

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 each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 2, 2003.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105-1521:

1. *Fulton Financial Corporation*, Lancaster, Pennsylvania; to merge with Premier Bancorp, Inc., Doylestown, Pennsylvania, and thereby indirectly acquire Premier Bank, Doylestown, Pennsylvania.

B. Federal Reserve Bank of Atlanta (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. *North Georgia Bancorp*, Watkinsville, Georgia; to become a bank holding company by acquiring North Georgia Bank, Watkinsville, Georgia.

C. Federal Reserve Bank of Kansas City (Susan Zubradt, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Hume Bancshares Acquisition Corp.*, St. Louis, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Hume Bancshares, Inc., Hume, Missouri, and thereby indirectly acquire Hume Bank, Hume, Missouri.

D. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Ram Security Holdings, Ltd.*, Waco, Texas; to become a bank holding company by acquiring 71.20 percent of the voting shares of Security Bancshares, Inc., Waco, Texas, and thereby indirectly acquire voting shares of Citizens State Bank, Woodville, Texas.

In connection with this application, Ram Security Holdings, GP, Inc., Waco, Texas; also has applied to become a bank holding company by acquiring .5 percent of the voting shares of Ram Security Holdings, Ltd., Waco, Texas, and thereby indirectly acquire voting shares of Security Bancshares, Inc., Waco, Texas, and Citizens State Bank, Woodville, Texas.

Board of Governors of the Federal Reserve System, April 2, 2003.

Robert deV. Frierson,
Deputy Secretary of the Board.

[FR Doc. 03-8448 Filed 4-7-03; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL RESERVE SYSTEM

Sunshine Act Meetings

AGENCY: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11 a.m., Monday, April 14, 2003.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR FURTHER INFORMATION CONTACT:

Michelle A. Smith, Assistant to the Board; (202) 452-2955.

SUPPLEMENTARY INFORMATION: You may call (202) 452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: April 4, 2003.

Robert deV. Frierson,
Deputy Secretary of the Board.

[FR Doc. 03-8674 Filed 4-4-03; 1:43 pm]

BILLING CODE 6210-01-P

HARRY S. TRUMAN SCHOLARSHIP FOUNDATION

Sunshine Act Meeting; Annual Meeting of the Trustees and Officers of the Harry S. Truman Scholarship Foundation

4 to 5:30 p.m., April 9, 2003, U.S. Capitol, Room HC-8.

1. Call to Order
2. Welcome and Introductions
3. Approval of the Minutes of the 2002 Annual Meeting
4. Comments from President Albright: Priorities, Work Plan and Schedule for 2003

5. Report from Executive Secretary: 2003 Selection Process; Financial Report

6. Report on Truman Scholars Forum, March 22

7. Old Business

8. New Business

9. Adjournment

Louis H. Blair,

Executive Secretary.

[FR Doc. 03-8666 Filed 4-4-03; 1:13 pm]

BILLING CODE 6820-AD-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-37-03]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: National Disease Surveillance Program—II. Disease Summaries (0920-0004)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background

Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are

reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report

(MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: influenza, respiratory and enterovirus, arboviral encephalitis, rabies, Salmonella, Campylobacter, Shigella, foodborne outbreaks, waterborne outbreaks, and enteric virus. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating

the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for extension of the data collection for three years. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. The total estimated annualized burden is 12,335 hours.

Form	No. of respondents	No. of responses/ respondent	Average burden/response (in hours)
Diarrheal Disease Surveillance:			
Campylobacter (electronic)	53	52	3/60
Salmonella (electronic)	53	52	3/60
Shigella (electronic)	53	52	3/60
Foodborne Outbreak Form (electronic)	52	25	15/60
* * * Arboviral Surveillance (ArboNet)	54	717	5/60
Influenza:			
Influenza virus (fax, Oct–May)	44	33	10/60
Influenza virus (fax, year round)	12	52	10/60
Influenza virus (electronic, Oct–May)	14	33	5/60
Influenza virus (electronic, year round)	10	52	5/60
Influenza Annual Survey	80	1	15/60
Influenza-like Illness (Oct–May)	620	33	15/60
Influenza-like Illness (year round)	130	52	15/60
Monthly Respiratory & Enterovirus Surveillance Report:			
Excel format (electronic)	25	12	15/60
Access format (electronic)	2	12	15/60
National Respiratory & Enteric Virus Surveillance System (NREVSS)	89	52	10/60
Rabies (electronic)	40	12	8/60
Rabies (paper)	15	12	20/60
Waterborne Disease Outbreak Form	60	2	20/60
* * * Cholera and other Vibrio Illness	300	1	20/60
* * * CaliciNet	30	10	10/60

Dated: March 31, 2003.

Thomas Bartenfeld,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03–8485 Filed 4–7–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–36–03]

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Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: National Program of Cancer Registries—Cancer Surveillance System 0920–0469—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The American Cancer Society estimates that about 1.2 million Americans will be newly diagnosed with cancer and that about 8.2 million Americans are currently alive with a history of cancer. The National Institutes of Health estimates the cost of cancer is about \$172 billion including (\$61 billion) direct costs to treat cancer and (\$111 billion) indirect costs in lost productivity due to illness and premature death.

In 2000, CDC implemented the National Program of Cancer Registries (NPCR)—Cancer Surveillance System (CSS) to collect, evaluate and disseminate cancer incidence data collected by population-based cancer registries. In 2002, CDC published

United States Cancer Statistics—1999 Incidence which provided cancer statistics for 78% of the United States population from all cancer registries whose data met national data standards. Prior to this, at the national level, cancer incidence data were available for only 14% of the population of the United States.

With this expanded coverage of the U.S. population, it will now be possible to better describe geographic variation in cancer incidence throughout the country and provide incidence data on minority populations and rare cancers to further plan and evaluate state and national cancer control and prevention efforts.

Therefore, the CDC's NCCDPHP, Division of Cancer Prevention and Control, proposes to continue to aggregate existing cancer incidence data from states funded by the National Program of Cancer Registries into a national surveillance system.

These data are already collected and aggregated at the state level. Thus the additional burden on the states is small. Funded states are asked to continue to report data to CDC on an annual basis