

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 application also will 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. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://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 February 26, 2001.

**A. Federal Reserve Bank of Atlanta**  
(Cynthia C. Goodwin, Vice President)  
104 Marietta Street, N.W., Atlanta,  
Georgia 30303-2713:

1. *WB&T Bankshares, Inc.*, Waycross, Georgia; to acquire 100 percent of the voting shares of Guardian Bank, Valdosta, Georgia (in organization).

**B. Federal Reserve Bank of Chicago**  
(Phillip Jackson, Applications Officer)  
230 South LaSalle Street, Chicago,  
Illinois 60690-1414:

1. *BSB Community Bancorporation, Inc.*, Benton, Wisconsin; to become a bank holding company by acquiring 100 percent of the voting shares of Benton State Bank, Benton, Wisconsin.

Board of Governors of the Federal Reserve System, January 26, 2001.

**Robert deV. Frierson**

*Associate Secretary of the Board.*

[FR Doc. 01-2716 Filed 1-31-01; 8:45 am]

**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-16-01]

#### 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) 639-7090. 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:* Developing Communication to Reduce Workplace Violence and Assault Against Taxicab Drivers—New—The mission of the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC) is to promote “safety and health at work for all people through research and prevention.” In order to carry out this goal effectively and efficiently, NIOSH and the occupational safety and health community implemented the National Occupational Research Agenda (NORA) in 1996. NORA is the first step in an ongoing, synergistic effort by the various institutions of the occupational safety and health community to identify and research the most important workplace safety and health issues. In order to accomplish the NORA objectives in preventing violence and assault in the workplace, NIOSH is conducting health communication research to determine the most effective means of promoting preventive behavior among taxicab drivers, a high risk occupational group. This research is based upon the following NIOSH publications: “Alert: Preventing Homicide in the Workplace” (NIOSH, 1993) and “Violence in the Workplace—Risk Factors and Prevention Strategies” (NIOSH, 1996).

Violence is a significant cause of injury and death in the workplace. It was the second leading cause of death in 1997, accounting for approximately

18% of worker fatalities during that year (BLS, 1998). Approximately 85% of occupational homicides involved robberies, and approximately four-fifths of the homicides were the result of shootings. An increased risk of workplace homicide was clustered within certain occupational areas including sales occupations, protective service occupations, and taxicab drivers. Furthermore, 60% of occupational fatalities within taxicab drivers were due to homicide (BLS, 1998). Although these statistics are significant, a limited amount of information is known concerning the level of worker awareness about the risk of workplace violence. In addition, little is known about the level of worker self-efficacy in regard to recommended preventive measures or the current status of the prevention strategies utilized by both the worker and employer. Therefore, the goal of this study is to identify those communication variables that are most effective in increasing the following in regard to workplace violence prevention: worker awareness, comprehension, and use of recommendations in the workplace.

The study will accomplish the following specific aims: (1) To conduct three phases of message pretesting for the purpose of determining the appropriate versions of the print variables, supporting graphics, and survey instruments to include in the study; (2) to conduct a small-scale pilot study using the communication variables and survey instruments developed in aim #1; (3) to conduct a large scale study with taxicab drivers for the purpose of determining the most effective combination of communication variables that influence attitudes, intentions, and behavior regarding the prevention of workplace violence and assault against taxicab drivers; and (4) to propose a health communication template using message framing and appropriate issue involvement manipulations that can be tested in the future for its potential use in promoting the prevention of workplace violence among high-risk occupational groups such as taxicab drivers. In addition, a follow-up survey at 1, 3, and 6 months will assess any corresponding behavior change over time.

The total burden for this project is 2,300 hours.

Respondents	Number of respondents	Number of responses	Average hour per response
Phase I Pretest .....	60	1	1
Phase II Pretest .....	60	1	1
Phase III Pretest .....	15	1	1
Pilot Test .....	300	1	30/60

Respondents	Number of respondents	Number of responses	Average hour per response
Main Study .....	1,500	1	20/60
Follow-up Study .....	<sup>1</sup> 1,500	3	20/60

<sup>1</sup> Same as in Main Study.

