Board of Governors of the Federal Reserve System, May 18, 2012.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 2012–12473 Filed 5–22–12; 8:45 am]

**BILLING CODE 6210–01–P**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or 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 applications will also 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.

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 June 18, 2012.

A. Federal Reserve Bank of St. Louis (Glenda Wilson, Community Affairs Officer) P.O. Box 442, St. Louis, Missouri 63166–2034:

1. *Mercantile Bancorp, Inc.,* Quincy, Illinois; to merge with The Royal Palm Bancorp, Inc., and thereby indirectly acquire The Royal Palm Bank of Florida, both in Naples, Florida.

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**BILLING CODE 6210–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60 Day–12–12LA]**

### 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 404–639–7570 or send comments to Kimberly S. Lane, at CDC, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email 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**

Evaluation of the Communities Putting Prevention to Work National Media Initiative—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The American Recovery and Reinvestment Act of 2009 (ARRA) allotted $650 million to the Department of Health and Human Services (HHS) to support evidence-based prevention and wellness strategies. The cornerstone of the initiative is the Communities Putting Prevention to Work (CPPW) Community Program, administered by the CDC. In March 2010, HHS made 44 CPPW awards for community-based obesity and tobacco preventions efforts, followed in September 2010 by additional awards made possible by Affordable Care Act (ACA) funding. Between the two funding sources, there are 50 communities that are part of CPPW: 28 are obesity only-funded communities; 11 are dual-funded for both obesity and tobacco initiatives; and 11 are tobacco only-funded.

CPPW awardees are implementing interventions that they have selected from a preselected group of evidence-based strategies that have been defined for physical activity, nutrition, and tobacco use. CPPW program efforts are supported by a 30-month National Prevention Media Initiative. Although originally planned as a national campaign, CDC determined that the best support for the CPPW communities would be to shift to a localized approach. Thus, rather than a national campaign, CDC and an evaluation contractor worked with the communities to develop media buy plans and to place local media buys from an approved pool of creative materials. The media plans are being tailored to best support each awardee's local efforts, including tailored media mix, creative and timing. Each community has a different schedule for when the ads are running, but overall, ads placed by the CPPW National Media Initiative will run between February 2012 and December 2012.

CDC plans to conduct two cycles of information collection to evaluate the local media campaigns in 39 CPPW communities that are addressing obesity. Although we placed ads in all 50 communities, the Office on Smoking and Health is already evaluating the impact of tobacco media throughout the United States, including in CPPW communities. Therefore, the evaluation study described in this information collection request will concentrate on the 39 CPPW communities addressing obesity. Communities were initially provided the opportunity to select from twelve obesity prevention ads. Additionally, some communities requested CDC support in placing their own ads to strengthen their locally-branded marketing efforts. The topics addressed in all the ads that CDC placed are childhood obesity, nutrition, physical activity, and physical activity and physical education in schools. The intended audiences for these ads are the general public, with many communities focusing on parents, and specifically on mothers.

CDC plans to conduct two cycles of information collection: in Fall 2012 and Winter/Spring 2013. Information will be collected through brief telephone interviews with adults in the 39 CPPW communities that are focusing on

obesity, after a brief screening process to obtain the respondent's consent and to determine eligibility. A separate sample will be drawn for each community. CDC plans to obtain a total of 6,000 complete responses for each cycle of data collection. Interview questions will assess: (1) Awareness (aided and unaided) of the local community media efforts/campaigns about obesity; (2) beliefs about and attitudes toward the issue of obesity in their communities; and (3) behaviors and behavioral intentions that encourage active living and healthy eating. The evaluation plan specifically seeks to identify and describe changes in beliefs and behaviors as a function of exposure to the media campaign.

The long-term goals of CPPW are to modify the environmental determinants of risk factors for chronic diseases; prevent or delay chronic diseases; promote wellness in children and adults; and provide positive, sustainable health change in communities. The insights to be gained from this information collection will be valuable to assessing the impact that CPPW has achieved in taking on the obesity epidemic and may be used to inform the design and delivery of future media campaigns.

OMB approval is requested for one year. Participation in the telephone interviews is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hr) | Total burden (in hr) |
|---|---|---|---|---|---|
| Adult General Public | Screener for the Community Telephone Interview. | 22,400 | 1 | 5/60 | 187 |
| | Community Telephone Interview (incomplete). | 400 | 1 | 5/60 | 33 |
| | Community Telephone Interview (complete). | 12,000 | 1 | 10/60 | 2,000 |
| Total | | | | | 2,220 |

**Kimberly S. Lane,**

*Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2012–12479 Filed 5–22–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Final Notice Regarding Updates and Clarifications of the Implementation of the Scholarships for Disadvantaged Students Program

**AGENCY:** Health Resources and Services Administration, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces updates and clarifications for the implementation of the Scholarships for Disadvantaged Students (SDS) program under authority of Section 737 of the Public Health Service Act (PHS Act). This notice supersedes all previous notices regarding the SDS program.

A notice which proposed updates and clarified implementation of the SDS program was published in the **Federal Register** on March 20, 2012 (77 FR 16244). A period of 30 days was established to allow public comment concerning the proposed updates and implementation. Twenty-two letters were received, each with multiple comments. This notice discusses the comments and sets forth the final updates and implementation to the SDS program.

**DATES:** *Effective Date:* The program clarifications described in this notice will be implemented in fiscal year (FY) 2012 and beyond and will become effective for SDS funds awarded to schools in FY 2012 and beyond.

*Purpose:* HRSA is updating the SDS program to increase the impact of the program in the areas addressed in the program's authorizing statute. Specifically, the authorizing statute allows the Secretary to make grants to eligible entities that are carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups (PHS Act, Sec. 737(d)(1)(B)). In addition, grantees provide scholarships to individuals who meet the following requirements: (1) Are from disadvantaged backgrounds; (2) have a financial need for a scholarship; and (3) are enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in nursing or a health profession (PHS Act, Sec. 737(d)(2)(A–C)). Under the statute, priority is given to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities (PHS Act, Sec. 737(c)). There is also a requirement to award at least 16 percent of the available funds to schools of nursing (PHS Act, Sec. 740(a)).

The SDS Program required updating, because the program grantee population had grown from 401 schools in FY 2000 to almost 700 health profession schools in FY 2011. Since all SDS eligible schools received grant awards, the funding had been divided into ever decreasing amounts per school over the years. Many of the schools, in an effort to provide funding to each of their disadvantaged students, spread the award equally among the disadvantaged students and the smaller school award amounts resulted in smaller student scholarship amounts. While the student scholarship amounts decreased, the tuition rates increased. For many students with insufficient financial resources, the small award size was unlikely to provide enough funding to continue in school. Also, the primary care and underrepresented minority student priority weights used were too small to adequately incentivize and reward schools that were successful in graduating primary care underrepresented minority students or who had excellent plans to improve their programs to recruit and retain students from disadvantaged