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 December 21, 1998.

A. Federal Reserve Bank of Cleveland (Paul Kaboth, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. Premier Financial Bancorp, Inc., Georgetown, Kentucky; to merge with Mt. Vernon Bancshares, Mount Vernon, Kentucky, and thereby indirectly acquire Bank of Mt. Vernon, Mount Vernon, Kentucky.

B. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Altrust Financial Services Employee Stock Ownership Plan, Cullman, Alabama; to become a bank holding company by acquiring up to 45 percent of the voting shares of Altrust Financial Services, Inc., Cullman, Alabama, and thereby indirectly acquire The Peoples Bank of North Alabama, Cullman, Alabama.

2. First Bancshares, Inc., Hattiesburg, Mississippi; to acquire 100 percent of the voting shares of First National Bank of the Pine Belt, Laurel, Mississippi.

C. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. Citizens First Corporation, Bowling Green, Kentucky; to become a bank holding company by acquiring 100 percent of the voting shares of Citizens First Bank, Inc., Bowling Green, Kentucky (in organization).

Board of Governors of the Federal Reserve System, November 23, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–31665 Filed 11–25–98; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Agency Information Collection Activities: Proposed Collection: Comment Request

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice.

SUMMARY: This notice announces the request of the Agency for Health Care Policy and Research (AHCPR) to the Office of Management and Budget (OMB) for a generic approval of ''Voluntary Customer Surveys of 'Partners' of the Agency for Health Care Policy and Research''. In accordance with the Paperwork Reduction Act of 1995, Pub. L. 104–13 (44 U.S.C. 3506(c)(2)(A)), the AHCPR invites the public to comment on this proposed information collection request to allow it to conduct voluntary customer satisfaction surveys of partners. AHCPR will publish periodic summaries of proposed projects to be carried out under this generic approval in accordance with the Paperwork Reduction Act requirements.

DATES: Comments on this notice must be received by December 30, 1998.

ADDRESSES: Written comments should be submitted to the OMB Desk Officer at the following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB: New Executive Office Building, Room 10235; Washington, DC 20503. All comments will become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Ruth A. Celtnieks, AHCPR Reports Clearance Officer, (301) 594–1406, ext. 1497.

SUPPLEMENTARY INFORMATION:

Proposed Project

''Voluntary Customer Surveys of 'Partners' of the Agency for Health Care Policy and Research.''

In response to Executive Order 12862, the Agency for Health Care Policy and Research (AHCPR) plans to conduct voluntary customer surveys of ''partners'' to identify how well AHCPR is performing its functions with its partners and to use this information to determine the kind and quality of services they like and expect, their level of satisfaction with existing services, and to implement improvements where feasible and practical. AHCPR partners are typically health care payers, plans, practitioners and providers, researchers, professional associations, AHCPR data suppliers, and State and local governments, as well as persons or entities that provide service to the public for AHCPR, e.g., dissemination of AHCPR publications by a ''middle man'' such as a professional society.

Partner surveys to be conducted by AHCPR may include, for example, surveys of research grantees to measure satisfaction with technical assistance received from AHCPR. Results of these surveys will be used to assess and redirect resources and efforts needed to improve services. For example, the AHCPR's Office of Research Review, Education, and Policy (ORREP) provides grant funds for training of health services researchers. AHCPR would like to survey scholars whose training it has supported regarding their training experience.

In addition, the Office for Health Care Information (OHCI) is proposing to survey one component of their customers: researchers. This proposed survey will be undertaken by a contractor to determine how AHCPR could better serve the research community.

Questions asked may include a need for extended hours to answer inquiries on grant submission-related matters or the development of a comprehensive manual on grant submission.

Method of Collection

The data will be collected using a combination of preferred methodologies appropriate to each survey. These methodologies are: mail surveys; evaluation forms; automated and electronic technology (e.g., AHCPR Clearinghouse Publications, Instantfax); telephone surveys; and focus groups.

The estimated annual burden is as follows:

Type of survey	No. of respondents	Average burden/response	Total hours of burden
Mail/Telephone Surveys or Electronic Technologies	3,000	20 minutes	1,000
Focus Groups	200	1.5 Hours	300
Totals	3,200	.41 Hours	1,300

Request for Comments

Comments are invited on: (a) the necessity of the proposed collections for the proper performance of the functions of the Agency, including whether the information will 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 the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection.

Copies of these proposed collections plans can be obtained from the AHCPR Reports Clearance Officer (see above).