Dated: January 25, 2001.

**Nancy E. Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 01-2741 Filed 1-31-01; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 01019]

#### Initiative To Educate State Legislatures About Priority Public Health Issues; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement for the Initiative to Educate State Legislatures About Priority Public Health Issues.

The purposes of this cooperative agreement are to:

1. Develop educational initiatives and provide informational forums on public health issues for policymakers and;
2. Provide access to accurate, comprehensive, and timely information on public health issues to state policymakers for the development of effective public health policy at the state level.

Priority areas for these activities are prevention, early detection, and control of diseases and injury, the promotion of healthy behaviors, and the strengthening of state and local public health agencies.

This program addresses the "Healthy People 2010" focus areas: Arthritis, Osteoporosis and Chronic Back Conditions; Cancer; Diabetes; Disability and Secondary Conditions; Educational and Community-Based Programs; Environmental Health; Family Planning; Food Safety; Health Communication; Heart Disease and Stroke; HIV; Immunization and Infectious Diseases; Injury and Violence Prevention; Maternal, Infant and Child Health; Nutrition and Overweight; Occupational Safety and Health; Oral Health; Physical Activity and Fitness; Public Health Infrastructure; Respiratory Diseases;

Sexually Transmitted Diseases; Substance Abuse; Tobacco Use; and Vision and Hearing. This program also addresses epilepsy, health issues affecting older Americans, and health disparities.

##### B. Eligible Applicants

Eligible applicants are national, non-profit, non-partisan or bi-partisan organizations that consist of requisite memberships representing legislatures from all 50 states, and provide tailored policy research, publications, consulting services, and educational and networking forums to state legislators, committees, and their staff. Therefore, eligible organizations should have a minimum of 5 years experience in assisting legislators and their staff from all 50 state legislatures and using a variety of information technologies and resources will be considered eligible applicants.

Limited competition is justified under this program announcement due to limited number of organizations having expertise interacting with all 50 state legislatures on existing and emerging public health issues.

**Note:** Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

##### C. Availability of Funds

Approximately \$1,412,800 is available in FY 2001 to fund one award. It is expected that the award will begin on or about July 1, 2001, and will be for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds. See Attachment A for funding sources and approximation amounts.

##### Direct Assistance

You may request Federal personnel in lieu of a portion of financial assistance.

##### D. Program Requirements

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities

under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

##### 1. Recipient Activities

###### Core Activities

a. Track relevant state legislation and legislative activities related to public health. Provide quarterly updates to state policymakers on legislation and legislative actions on public health issues such as adolescent health; aging; arthritis, osteoporosis and chronic back conditions; cancer; diabetes; epilepsy; obesity; disability and secondary conditions; educational and community-based programs; environmental health issues, including childhood lead poisoning, safe drinking water, and pediatric asthma; heart disease and stroke; HIV infection; immunization and infectious diseases; maternal, infant and child health; injury and violence prevention; nutrition; oral health including water fluoridation; physical activity and fitness; sexually transmitted diseases; tobacco use; the public health infrastructure; and other topics. This activity shall not be intended to support or defeat particular state legislation.

b. Develop and coordinate activities with state, local health department contacts, and public health experts, to ensure that state legislatures are aware of public health issues, programs, and activities in their state or region.

c. Monitor and report the status of legislative trends in public health on a quarterly basis.

d. Enhance relationships with and consult with key organizations to inform state legislators about prevention and public health goals.

e. Respond to legislative requests about prevention and public health issues and provide public health experts with a compendium of contact inquiries on a quarterly basis.

f. Examine existing research in order to develop and distribute publications tailored to the information needs of legislators on disease control and prevention and public health in order to educate legislators about relevant policy and program issues.

g. Provide forums for state health officials, policy makers, and legislative staff to share ideas and learn about public health issues.