Dispatch Logistics Services Logistics Air Limited, 3744 Industry Avenue, Suite 404, Lakewood, CA 90712. Officers: Carla Yuen-Yi Leung, Vice President (Qualifying Individual), Leung Lai Kin, Director.

Non-Vessel—Operating Common Carrier and Ocean Freight Forwarder Transportation Intermediary Applicants:

Xima Freight Services, Inc., 8217 NW 66th Street, Miami, FL 33166. Officers: Xiomara L. Salazar, Vice President (Qualifying Individual), Maite Avila, President.

D.B. Group America, Ltd., 182–17 150th Avenue, 2nd Floor, Jamaica, NY 11413. Officers: Gian Mario Favalli, Assistant Treasurer (Qualifying Individual), Vittorino De Bortoli, President.

Ocean Freight Forwarder—Ocean Transportation Intermediary Applicants:

USA Cargo & Courier Inc., 5900 NW 97th Avenue, Unit C1 & C2, Miami, FL 33178. Officers: Heriberto Sanchez, Ocean Manager (Qualifying Individual), Alexander Moreno, President.

A & A International Shipping Inc., 333 N. Marine Avenue, Wilmington, CA 90744. Officers: Algis Gulbinas, President (Qualifying Individual), Anton Tombu, CEO.

Dated: November 19, 2004.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 04–26065 Filed 11–23–04; 8:45 am]

BILLING CODE 6730–01–P

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, 2005 Through September 30, 2006

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2006 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2005 through September 30, 2006. 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 (SCHIP) expenditures, and Temporary Assistance for Needy Families (TANF) Contingency Funds, the federal share of Child Support Enforcement collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Foster Care Title IV–E Maintenance payments, and Adoption Assistance payments. The table gives 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 operating 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 the 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 percentages 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 percentage 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 purposes of titles XIX and XXI of the Act for fiscal years 2001 through 2005. For Alaska only, the formula required dividing the state's three-year average per capita income by 1.05 instead of 1.0. This provision has not been extended, and therefore the calculation for Alaska reverts to the standard formula.

In addition, section 4725 of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the Federal Medical Assistance Percentage for the District of Columbia for purposes of titles XIX and XXI shall be 70 percent. For the District of Columbia, we note under the table of Federal Medical Assistance Percentages the rate that applies in certain other programs calculated using the formula otherwise applicable, and the rate that applies in certain other programs pursuant to section 1118 of the Social Security Act.

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 1905(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.

DATES: The percentages listed will be effective for each of the 4 quarter-year periods in the period beginning October 1, 2005 and ending September 30, 2006.

FOR FURTHER INFORMATION CONTACT: Carrie Becker or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—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 of the Child Care and Development Fund; 93.658: Foster Care Title IV–E; 93.659: Adoption Assistance; 93.769: Ticket-to-Work and Work Incentives Improvement Act (TWWIIA) Demonstrations to Maintain Independence and Employment; 93.778: Medical Assistance Program; 93.767: State Children's Health Insurance Program)

Dated: November 18, 2004.

Tommy G. Thompson,

Secretary of Health and Human Services.

Federal medical assistance percentages and enhanced Federal medical assistance percentages, Effective October 1, 2005-September 30, 2006 (Fiscal year 2006)

State	Federal Medical Assistance Percentages	Enhanced Federal Medical Assistance Percentages
Alabama	69.51	78.66
Alaska	50.16	65.11
American Samoa*	50.00	65.00
Arizona	66.98	76.89
Arkansas	73.77	81.64
California	50.00	65.00
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	50.09	65.06
District of Columbia**	70.00	79.00
Florida	58.89	71.22
Georgia	60.60	72.42
Guam*	50.00	65.00
Hawaii	58.81	71.17
Idaho	69.91	78.94
Illinois	50.00	65.00
Indiana	62.98	74.09
Iowa	63.61	74.53
Kansas	60.41	72.29
Kentucky	69.26	78.48
Louisiana	69.79	78.85
Maine	62.90	74.03
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	56.59	69.61
Minnesota	50.00	65.00
Mississippi	76.00	83.20
Missouri	61.93	73.35
Montana	70.54	79.38
Nebraska	59.68	71.78
Nevada	54.76	68.33
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	71.15	79.81
New York	50.00	65.00
North Carolina	63.49	74.44
North Dakota	65.85	76.10
Northern Mariana Islands*	50.00	65.00
Ohio	59.88	71.92
Oklahoma	67.91	77.54
Oregon	61.57	73.10
Pennsylvania	55.05	68.54
Puerto Rico*	50.00	65.00
Rhode Island	54.45	68.12
South Carolina	69.32	78.52
South Dakota	65.07	75.55
Tennessee	63.99	74.79
Texas	60.66	72.46
Utah	70.76	79.53
Vermont	58.49	70.94
Virgin Islands*	50.00	65.00
Virginia	50.00	65.00
Washington	50.00	65.00
West Virginia	72.99	81.09
Wisconsin	57.65	70.36
Wyoming	54.23	67.96

* 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 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. 04–26056 Filed 11–23–04; 8:45 am]
BILLING CODE 4510–24–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0106]

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 404–498–1210 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail 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

Preventive Health and Health Services Block Grant, Annual Application and Reports, OMB No. 0920–0106–Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and brief description:

In 1994, OMB approved the collection of information provided in the grant applications and annual reports for the Preventive Health and Health Services (PHHS) Block Grant (OMB No. 0920–0106). This approval expires on January 31, 2005. CDC is requesting OMB clearance for this legislatively mandated information collection until January 31, 2008. The request is to approve the development and adherence to *Healthy People 2010* (the Nation's Health Objectives) which was released in the Spring of 2000. The PHHS block grant is mandated according to section 1904 to adhere to the Healthy People framework.

This information, which is collected through the application forms from the official State health agencies, is required from section 1905 of the Public Health Service Act. There is a slight change in the proposed information collection from previous years. The changes include more program specific information and the relationship of block funded activities to program strategy. The information collected from the annual report forms is required by section 1906. The development of a PHHS block grant web page, with data web links from existing federal databases, will be used to coincide with the collection of uniform data for the annual report. The availability to collect data through internet accessibility will allow for a more streamlined and efficient use of data processing by the states and reduce the states' burden of duplicate reporting on outcome and risk factor data. There is no cost to respondents except their time to complete the application/report.

ANNUALIZED BURDEN TABLE

Forms	No. of respondents	No. of responses/respondent	Average burden per response in hours	Total burden
Annual applications	*61	1	30	1830
Annual reports	61	1	40	2440
Total				4270

*There are 61 respondents (Official State Health Agencies from the 50 States, the District of Columbia, 8 U.S. Territories, and two American Indian Tribes (Santee Sioux and Kickapoo of Kansas). The response burden consists of an annual application and an annual report (with selected summary data items).

Dated: November 12, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–26020 Filed 11–23–04; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0260]

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 404–498–1210 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail 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)