

the State of Delaware (FEMA-1654-DR), dated 07/05/2006.

*Incident:* Severe Storms and Flooding.

*Physical Loan Application Deadline Date:* 06/23/2006 through 07/14/2006.

*Effective Date:* 07/05/2006.

*Physical Loan Application Deadline Date:* 09/05/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that as a result of the President's major disaster declaration on 07/05/2006, applications for Private Non-Profit organizations that provide essential services of a governmental nature may file disaster loan applications at the address listed above or other locally announced locations.

*The following areas have been determined to be adversely affected by the disaster:*

Primary Counties: Sussex.

The Interest Rates are:

	Percent
Other (Including Non-Profit Organizations) With Credit Available Elsewhere .....	5.000
Businesses And Non-Profit Organizations Without Credit Available Elsewhere .....	4.000

The number assigned to this disaster for physical damage is 10538.

(Catalog of Federal Domestic Assistance Number 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6-12154 Filed 7-28-06; 8:45 am]

BILLING CODE 8025-01-P

## SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #10536]

### Maryland Disaster #MD-00003

**AGENCY:** Small Business Administration.

**ACTION:** Notice.

**SUMMARY:** This is a Notice of the Presidential declaration of a major disaster for Public Assistance Only for the State of Maryland (FEMA-1652-DR), dated 07/02/2006.

*Incident:* Severe Storms, Flooding, and Tornadoes.

*Incident Period:* 06/22/2006 through 07/12/2006.

*Effective Date:* 07/02/2006.

*Physical Loan Application Deadline Date:* 08/31/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that as a result of the President's major disaster declaration on 07/02/2006, applications for Private Non-Profit organizations that provide essential services of a governmental nature may file disaster loan applications at the address listed above or other locally announced locations.

*The following areas have been determined to be adversely affected by the disaster:*

Primary Counties: Caroline, Dorchester.

The Interest Rates are:

	Percent
Other (Including Non-Profit Organizations) With Credit Available Elsewhere .....	5.000
Businesses And Non-Profit Organizations Without Credit Available Elsewhere .....	4.000

The number assigned to this disaster for physical damage is 10536.

(Catalog of Federal Domestic Assistance Number 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6-12152 Filed 7-28-06; 8:45 am]

BILLING CODE 8025-01-P

## SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #10537]

### Virginia Disaster #VA-00004

**AGENCY:** Small Business Administration.

**ACTION:** Notice.

**SUMMARY:** This is a Notice of the Presidential declaration of a major disaster for Public Assistance Only for the State of Virginia (FEMA-1655-DR), dated 07/13/2006.

*Incident:* Severe Storms, Tornadoes, and Flooding.

*Incident Period:* 06/23/2006 through 07/06/2006.

*Effective Date:* 7/13/2006.

*Physical Loan Application Deadline Date:* 09/11/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that as a result of the President's major disaster declaration on 07/13/2006, applications for Private Non-Profit organizations that provide essential services of a governmental nature may file disaster loan applications at the address listed above or other locally announced locations.

*The following areas have been determined to be adversely affected by the disaster:*

Primary Counties:

Alexandria (City), Alleghany, Arlington, Bath, Dickenson, Fairfax, Highland, King George, Rockbridge.

The Interest Rates are:

	Percent
Other (Including Non-Profit Organizations) With Credit Available Elsewhere .....	5.000
Businesses And Non-Profit Organizations Without Credit Available Elsewhere .....	4.000

The number assigned to this disaster for physical damage is 10537.

(Catalog of Federal Domestic Assistance Number 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6-12153 Filed 7-28-06; 8:45 am]

BILLING CODE 8025-01-P

## SMALL BUSINESS ADMINISTRATION

### National Small Business Development Center Advisory Board; Public Meeting

The U.S. Small Business Administration (SBA), National Small Business Development Center Advisory Board will host a public meeting via conference call on Tuesday, August 15, 2006 at 1 p.m. (EST). The purpose of this meeting is to discuss the upcoming ASBDC Conference in September, and to brief new members on their information binders and the regional information sent to them.

Anyone wishing to make an oral presentation to the Board must contact Erika Fischer, Senior Program Analyst,

U.S. Small Business Administration,  
Office of Small Business Development  
Centers, 409 3rd Street, SW.,  
Washington, DC 20416, telephone (202)  
205-7045 or fax (202) 481-0681.

