

FEDERAL RESERVE SYSTEM**Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies**

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 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 office 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 November 29, 2002.

A. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Robert Lee Riley*, Holliday, Missouri; to acquire voting shares of Paris Bancshares, Inc., Paris, Missouri, and thereby indirectly acquire voting shares of The Paris National Bank, Paris, Missouri.

Board of Governors of the Federal Reserve System, November 8, 2002.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 02-28946 Filed 11-14-02; 8:45 am]

BILLING CODE 6210-01-S

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 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/.

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 December 9, 2002.

A. Federal Reserve Bank of New York (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *M&T Bank Corporation*, Buffalo, New York; to merge with Allfirst Financial Inc., Baltimore, Maryland, and thereby indirectly acquire voting shares of Allfirst Financial Center National Association, Millsboro, Delaware, and Allfirst Bank, Baltimore, Maryland.

In connection with this application, Applicant also has applied to acquire Allfirst Leasing Corporation, Baltimore, Maryland; Allfirst Mortgage Corporation, Baltimore, Maryland; Allfirst Life Insurance Corporation, Phoenix, Arizona; Williams, Daniels & Associates, Inc., Baltimore, Maryland; Zirkin-Cutler Investments, Inc., Bethesda, Maryland, and Loans USA, Inc., Pasadena, Maryland, and thereby engage in certain nonbanking activities including insurance, leasing insurance, financial and investment advisement, data processing and the extension of credit, pursuant to §§ 225.28(b)(1), (b)(3), (b)(6), (b)(11), and (b)(14) of Regulation Y.

2. *Allied Irish Banks, P.L.C.*, Dublin, Ireland; to acquire up to 25 percent of the voting shares of M&T Bank Corporation, Buffalo, New York, and thereby will control indirectly shares of Manufacturers and Traders Trust Company, Buffalo, New York.

In connection with this application, Applicant also has applied to acquire Keystone Financial Life Insurance Company, Phoenix, Arizona, and thereby indirectly acquire Martindale Andres & Company, LLC, West Conshohocken, Pennsylvania, and engage in certain nonbanking activities including insurance, and investment services, pursuant to §§ 225.28(b)(6) and (b)(11) of Regulation Y.

Applicant currently owns Allfirst Financial Inc., with has applied to merge with M&T Bank Corporation. After the merger, Applicant also indirectly would own an interest in all of Allfirst's current subsidiaries including, Allfirst Financial Center, N.A., Millsboro, Delaware.

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

1. *Synovus Financial Corp.*, Columbus, Georgia; to merge with FNB Newton Bankshares, Inc., Covington, Georgia, and thereby indirectly acquire voting shares of First Nation Bank, Covington, Georgia.

Board of Governors of the Federal Reserve System, November 8, 2002.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 02-28945 Filed 11-14-02; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary****Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the State Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2003 Through September 30, 2004**

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2004 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2003 through September 30, 2004. This notice announces the calculated "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching for State medical assistance (Medicaid) and State Children's Health Insurance Program (CHIP) expenditures, and Temporary Assistance for Needy Families (TANF) Contingency Funds, the federal share of Child Support Enforcement collections, Child Care Mandatory and Matching Funds for the Child Care and Development Fund, Foster Care Title IV-E Maintenance payments, and Adoption Assistance payments. The table give figures for each of the 50 States, the District of Columbia, Puerto

Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Programs under title XIX of the Act exist in each jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. Programs under title XXI began functioning in fiscal year 1998. The percentages in this notice apply to State expenditures for most medical services and medical insurance services, and assistance payments for certain social services. The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish the Federal Medical Assistance Percentages each year. The Secretary is to figure the percentages, by formulas in sections 1905(b) and 1101(a)(8)(B), from a Department of Commerce's statistics of average income per person in each State and in the Nation as a whole. The percentages are within the upper and lower limits given in section 1905(b) of the Act. The percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentage for the 50 states.

The "Federal Medical Assistance Percentages" are for Medicaid. Section 1905(b) of the Act specifies the formula for calculating Federal Medical Assistance Percentages as follows:

"Federal medical assistance percentage" for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum, (2) the Federal medical assistance for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 50 per centum.

A provision in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 modified the formula to calculate the percentages to be applied to Alaska for fiscal years 2001 through 2005. For Alaska only, the formula requires dividing the state's three-year average per capita income by 10.5 instead of 1.0. Section 2105(b) of the Act specifies the formula for calculating the Enhanced

Federal Medical Assistance Percentages as follows:

The "enhanced FMAP", for a State for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the State increased by a number of percentage points equal to 30 percent of the number of percentage points by which (1) such Federal medical assistance percentage for the State, is less than (2) 100 percent; but in no case shall the enhanced FMAP for a State exceed 85 percent.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1095(u)(2) and 1905(u)(3) of the Act. There is no specific requirement to publish the Enhanced Federal Medical Assistance Percentages. We include them in this notice for the convenience of the States.

EFFECTIVE DATES: The percentages listed will be effective for each of the 4 quarter-year periods in the period beginning October 1, 2003 and ending September 30, 2004.

