

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 October 2, 2015.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *CCB Bankshares, Inc.*, South Hill, Virginia; to become a bank holding company by acquiring 100 percent of the voting securities of Citizens Community Bank, South Hill, Virginia.

Board of Governors of the Federal Reserve System, September 3, 2015.

Michael J. Lewandowski,
Associate Secretary of the Board.

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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 (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 notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than September 23, 2015.

A. Federal Reserve Bank of Cleveland (Nadine Wallman, Vice President) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. *Ann Ferneau Brown, individually, and as a member of the Brown Family Group, which consists of Ann Ferneau Brown; The Russell E. Brown Trust; Ann Ferneau Brown Trust, all of Blanchester, Ohio; David E. Brown; Mark E. Brown, both of Loveland, Ohio; and Stephanie A. Hearn, Liberty Township, Ohio;* to retain voting shares of First Blanchester Bancshares, Inc., and thereby indirectly retain voting shares of The First National Bank of Blanchester, both in Blanchester, Ohio.

B. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street, NE., Atlanta, Georgia 30309:

1. *Gaylon M. Lawrence, Jr.*, Memphis, Tennessee; to acquire voting shares of F&M Financial Corporation, and thereby indirectly acquire voting shares of F&M Bank, both in Clarksville, Tennessee.

Board of Governors of the Federal Reserve System, September 3, 2015.

Michael J. Lewandowski,
Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-15-15ANC]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Formative and Summative Evaluation of the National Diabetes Prevention Program—Existing Collection Without an OMB Control Number—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Findings from randomized controlled trials and translation studies have demonstrated that type 2 diabetes can be prevented or delayed in those at high risk through a structured lifestyle intervention that can be delivered cost effectively in real-world settings. However, several challenges must be addressed to achieve large-scale adoption and implementation of these evidence-based lifestyle change programs.

In response to these challenges, Congress authorized the CDC to establish and lead the National Diabetes Prevention Program (National DPP). CDC developed a year-long, evidence-based lifestyle change program aimed at increasing knowledge and awareness of healthy eating and physical activity among people at-risk for diabetes. In order to bring this compelling intervention to communities across America, CDC funded six grantees under Funding Opportunity Number: DP12-1212PPHF12 to establish and expand "a network of structured, evidence-based lifestyle change programs designed to prevent type 2 diabetes among people at high risk".

The six National DPP grantees offer the program consistent with the CDC's Diabetes Prevention Recognition Program (DPRP) Standards. The National DPP grantees deliver the intervention through an estimated 110 sites. Grantees are responsible for scaling and sustaining the National DPP by:

- Increasing the number of delivery sites,
- developing delivery sites' capacity to obtain and maintain DPRP recognition,
- gaining sustainable support for delivery sites from insurance companies in the form of reimbursement, and
- actively educating employers and insurance companies about the cost effectiveness of including the lifestyle change program as a covered health benefit and reimbursing delivery sites on a pay-for-performance basis.

CDC proposes to assess program implementation among National DPP grantees using Excel data collection spreadsheets. This assessment/spreadsheet process is the formative and summative evaluation of the six grantees, and is just one of the several evaluations of National DPP activities; others include the DPRP Standards' measures and Program and Grants Office (PGO) annual grantee progress reports provided to CDC project officers.

The objective of this formative and summative evaluation of the National DPP is to collect additional information to identify program-level factors leading to successful implementation and best

practices for achieving program sustainability and scalability at the community level. Informing the assessment (*i.e.*, the Excel data collection spreadsheet) is the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework that National DPP grantees were provided as part of their funding opportunity announcement in 2012. The RE-AIM framework identifies pertinent questions around process and outcome measures that the Excel data collection spreadsheets are designed to answer.

CDC plans to distribute Excel data collection spreadsheets to all six grantees, who will, in turn, disseminate the spreadsheets to their community-level intervention sites. The estimated annualized number of intervention sites is 120.

Program coordinators at each intervention site will be asked to describe their intervention, identify barriers and facilitators to implementation, and identify resources used to deliver the lifestyle change programs via a site-level spreadsheet. Project directors and managers at the grantee organizations will be asked similar questions about resource use and implementation strategies via a grantee-level spreadsheet, but will also be asked to discuss elements related to the reach of their National DPP programs. CDC will use the information gained from the assessment to discern lessons learned and effective strategies

around (1) expanding the reach and sustainability of the National DPP lifestyle change programs, (2) improving recruitment and retention efforts, (3) increasing referrals, and (4) securing sustained commitment among insurance providers and employers to either reimburse organizations providing the program or providing an employee benefit option for the program so it is accessible to individuals most in need of this intervention. Finally, CDC will use the information to inform the development of data-driven technical assistance for National DPP grantees and their intervention sites.

The estimated time burden per site for completion of a site-level spreadsheet is between 30 and 60 minutes, with an average of 45 minutes per spreadsheet per year. The estimated burden for a grantee is up to 12 hours to complete a grantee-level spreadsheet. This includes coordinating the collection of spreadsheets from their respective sites. Collectively, over the three-year clearance period being requested, the total burden estimate is based on 120 annualized responses from National DPP Intervention Sites (110 + 120 + 130/3) and 6 annualized responses from National DPP Grantees (6 + 6 + 6/3). OMB approval is requested for 3 years. All information will be collected electronically. Participation is voluntary and there are no costs to respondents other than their time.

The total estimated annualized burden hours are 162.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
National DPP Intervention Sites	Spreadsheet for National DPP Intervention Sites.	120	1	45/60
National DPP Grantees	Spreadsheet for National DPP Grantees	6	1	12

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Notification of Single Source Cooperative Agreement Awards

AGENCY: Centers for Medicare and Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: The Center for Medicare and Medicaid Innovation (CMMI)/Seamless Care Models Group will issue a single-source, cooperative agreement award to three (3) grantees to test a data

aggregation model that combines data from insurance companies and Medicare in support of an innovative payment and service delivery initiative.

FOR FURTHER INFORMATION CONTACT:

Janel Jin, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244, Phone: (410) 786-1438.

SUPPLEMENTARY INFORMATION: Intended Recipients: Rise Health, The Health Collaborative, and My Health.

Purpose of Award: The Centers for Medicare & Medicaid Services (CMS) is authorized to test innovative payment