the Call Report revisions related to retirement deposit accounts.

First, because banks have long reported the total amount of deposits held in Individual Retirement Accounts (IRAs) and Keogh Plan accounts in Call Report Schedule RC–E, Memorandum item 1.a, these two types of retirement deposit accounts should already be identified in banks' deposit records and systems. All deposits held in IRAs and those deposits held in Keogh Plan accounts that are ''self-directed'' are eligible for the $250,000 insurance coverage. For IRAs, banks may provide reasonable estimates for the information to be reported in the revised Schedule RC–O and Schedule RC–E Memorandum items in their June 30 and September 30, 2006, Call Reports. For Keogh Plan accounts, banks may provide reasonable estimates of the portion of these accounts eligible for the $250,000 insurance coverage in the revised Schedule RC–O and Schedule RC–E Memorandum items in their June 30 and September 30, 2006, Call Reports. If a bank's existing deposit records and systems for Keogh Plan accounts provide insufficient information to allow the bank to make a reasonable estimate, the bank may treat all deposits held in Keogh Plan accounts as eligible for the $250,000 insurance coverage in these two Call Reports (even though some of these accounts may not be ''self-directed'' and, therefore, would not be eligible for the increased coverage).

Second, banks should determine whether they have other retirement deposit accounts eligible for the $250,000 insurance coverage (*i.e.*, accounts other than IRAs and Keogh Plan accounts). Banks may provide reasonable estimates for the information to be reported in the revised Schedule RC–O and Schedule RC–E Memorandum items in their June 30 and September 30, 2006, Call Reports. If a bank's existing deposit records and systems for these other retirement deposit accounts provide insufficient information to allow the bank to make a reasonable estimate, the bank may treat all of these deposit accounts as eligible for the $100,000 insurance coverage in these two Call Reports.

For the December 31, 2006, Call Report, banks would be expected to have made appropriate systems changes to enable them to report reasonably accurate data on all types of retirement deposit accounts eligible for the $250,000 insurance coverage. Therefore, banks would no longer be permitted to elect to treat all Keogh Plan accounts as eligible for the $250,000 insurance coverage and all other retirement deposit accounts as eligible for the $100,000 insurance coverage in the revised Schedule RC–O and Schedule RC–E Memorandum items in their December 31, 2006, Call Report. Thereafter, banks' deposit records and systems should enable them to report information on all retirement deposit accounts in these Call Report items in accordance with the applicable instructions.

In addition, the agencies have received inquiries concerning the reporting of brokered certificates of deposit issued in $1,000 amounts under a master certificate of deposit in the revised Schedule RC–O and Schedule RC–E Memorandum items. For these so-called ''retail brokered deposits,'' multiple purchases by individual depositors from an individual bank normally do not exceed the applicable deposit insurance limit (either $100,000 or $250,000), but under current deposit insurance rules the deposit broker is not required to provide information routinely on these purchasers and their account ownership capacity to the bank issuing the deposits. For purposes of reporting in the Call Report, these brokered certificates of deposit in $1,000 amounts are rebuttably presumed to be fully insured brokered deposits and should be reported in Schedule RC–E, Memorandum item 1.c.(1), ''Issued in denominations of less than $100,000.'' These deposits should also be included in Schedule RC–E, Memorandum item 2.b, ''Total time deposits of less than $100,000.'' For purposes of revised Schedule RCO, Memorandum item 1, the instructions state that multiple accounts of the same depositor should not be aggregated. Therefore, in the absence of information on account ownership capacity for retail brokered certificates of deposit in $1,000 amounts, which are rebuttably presumed to be fully insured brokered deposits, banks issuing these brokered deposits should include them in Schedule RC–O, Memorandum item 1, as ''Deposit accounts of $100,000 or less.''

Dated: June 27, 2006.

James Gillespie,

Deputy Chief Counsel, Office of the Comptroller of the Currency.

Board of Governors of the Federal Reserve System, June 29, 2006.

Jennifer J. Johnson,

Secretary of the Board.

Dated at Washington, DC, this 27th day of June, 2006.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 06–6020 Filed 7–5–06; 8:45 am]

BILLING CODE 4810–33–P; 6210–01–P; 6714–01–P

GENERAL SERVICES ADMINISTRATION

Establishment of a Transaction Fee for Transportation Services Provided for the GSA, Office of Global Supply

AGENCY: Federal Supply Service, GSA.

ACTION: Notice in response to comments on proposed rule.

SUMMARY: GSA published a notice in the **Federal Register** at 70 FR 73248 on December 9, 2005, and an extension to that notice at 70 FR 76455 on December 27, 2005, soliciting comments on the establishment of a 4% transaction fee for transportation services provided for the GSA, Office of Global Supply. Subsequent meetings were held with transportation service provider industries and the GSA, Office of Global Supply. This notice is in response to the comments GSA received.

FOR FURTHER INFORMATION CONTACT Ms. Mary Anne Sykes, Transportation Programs Branch, by telephone at 703–605–2889 or via email at *maryanne.sykes@gsa.gov*.

SUPPLEMENTARY INFORMATION: The proposed rule is applicable to the Freight Management Program (FMP), Standard Tender of Service (STOS), for transportation services provided to the Eastern Distribution Center (EDC), Burlington, NJ; Western Distribution Center (WDC), French Camp, CA; and the National Industries for the Blind (NIB) and National Industries for the Severely Handicapped (NISH). It applies to all transportation service providers (TSPs) transporting these shipments.