Dated: November 19, 1998.

John M. Eisenberg,

Administrator.

[FR Doc. 98–31778 Filed 11–25–98; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Suspension of Site Registration Fee for Facilities Transferring or Receiving Select Agents

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention is announcing the suspension of the site registration fee for facilities registered under (42 CFR 72.6). (Additional Requirements for Facilities Transferring or Receiving Select Agents; Final Rule).

DATES: Effective date is November 27, 1998.

FOR FURTHER INFORMATION CONTACT: Laboratory Registration/Select Agent Transfer (LR/SAT) Program, Office of Health and Safety, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mail Stop F–05, Atlanta, Georgia 30333, telephone (404) 639–4418, LR/SAT Program website at http://www.cdc.gov/od/ohs/lrsat.htm.

SUPPLEMENTARY INFORMATION: ''The Antiterrorism and Effective Death Penalty Act of 1996,'' Pub. L. 104–132, (42 U.S.C. 262) note, enacted on April 24, 1996, established new provisions to regulate transfer of certain biological agents and toxins (i.e., select agents), and required HHS to issue rules to implement these provisions. The final rule was published in the **Federal Register** on October 24, 1996, and became effective April 15, 1997. To comply with the final rule, commercial suppliers of select agents, as well as government agencies, universities, research institutions, and private companies that transfer these agents, must register with the Centers for Disease Control and Prevention (CDC). In return for the registration, facilities are responsible for paying a site registration fee. (42 CFR 72.6(a)(2)(iv)).

CDC calculated the direct costs to manage the program, and in a **Federal Register** Notice dated April 14, 1997, announced those fees. (**Federal Register** notice, April 14, 1997, Vol. 62, No. 71:18134–5). Many facilities wishing to register expressed concern that the fees were high and constituted a substantial burden, particularly for small facilities with limited and inflexible budgets. The CDC has reviewed the situation and has determined that for Fiscal Year 1999, funds are available within the agency budget to defray the site registration fee.

Suspension of Site Registration Fee for Facilities Transferrring or Receiving Select Agents: Effective November 27, 1998, the site registration fee schedule for all facilities will be suspended. Facilities registered between April 15, 1997, and the effective date of this notice will be contacted by CDC with information regarding the refunding of the site registration fee. The decision as to whether to impose registration fees will be re-evaluated annually to determine whether appropriated funds may be used to cover registration costs.

The site registration will still cover a three year time period. All applications for registration of facilities under this regulation should be mailed to: Centers for Disease Control and Prevention (CDC), Office of Health and Safety, Laboratory Registration/Select Agent Transfer Program, 1600 Clifton Road, NE., Mail Stop F–05, Atlanta, Georgia 30333.

CDC will mail applications to all facilities that express an interest. Questions about this notice and requests for application packages should be faxed to CDC, Office of Health and Safety, telephone (404) 639–0880 or sent by e-mail (lrsat@cdc.gov).

Dated: November 20, 1998.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–31603 Filed 11–25–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

State Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Childhood Grantees

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: State Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children Grantees.

Times and Dates: 8 a.m.–5 p.m., February 1, 1999. 8:30 a.m.–5 p.m., February 2, 1999. 8:30 a.m.–5 p.m., February 3, 1999. 9 a.m.–12 noon, February 4, 1999.

Place: Holiday Inn SunSpree Resort and Conference Center, 715 South Gulfview Boulevard, Clearwater Beach, Florida, 33767, telephone 813/447–9566.

Status: Open to the public, limited only by space available. The meeting room accommodates approximately 140 people.

Purpose: The purpose of this meeting is to provide a forum for childhood lead poisoning prevention coordinators and data administrators to review program progress and discuss prevention issues and concerns.

Matters to be Discussed: Agenda items include screening issues; surveillance systems issues; alternative methods of surveillance; data release; coalition building; healthy homes; STELLAR; GIS; and program evaluation. There will be information presented regarding computer programming issues and how it is related to data analysis, and the use of data to make decisions.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Claudette Grant-Joseph, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F–42, Atlanta, Georgia 30341–3724, telephone 770/488–7330.

Persons wishing to make written or oral comments at the meeting should notify the contact person in writing or by telephone no later than close of business January 20, 1999. Requests to make oral comments should contain the name, address, telephone number, and organizational affiliation of the presenter. Depending on the time available and the number of requests to make oral comments, it may be necessary to limit the time of each presenter.

The Director, Management Analysis and Services office has been delegated the