

Lenexa, Kansas; James R. Randall and Linda Randall, jointly with rights of survivorship, Osceola, Iowa; James Michael Randall, Stilwell, Kansas; Jennifer J. Main, N. Charleston, South Carolina; Jay T. Randall, Dunlap, Iowa; Lynn J. Randall, Dunlap, Iowa; and the Estate of Richard Randall, Dunlap, Iowa; to retain shares of Dunlap Holding company and thereby retain shares of Community Bank, both of Dunlap, Iowa.

Board of Governors of the Federal Reserve System, April 16, 2018.

Ann Misback,

Secretary of the Board.

[FR Doc. 2018-08226 Filed 4-18-18; 8:45 am]

BILLING CODE P

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 May 14, 2018.

A. Federal Reserve Bank of Dallas (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Overton Financial Corporation, Overton, Texas, and Overton Delaware Corporation, Overton, Texas; to acquire up to 37.8 percent of the voting shares*

of Longview Financial Corporation, Longview, Texas, and indirectly acquire shares of Texas Bank and Trust Company, Longview, Texas.

Board of Governors of the Federal Reserve System, April 13, 2018.

Ann Misback,

Secretary of the Board.

[FR Doc. 2018-08142 Filed 4-18-18; 8:45 am]

BILLING CODE 6210-01-P

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 May 18, 2018.

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

1. *Plains Bancshares, Inc., Plains, Kansas; to merge with Sixth Bancshares, Inc., Salina, Kansas, and thereby indirectly acquire Bank VI, Salina, Kansas.*

Board of Governors of the Federal Reserve System, April 16, 2018.

Ann Misback,

Secretary of the Board.

[FR Doc. 2018-08227 Filed 4-18-18; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-18-0978]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Emerging Infections Program (EIP) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on December 21, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and

instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Emerging Infections Program (OMB Control Number 0920-0978 Expiration Date 2/28/2019)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to

prevent, control, and monitor the public health impact of infectious diseases.

CDC seeks a three-year OMB approval for this revised information collection project request.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) Address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

The total estimated time burden for the revised collection project is 40,347 hours, an increase of 18,257 hours. The majority of the collection activities remain the same, however, there are multiple proposed revisions including

form consolidation, minor revised language and rewording to improve clarity and readability of the data collection forms and the discontinuation of the previously approved Legionellosis Expanded Case Report Form.

CDC seeks to request the use of five new forms: ABCs Severe GAS Infection Supplemental Form; HAIC Multi-site Gram-Negative Bacilli Case Report Form for Carbapenem-resistant *Pseudomonas aeruginosa* (CR-PA); HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI-ESBL); HAIC Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA); and HAIC Candidemia Case Report Form. These forms will allow the EIP to better detect, identify, and monitor emerging pathogens.

This revision package will enhance the previous submission by improving surveillance through new forms, form consolidation, minor revised language to improve clarity, and the discontinuation of specific previously approved forms. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60
	ABCs Surveillance for Non-Invasive Pneumococcal Pneumonia (SNIIPP) Case Report Form.	10	125	10/60
	ABCs H.influenzae Neonatal Sepsis Expanded Surveillance Form.	10	6	10/60
	ABCs Severe GAS Infection Supplemental Form—NEW FORM.	10	136	20/60
	ABCs Neonatal Infection Expanded Tracking Form.	10	37	20/60
	FoodNet Campylobacter	10	850	21/60
	FoodNet Cryptosporidium	10	130	10/60
	FoodNet Cyclospora	10	3	10/60
	FoodNet Listeria monocytogenes	10	13	20/60
	FoodNet Salmonella	10	827	21/60
	FoodNet Shiga toxin producing E. coli	10	190	20/60
	FoodNet Shigella	10	290	10/60
	FoodNet Vibrio	10	25	10/60
	FoodNet Yersinia	10	30	10/60
	FoodNet Hemolytic Uremic Syndrome	10	10	1
	Influenza Hospitalization Surveillance Network Case Report Form.	10	1000	25/60
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English).	10	333	5/60
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (Spanish).	10	333	5/60
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60
	HAIC CDI Case Report Form	10	1650	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	HAIC Multi-site Gram-Negative Bacilli Case Report Form (MuGSI-CRE/CRAB).	10	500	20/60
	HAIC Multi-site Gram-Negative Bacilli Case Report Form for Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CR-PA)—NEW FORM.	10	344	45/60
	HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI-ESBL)—NEW FORM.	10	1200	20/60
	HAIC Invasive Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA).	10	609	20/60
	HAIC Invasive Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA)—NEW FORM.	10	1,035	20/60
	HAIC Candidemia Case Report Form—NEW FORM.	9	800	20/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2018–08166 Filed 4–18–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–17BAW]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled the Paul Coverdell National Acute Stroke Program (PCNASP) 2015–2020 Assessment to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 10, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary

for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Paul Coverdell National Acute Stroke Program (2015–2020) Assessment—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention (DHDSP), requests OMB approval for a new collection.

The CDC is the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people.

Stroke remains a leading cause of serious, long-term disability and is the fifth leading cause of death in the United States after heart disease, cancer, chronic lower respiratory diseases, and accidents. Estimates indicate that approximately 795,000 people suffer a first-ever or recurrent stroke each year with more than 130,000 deaths annually. Although there have been significant advances in preventing and treating stroke, the rising prevalence of heart disease, diabetes, and obesity has increased the relative risk for stroke, especially in African American populations. Moreover, stroke’s lifetime direct cost of health care and indirect cost of lost productivity is staggering and imposes a substantial societal economic burden. Coverdell-funded state programs are in the forefront of developing and implementing system-change efforts to improve emergency response systems, enhance the quality of care for stroke, and improve transitions across stroke systems of care, including pre-event; transitions from EMS to acute care in hospitals; and transitions from hospitals to home,