Character of the Service

Supplemental Reserve Service (Supplemental Service) is needed to serve load in the event of a system contingency; however, it is not available immediately to serve load. Supplemental Service may be provided by generating units that can be synchronized to the system within 10 minutes and loaded within 30 minutes. The transmission customer must either purchase this service from the WALC BATO, or make alternative comparable arrangements satisfactory to Western to meet its Supplemental Service requirements. The charges for Supplemental Service are referred to below.

Formula Rate

Supplemental Service will not be available from DSWR resources on a long-term basis. If a customer cannot self-supply or purchase this service from another provider, Western may obtain the Supplemental Service on a pass-through cost basis at market price plus a charge that covers the cost of procuring and supplying the service. The transmission customer will be responsible for the transmission service to get Supplemental Service to the designated point of delivery.

Cost for Supplemental Service = market price + cost to procure service.

[FR Doc. E6–10000 Filed 6–23–06; 8:45 am]

BILLING CODE 6450–01–P

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 21, 2006.

A. Federal Reserve Bank of Chicago (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. Ohnward Bancshares Inc., Maquoketa, Iowa; to acquire 100 percent of the voting shares of United Security Financial Corporation, Cedar Rapids, Iowa, and thereby indirectly acquire United Security Savings Bank, F.S.B., Cedar Rapids, Iowa, and thereby engage in operating a savings association, pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, June 21, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6–10018 Filed 6–23–06; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06–06BI]

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 404–639–5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Determining Stakeholder Awareness and Use of Products Developed by the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Project—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)/Office of Genomics and Disease Prevention (OGDP) Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The success of the Human Genome Project has led to increasingly rapid translation of genomic information into clinical applications. Genetic tests for about 1,200 diseases have been developed, with more than 900 currently available for clinical testing. Most are used for diagnosis of rare genetic diseases, but a growing number have population-based applications, including carrier identification, predictive testing for inherited risk for common diseases, and pharmacogenetic testing for variation in drug response. These tests have the potential for broad public health impact. Currently, most genetic testing offered in the United States does not involve the use of U.S. Food and Drug Administration (FDA) approved test kits. Tests are developed as in-house or ''home brew'' assays and marketed by laboratories as clinical laboratory services with limited oversight. A number of issues have been raised about the current status of genetic testing implementation, including the need to develop evidence to establish efficacy and cost-effectiveness before tests are commercialized. There is also an increasingly urgent need for timely and reliable information that allows health professionals to distinguish genetic tests that have demonstrated validity and utility in clinical practice.

Recommendations on the development of safe and effective genetic tests have been produced by advisory panels (e.g. Task Force on Genetic Testing, Secretary's Advisory Committee on Genetic Testing), professional organizations, and clinical experts since 1995. However, a

coordinated approach for effectively translating genomic applications into clinical practice and health policy is still needed. In response to this need, CDC's Office of Genomics and Disease Prevention (OGDP) initiated the EGAPP Project in fall 2004. The ultimate goal of the project is to develop and evaluate a coordinated, systematic process for assessing genetic tests and other genomic applications in transition from research to clinical and public health practice. To support this goal, an independent, non-federal, multidisciplinary EGAPP Working Group was established in April, 2005. The roles of the Working Group are to prioritize and select genomic applications for evaluation, establish methods and processes, monitor progress of commissioned evidence reports, and develop conclusions and recommendations based on the evidence. The knowledge and experience gained through the project will be used to inform the development of a sustainable process for assessing the safety and efficacy of emerging genetic tests.

We are proposing an evaluation research activity to assess outcomes of the EGAPP Project. The study will be conducted in collaboration with outside consultants who will work with CDC to design the study, collect data for the study, conduct data analyses, and develop written reports of results.

The purpose of this evaluation research activity is to collect information on the value and impact of the EGAPP process and the products developed and disseminated (e.g., evidence reviews, published evidence summaries, published Working Group recommendations, informational messages) by surveying members of four key stakeholder groups identified for the EGAPP pilot project. The four key stakeholder groups selected are: Healthcare providers (e.g., physicians, mid-level practitioners, nurses), policy makers, healthcare payers (e.g., health plans, insurers) and purchasers (e.g., organizations purchasing healthcare), and consumers. Surveying of consumers will be targeted to advocacy and disease-specific support groups and OGDP Web site visitors.

Surveys will be administered during four survey periods staggered at intervals of six months. Feedback from healthcare providers and payers suggests that they are the most interested and ready to receive and use EGAPP products (e.g., evidence reports and Working Group recommendations). Therefore, they will be the subjects of *Survey 1* (about 6 months after release of products) and *Survey 3* (one year later). Consumers, policy makers, and healthcare purchasers are expected to receive and be impacted by information developed by EGAPP later. Therefore, these groups will be the subjects of *Survey 2* (6 months after Survey 1) and *Survey 4* (one year later).

The second mechanism for identifying participants will be through the EGAPP Web site. During specified periods of time, individuals accessing the Web site will be asked to participate. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Healthcare Providers:					
Primary Care Providers	Healthcare Provider Survey	385	1	10/60	64
Specialists		385	1	10/60	64
Genetic Counselors		200	1	10/60	33
Mid-level Practitioners		385	1	10/60	64
Nurses		385	1	10/60	64
Targeted Consumers	General Survey	770	1	10/60	128
Healthcare Payers	Policy/Payer Survey	100	1	10/60	17
Policy Makers	Policy Survey	50	1	10/60	8
Healthcare Purchasers	Purchase Survey	31	1	10/60	5
Total Burden					447

Dated: June 20, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6–10003 Filed 6–23–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–06–05CJ]

Proposed Data Collections Submitted for Public Comment and Recommendations

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