Comments were received from the following individual transportation service providers, their representatives, and various industry associations:

Associations

American Trucking Associations

National Motor Freight Traffic Association

Transportation Intermediaries Association

NYP, Inc.

Fiore Associates

Transportation Service Providers

Crossroad Carriers

Economy Transport, Inc.

Landstar System, Inc.

Tucker Company

General comments and issues raised were centered on the following topics:

- Economic justification/value proposition
- Fee is too high
- Oppose fee
- Overall increase to Government Cost
- Increase in TSP fees and administrative burden
- Fee must not apply to existing tenders
- TSP must be given time to adjust rates
- Fee must apply universally to all TSPs
- TSPs shouldn't collect and pay transaction fees

The following responses take into consideration the comments on the potential impact of the proposed rule on both GSA and the transportation industry.

GSA must fund its programs to remain viable and cover the cost of the services provided by the freight program. GSA's Federal Supply Service (FSS) has assessed an industrial funding fee for essentially all of its programs since Congress authorized GSA to charge fees for its services in 1987. The proposed 4% transaction fee aligns the Global Supply transportation services with GSA's funding mechanism for its other programs.

TSPs will realize additional savings through reduction in administrative requirements to process invoices. TSPs that provide transportation services for GSA, Global Supply will benefit from TMSS electronic billing, electronic rate submission, automated prepayment audit, faster payments, online transaction tracking, automated reports, and complete audit history trails.

After careful deliberations GSA decided to delay assessment of the 4% transaction fee until the TMSS pre-payment audit and payment modules are complete. TSPs will be required to remit the 4% fee for paid invoices directly to GSA quarterly instead of deducting the 4% fee from each invoice via TMSS prior to payment. The Final Rule outlining the collection method and implementation plan will be published in the **Federal Register** once the TMSS modules are complete. The proposed changes will be highlighted in a Request for Offers that will be issued for a special rate filing window that will be opened prior to implementation. GSA will monitor the shipment volume to determine if the 4% fee needs future adjustments. GSA wants to ensure that the appropriate percentage is being applied.

Dated: June 29, 2006.

Susan T. May,

Acting Director, Travel and Transportation Management Division (FBL), GSA.

[FR Doc. E6–10579 Filed 7–5–06; 8:45 am]

BILLING CODE 6820–89–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health Emergency Preparedness; Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AN, Office of Public Health Emergency Preparedness, as last amended at 70 FR 5183–5184, dated February 1, 2005. This organizational change is primarily to realign the functions of OPHEP to more clearly delineate responsibilities for the various activities associated with advanced research and development and acquisition of medical countermeasures and emergency preparedness and response. The changes are as follows.

I. Under Part A, Chapter AN, ''Office of Public Health Emergency Preparedness (AN),'' delete in its entirety and replace with the following:

Section AN.00 Mission: On behalf of the Secretary, the Office of Public Health Emergency Preparedness (OPHEP) leads the Federal public health and medical response to acts of terrorism or nature, and other public health and medical emergencies. OPHEP is a component of the Public Health Service (PHS) and is responsible for ensuring a One-Deparmtent approach to developing public health and medical preparedness and response capabilities and leading and coordinating the relevant activities of the HHS Operating Division (OPDIV). The principal areas of program emphasis are (1) enhancement of State and local public health and medical preparedness—primarily health departments and hospitals; (2) development and use of National and Departmental policies and plans relating to the response to public health and medical threats and emergencies (e.g., Emergency Support Function (ESF) 8 of the National Response Plan (NRP), Homeland Security Presidential Directives (HSPD) 5 and 10, HHS's Concept of Operations Plans (CONOPS) for Public Health and Medical Emergencies and for the Incident Response Coordination Team (IRCT)); (3) coordination with relevant entities inside and outside HHS such as State, local and Tribal public health and medical officials, the private sector, the Departments of Homeland Security (DHS), Defense (DOD), Veterans Affairs (VA), Justice (DOJ), the Homeland Security Council (HSC) and National Security Council (NSC), other ESF 8 partner organizations and others within the National security community; (4) rapid public health and medical support to Federal, State, local and Tribal governments who may be responding to incidents of national significance or public health and medical emergencies; (5) coordination, support of, and participation in research, development and procurement activities related to public health emergency medical countermeasures destined for the Strategic National Stockpile, including under Project BioShield; (6) leadership in international programs, initiatives, and policies that deal with public health and medical emergency preparedness and response related to naturally occurring threats such as infectious deceases and deliberate threats from biologic, chemical, nuclear and radiation sources and (7) leadership and oversight on medical, science, and public health policies, issues, and programs.

Section 10.AN Organization: OPHEP is headed by the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP), who reports directly to the Secretary, and includes the following components:

1. Immediate Office of the ASPHEP (ANA)
2. Office of the Public Health Emergency Medical Countermeasures (ANB)
3. Office of Preparedness and Emergency Operations (ANC)
4. Office of Medicine, Science and Public Health (ANF)
5. Office of Policy and Strategic Planning (ANE)

Section 20.AN Functions:

1. *Immediate Office of the ASPHEP (ANA).* The Immediate Office of the ASPHEP (IO/ASPHEP) provides executive and administrative direction to all OHEP components. The ASPHEP is the principal advisor to the Secretary on matters relating to public health and medical emergencies, whether resulting from acts of nature, accidents, or terrorism. The ASPHEP coordinates interagency interfaces between HHS, the Homeland Security Council, the National Security Council, other Federal Departments and Agencies, State, local and Tribal public health and medical