

vote unless a member of the Board of Directors requests that an item be moved to the discussion agenda.

Disposition of Minutes of a Board of Directors' Meeting Previously Distributed.

Memorandum and resolution re: Notice of Proposed Rulemaking: Branch Application Procedures.

Reports of actions taken pursuant to authority delegated by the Board of Directors.

Discussion Agenda

Memorandum and resolution re: Interagency Final Rule on Volcker Re-Proposal of Certain Aspects of the Covered Funds Provisions of the Volcker Rule (Volcker 2.1).

Memorandum and resolution re: Final Rule to Amend Swap Margin Rule.

Memorandum and resolution re: Final Rule on Federal Interest Rate Authority.

CONTACT PERSON FOR MORE INFORMATION: Requests for further information concerning the meeting may be directed to Mr. Robert E. Feldman, Executive Secretary of the Corporation, at 202-898-7043.

Dated at Washington, DC, on June 18, 2020.
Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2020-13555 Filed 6-19-20; 11:15 am]

BILLING CODE 6714-01-P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than July 8, 2020.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *The Richard Earl Carter Irrevocable Trust dated 6/10/09 (REC Trust) and the Megan Nicole Dunn Irrevocable Trust dated 6/10/09 (MND Trust), both of Stigler, Oklahoma; and Frederick Michael Butler, Stigler, Oklahoma, and Eva L. White, Muskogee, Oklahoma, as co-trustees of the REC Trust and the MND Trust*, to acquire voting shares of Stigler Bancorporation, Inc., Stigler, Oklahoma, and thereby indirectly acquire shares of The First National Bank of Stigler, Stigler, Oklahoma. Additionally, Frederick Michael Butler; Kerri L. Butler, Stigler, Oklahoma; the REC Trust; the MND Trust; and Eva L. White, as members of a group acting in concert, to acquire voting shares of Stigler Bancorporation, Inc.

Board of Governors of the Federal Reserve System, June 18, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020-13517 Filed 6-22-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20-20PE; Docket No. CDC-2020-0071]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project

titled Operational Readiness Review (ORR) 2.0. The Operational Readiness Review is a rigorous, evidence-based assessment used to evaluate PHEP recipients' planning and operational functions.

DATES: CDC must receive written comments on or before August 24, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2020-0071 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.regulations.gov). Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [Regulations.gov](https://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking portal ([regulations.gov](https://www.regulations.gov)) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the

proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

5. Assess information collection costs.

Proposed Project

Operational Readiness Review 2.0—Existing Collection in Use Without OMB Control Number—Center for Preparedness and Response (CPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To help evaluate the country's public health emergency preparedness and response capacity, the Centers for Disease Control and Prevention's Division of State and Local Readiness

(DSLRL) administers the Public Health Emergency Preparedness (PHEP) cooperative agreement. The PHEP program is a critical source of funding for 62 state, local, and territorial jurisdictions to build and strengthen their ability to respond to and recover from public health emergencies. The Operational Readiness Review (ORR) is a rigorous, evidence-based assessment used to evaluate PHEP recipients' planning and operational functions. The previous version of the ORR evaluated a jurisdiction's ability to execute and a large emergency response requiring medical countermeasure (MCM) distribution and dispensing. The purpose of this new ORR 2.0 is to expand measurement and evaluation to all 15 Public Health Emergency Preparedness and Response Capabilities: 1—Community Preparedness, 2—Community Recovery, 3—Emergency Operations Coordination, 4—Emergency Public Information and Warning, 5—Fatality Management, 6—Information Sharing, 7—Mass Care, 8—Medical Countermeasure Dispensing and Administration, 9—Medical Materiel Management and Distribution,

10—Medical Surge, 11—Nonpharmaceutical Intervention, 12—Public Health Laboratory Testing, 13—Public Health Surveillance and Epidemiological Investigation, 14—Responder Safety and Health, 15—Volunteer Management. These capabilities serve as national standards for public health preparedness planning.

