates, formerly published in Appendix A to 41 CFR Chapter 301, solely on the Internet at *www.gsa.gov/perdiem.* GSA also now solely publishes the M&IE meal breakdown table, which is used when employees are required to deduct meals from their M&IE reimbursement pursuant to FTR § 301–11.18, at *www.gsa.gov/mie.*

This process, implemented at 68 FR 22314, on April 28, 2003, for per diem reimbursement rates, and in 2015 for the M&IE breakdown table, ensures more timely changes in per diem reimbursement rates established by GSA for Federal employees on official travel within CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem reimbursement rates to agencies other than the changes posted on the GSA Web site.

Dated: August 14, 2017.

Allison Fahrenkopf Brigati,

Associate Administrator, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2017–17677 Filed 8–21–17; 8:45 am]

BILLING CODE 6820–14–P

GENERAL SERVICES ADMINISTRATION

[Notice–MA–2017–06; Docket No. 2017–0002, Sequence No. 17]

Federal Travel Regulation (FTR); Reimbursement for Use of Transportation Network Companies or Innovative Mobility Technology Companies While on Official Travel

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice of a Bulletin.

SUMMARY: The purpose of this notice is to inform federal agencies that FTR Bulletin 17–04, pertaining to the authorization of and reimbursement for use of Transportation Network Companies (TNCs) or innovative mobility technology companies by Federal travelers on temporary duty, is now available online at *www.gsa.gov/ftrbulletin.*

DATES: *Effective:* August 22, 2017.

FOR FURTHER INFORMATION CONTACT: Mr. Cy Greenidge, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202–219–2349, or by email at *travelpolicy@gsa.gov.*

Please cite Notice of FTR Bulletin 17–04.

Dated: August 14, 2017.

Allison Fahrenkopf Brigati,

Associate Administrator, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2017–17680 Filed 8–21–17; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–17–0773; Docket No. CDC–2017–0061]

Proposed Data Collections Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comments on the information collection extension request titled ''Adverse Events among Persons on Treatment of Latent Tuberculosis Infection.''

DATES: Written comments must be received on or before October 23, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0061 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: All public comments should be submitted through the Federal eRulemaking portal (*Regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C.3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, Information Collection Request Procedures Manual 33 retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

National Surveillance for Severe Adverse Events among Persons on Treatment of Latent Tuberculosis Infection—(OMB Control No. 0920–0773, expires 01/17/2018)—Extension—Division of Tuberculosis Elimination (DTBE), National Center for HIV, Viral Hepatitis, STD, and TB Prevention NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of the national tuberculosis (TB) elimination strategy, the American Thoracic Society and CDC have published recommendations for targeted testing for TB and treatment for latent TB infection (LTBI) (Morbidity and Mortality Weekly Report (MMWR) 2000;49[RR06];1–54). However, between October 2000 and September 2004, the CDC received reports of 50 patients with severe adverse events (SAEs) associated with the use of the two or three-month regimen of rifampin and pyrazinamide (RZ) for the treatment of LTBI; 12 (24%) patients died (MMWR 2003;52[31]:735–9). In 2004, CDC began collecting reports of SAEs among persons on treatment regimen for LTBI.

For surveillance purposes, an SAE was defined as any drug-associated reaction resulting in a patient's hospitalization or death after at least one treatment dose for LTBI. During 2004–2016, CDC received 66 reports of SAEs among recipients of isoniazid (INH)-only (n=44), INH-rifapentine (RPT) (n=20), rifampin (RIF) (n=1) and INH/Levofloxacin (n=1) for LTBI. Among INH-only recipients, seven died; five, including one child, underwent liver transplantation. Among INH–RPT, RIF, and INH/Levofloxacin recipients, length of hospitalization ranged 1–20 (median: 3) days; no liver transplants or deaths were reported. The RIF recipient had an acute kidney injury but recovered after three hemodialysis treatments [Severe Adverse Events (Hospitalization or Death) Among Persons on Treatment for Latent Tuberculosis Infection, United States, January 2004–December 2016. Presented at the NAR/IUATLD Conference, Vancouver, Canada, February 2017]. Ten of the SAEs were published in Powell, K, et al. Severe Isoniazid-associated Liver Injuries among Persons Being Treated for Latent Tuberculosis Infection-United States, 2004–2008. MMWR 2010; 59:224–9.

Reports of SAEs related to LTBI treatment regimens have prompted a need for this project—a national