FOR FURTHER INFORMATION CONTACT: Adelle Simmons or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency Funds; 93.563: Child Support Enforcement; 93-596: Child Care Mandatory and Matching Funds for the Child Care and Development Fund; 93.658: Foster Care Title IV-E; 93.659: Adoption Assistance; 93.778: Medical Assistance Program; 93.767: State Children's Health Insurance Program)

Dated: October 30, 2002.

Tommy G. Thompson,
Secretary of Health and Human Services.

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES

[Effective October 1, 2003–September 30, 2004 (Fiscal Year 2004)]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Alabama	70.75	79.53
Alaska**	58.39	70.87
American Samoa*	50.00	65.00
Arizona	67.26	77.08
Arkansas	74.67	82.27
California	50.00	65.00

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES—Continued

[Effective October 1, 2003–September 30, 2004 (Fiscal Year 2004)]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	50.00	65.00
District of Columbia**	70.00	79.00
Florida	58.93	71.25
Georgia	59.58	71.71
Guam*	50.00	65.00
Hawaii	58.90	71.23
Idaho	70.46	79.32
Illinois	50.00	65.00
Indiana	62.32	73.62
Iowa	63.93	74.75
Kansas	60.82	72.57
Kentucky	70.09	79.06
Louisiana	71.63	80.14
Maine	66.01	76.21
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	55.89	69.12
Minnesota	50.00	65.00
Mississippi	77.08	83.96
Missouri	61.47	73.03
Montana	72.85	81.00
Nebraska	59.89	71.92
Nevada	54.93	68.45
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	74.85	82.40
New York	50.00	65.00
North Carolina	62.85	74.00
North Dakota	68.31	77.82
Northern Mariana Islands*	50.00	65.00
Ohio	59.23	71.46
Oklahoma	70.24	79.17
Oregon	60.81	72.57
Pennsylvania	54.76	68.33
Puerto Rico*	50.00	65.00
Rhode Island	56.03	69.22
South Carolina	69.86	78.90
South Dakota	65.67	75.97
Tennessee	64.40	75.08
Texas	60.22	72.15
Utah	71.72	80.20
Vermont	61.34	72.94
Virgin Islands*	50.00	65.00
Virginia	50.00	65.00
Washington	50.00	65.00
West Virginia	75.19	82.63
Wisconsin	58.41	70.89
Wyoming	59.77	71.84

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.

** The values for Alaska and the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for D.C. is 50.00.

[FR Doc. 02-28985 Filed 11-14-02; 8:45 am]
 BILLING CODE 4154-05-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-04-03]

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: Impact of Community Coordinated Response for the Prevention of Intimate Partner Violence: A Random Digital Dial Survey—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

A random digit dial survey will be conducted with 12,000 male and female adults in the communities of ten experimental sites and ten control sites (600 per site). The survey will determine whether adding resources to a community to develop a coordinated community response to intimate partner violence (IPV), leads to increased knowledge about IPV such as where to go for help and how to assist a victim, child witness and/or perpetrator of IPV. A base survey instrument will be administered along with an addendum from the sites that wish to address other

research needs in their experiment and control communities.

While previous surveys such as the National Violence Against Women Survey (1996) have collected information on intimate partner violence, no previous survey has explored the effects of a coordinated community response, enhanced services, and public awareness campaigns between experimental and control sites.

Interviews will be conducted with persons at residential phone numbers selected using random digit dialing. No more than one respondent per household will be selected, and each sample member will complete just one interview. Non-residential numbers are ineligible for the sample and will not be interviewed. Female interviewers will be used and bi-lingual Spanish interviewers will conduct interviews in Spanish to reduce language barriers to participation. The estimated annualized burden is 3813 hours.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)
Pretest	50	1	15/60
Contacted but not eligible or refused	15,000	1	2/60
Core questionnaire (7 sites and comparison communities)*	8,400	1	15/60
Core questionnaire plus addendums*	3,600	1	20/60

Dated: November 6, 2002.

Nancy E. Cheal,

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

[FR Doc. 02-29000 Filed 11-14-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Contaminants and Natural Toxicants Subcommittee of the Food Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Contaminants and Natural Toxicants Subcommittee of the Food Advisory Committee.

General Function of the Committee: To provide advice and

recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on December 4 and 5, 2002, from 8:30 a.m. to 6 p.m.

Location: The Inn and Conference Center, University of Maryland University College, 3501 University Boulevard East, Adelphi, MD 20783, 301-985-7300.

Contact Person: Henry Kim, Center for Food Safety and Applied Nutrition (HFS-306), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 301-436-2023, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 10564. Please call the Information Line for up-to-date information on this meeting.

Agenda: The subcommittee will discuss FDA's action plan for addressing the issue of acrylamide in food. An agenda for the meeting will be available on the Internet at <http://www.cfsan.fda.gov/list.html> and at the meeting location on the day of the meeting.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending

before the committee. Written submissions may be made to the contact person by November 20, 2002. Oral presentations from the public will be scheduled between approximately 4:30 p.m. and 6 p.m. on December 4, 2002, on issues related to acrylamide in food. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before November 20, 2002, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Henry Kim at least 7 days in advance of the meeting.