**Thomas Dwyer,**

*Committee Management Officer.*

[FR Doc. E6-12146 Filed 7-28-06; 8:45 am]

BILLING CODE 8025-01-P

## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages that will require clearance by the Office of Management and Budget (OMB) in compliance with Pub. L. 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. The information collection packages that may be included in this notice are for new information collections, approval of existing information collections, revisions to OMB-approved information collections, and extensions (no change) of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Written

comments and recommendations regarding the information collection(s) should be submitted to the OMB Desk Officer and the SSA Reports Clearance Officer. The information can be mailed and/or faxed to the individuals at the addresses and fax numbers listed below:

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA,  
Fax: 202-395-6974.

(SSA), Social Security Administration, DCFAM, Attn: Reports Clearance Officer, 1333 Annex Building, 6401 Security Blvd., Baltimore, MD 21235,  
Fax: 410-965-6400.

I. The information collections listed below are pending at SSA and will be submitted to OMB within 60 days from the date of this notice. Therefore, your comments should be submitted to SSA within 60 days from the date of this publication. You can obtain copies of the collection instruments by calling the SSA Reports Clearance Officer at 410-965-0454 or by writing to the address listed above.

1. *Employment Relationship Questionnaire—20 CFR 404.1007—0960-0040.* Form SSA-7160-F4 is used in developing the question of employer-employee relationships, except where the worker is an officer of a corporation. This form gathers the information needed for developing the employment relationship, and determining whether a beneficiary is self-employed or an employee. Respondents are beneficiaries questioning their status as employees and employers.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 16,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 25 minutes.

*Estimated Annual Burden:* 6,667 hours.

2. *State Supplementation Provisions: Agreement; Payments—20 CFR*

*416.2095-416.2098, 416.2099-0960-*

*0240.* Section 1618 of the Social Security Act contains pass-along provisions of the Social Security amendments. These provisions require that States which supplement the Federal Supplemental Security Income (SSI) payments also pass along Federal cost-of-living increases to individuals who are eligible for State supplemental payments. If a State fails to keep payments at the required level, it becomes ineligible for Medicaid reimbursement under Title XIX of the Social Security Act. In order to make sure the States are keeping the payments, they submit their payment amounts to SSA. Seven of the participating States may use a total-expenditures method, in which they send their total expenditures to SSA four times per year to prove that they are maintaining the regulated cost-of-living increase. The remaining twenty three States send SSA one annual report which shows that they have maintained the cost-of-living increase as per the regulations. Respondents are State agencies administering supplemental programs.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 30.

Reporting method	Number of respondents	Frequency of response	Average burden per response	Estimated annual burden hours
Total Expenditures .....	7	4	60	28
Maintenance of Payment Levels .....	23	1	60	23
Total .....	30	.....	.....	51

*Estimated Annual Burden:* 51 hours.

3. *Vocational Rehabilitation Provider Claim—20 CFR 404.2108(b), 404.2117(c)(1) and (2), 404.2101(b) and (c), 404.2121(a), 416.2208(b), 416.2217(c)(1) and (2), 416.2201(b) and (c), 416.2221(a)—0960-0310.* SSA refers certain disability beneficiaries to State Vocational Rehabilitation (VR) agencies for vocational rehabilitation services. Under Social Security regulations, the State VR agencies must report certain information to SSA as follows:

(a) The State VR agencies use the SSA-199 to make claims for reimbursement of the costs incurred

from providing VR services for the beneficiaries. The information collected on the SSA-199 is used by SSA to determine whether or not, and how much, to pay the VR agencies under SSA's VR program (20 CFR 404.2108(b) and 416.2208(b)).

(b) SSA requires the VR agencies to certify their adherence to cost containment policies and procedures to ensure that the costs we reimburse are in accordance with these cost containment policies (20 CFR 404.2117(c) and 416.2217(c)).

(c) SSA requires the VR agencies to prepare causality statements for

validation review. This enables SSA to assess the appropriateness of its reimbursement policies, and when/where changes should be considered to ensure that maximum benefits from VR services are secured at the appropriate level of cost to the trust/general funds.

Respondents are State VR agencies who offer Vocational and Employment services for SSA beneficiaries.

*Type of Request:* Revision of an OMB-approved information collection.

*Number of Respondents:* 80.

*Estimated Annual Burden:* 5,320 hours.