The ORR 2.0 will have three modules: Descriptive, planning, and operational, which will allow DSLR to analyze the data for the development of descriptive statistics and to monitor the progress of each recipient towards performance goals. The intended outcome of the ORR 2.0 is to assist CDC to identify strengths and challenges facing preparedness programs across the nation and to identify opportunities for improvement and further technical support. Information will be collected from respondents using the new Operational Readiness Review (ORR) 2.0 platform. CDC is requesting a three-year approval for this information collection. The total annualized burden hour estimate is 3423 burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PHEP Recipients	Critical contact sheet (CCS)	62	1	80/60	83
PHEP Recipients	Jurisdictional data sheet (JDS)	62	1	255/60	264
PHEP Recipients	Receive, stage, store (RSS) warehouse (x2, primary and alternate)	62	1	4	248
PHEP Recipients	Partner form/spreadsheet	62	1	8	496
PHEP Recipients	Workforce development and training	62	1	1.5	93
PHEP Recipients	Capability 1—Community Preparedness	62	1	1	62
PHEP Recipients	Capability 2—Community Recovery	62	1	1	62
PHEP Recipients	Capability 3—Emergency Operations Coordination	62	1	2	124
PHEP Recipients	Capability 4—Emergency Public Information and Warning	62	1	1.5	93
PHEP Recipients	Capability 5—Fatality Management	62	1	2.5	155
PHEP Recipients	Capability 6—Information Sharing	62	1	1	62
PHEP Recipients	Capability 7—Mass Care	62	1	2	124
PHEP Recipients	Capability 8—Medical Countermeasure Dispensing and Administration	62	1	3	186
PHEP Recipients	Capability 9—Medical Materiel Management and Distribution	62	1	195/60	202
PHEP Recipients	Capability 10—Medical Surge	62	1	2	124
PHEP Recipients	Capability 11—Nonpharmaceutical Intervention	62	1	1.5	93
PHEP Recipients	Capability 12—Public Health Laboratory Testing	62	1	1.5	93
PHEP Recipients	Capability 13—Public Health Surveillance and Epidemiological Investigation	62	1	2.5	155
PHEP Recipients	Capability 14—Responder Safety and Health	62	1	1.5	93
PHEP Recipients	Capability 15—Volunteer Management	62	1	75/60	78
PHEP Recipients	Multiyear training and exercise plans (MYTEP)—training and exercise planning workshop	62	1	1	62
PHEP Recipients	MYTEP—training and exercise planning (annual)	62	1	2	124
PHEP Recipients	Capability 13—Quality improvement process	62	1	20/60	21

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PHEP Recipients	PHEP functional exercise (FE), full-scale exercise (FSE) or incident—annual PHEP exercise.	62	1	20/60	21
PHEP Recipients	PHEP FE, FSE, or incident—annual staff notification and assembly performance measure.	62	1	1.5	93
Directly Funded Localities.	Facility setup drill	4	1	45/60	3
Directly Funded Localities.	Site activation drill	4	1	1	4
PHEP Recipients	EOC activation	62	2	30/60	62
PHEP Recipients	PHEP FE, FSE, or incident—Five-year joint exercise.	62	1	20/60	21
PHEP Recipients	Five-year Distribution FSE OR Five-year Pan-flu FSE.	62	1	0.5	31
.....	Five-year Dispensing FSE	* 4	1	0.5	2
PHEP Recipients	Five-year pan flu functional exercise	62	1	45/60	47
PHEP Recipients	Tabletop exercise (TTX)—Administrative or fiscal preparedness.	62	1	20/60	21
PHEP Recipients	TTX—Continuity of Operations	62	1	20/60	21
Directly Funded Localities and Freely Associated States.	Dispensing Throughput Drill	12	1	20/60	4
Total	3423

Jeffrey M. Zirger,

*Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.*

[FR Doc. 2020–13491 Filed 6–22–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–0729]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Customer Surveys Generic Clearance for the National Center for Health Statistics to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on March 23, 2020 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project.

The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting

“Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Customer Surveys Generic Clearance for the National Center for Health Statistics (OMB Control No. 0920–0729, Exp. 09/30/2020)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “the extent and nature of illness and disability of the population of the United States.” This is an extension request for a generic approval from OMB to conduct customer surveys over the next three years at an overall burden rate of 4,000 hours.

As part of a comprehensive program, the National Center for Health Statistics (NCHS) plans to continue to assess its customers’ satisfaction with the content,