Director, Arizona District Office, Small Business Administration, 2828 North Central Avenue, Suite 800, Arizona, AZ 85004.

FOR FURTHER INFORMATION CONTACT:

Bruce Hodgman, Deputy District Director, 604–745–7200 or Curtis B. Rich, Management Analyst, 202–205– 7030.

SUPPLEMENTARY INFORMATION:

Title: "SBA Interactive Loan Qualifier".

Description of Respondents: General Public that is interested in determining if they meet the basic loan requirements for a SBA guaranteed loan.

Form No.: N/A. Annual Responses: 100. Annual Burden: 30.

Jacqueline White,

Chief, Administrative Information Branch. [FR Doc. 04–10762 Filed 5–11–04; 8:45 am] BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Notice Seeking Exemption Under Section 312 of the Small Business Investment Act, Conflicts of Interest

Notice is hereby given that Grosvenor Special Ventures IV, L.P. ("Grosvenor"), 1808 Eye Street, NW., Washington, DC 20006, a Federal Licensee under the Small Business Investment Act of 1958, as amended ("the Act"), in connection with the financing of a small concern, has sought an exemption under section 312 of the Act and section 107.730, Financings which Constitute Conflicts of Interest, of the Small Business Administration ("SBA") rules and regulations (13 CFR 107.730 (2003)). Grosvenor proposes to provide equity financing to InphoMatch, Inc. ("InphoMatch"), 4511 Singer Court, Suite 300, Chantilly, Virginia 20152. The financing is contemplated for expansion activities and working capital.

The financing is brought within the purview of section 107.730(a)(1) of the Regulations because Grosvenor Venture Partners IV (QP), LP, an Associate of Grosvenor, currently owns greater than 10 percent of InphoMatch, and therefore InphoMatch is considered an Associate of Grosvenor as defined in section 107.50 of the Regulations.

Notice is hereby given that any interested person may submit written comments on the transaction to the Associate Administrator for Investment, U.S. Small Business Administration, 409 Third Street, SW., Washington, DC 20416. Dated: May 6, 2004. Jeffrey D. Pierson, Associate Administrator for Investment. [FR Doc. 04–10763 Filed 5–11–04; 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, 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, New Executive Building, Room 10235, 725 17th St., NW, Washington, DC 20503, Fax: 202–395–6974.
- (SSA) Social Security Administration, DCFAM, Attn: Reports Clearance Officer, 1338 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. Request for Change in Time/Place of Disability Hearing—20 CFR 404.914(c)(2) and 416.1414(c)(2)—0960– 0348. The information on Form SSA– 769 is used by SSA and the State Disability Determination Services (DDSs) to provide claimants with a structured format to exercise their right to request a change in the time or place of a scheduled disability hearing. The information is to be used as a basis for granting or denying requests for changes and for rescheduling hearings. The respondents are claimants who wish to request a change in the time or place of their disability hearing.

Type of Request: Extension of an OMB-approved information collection. *Number of Respondents:* 7,483. *Frequency of Response:* 1.

Average Burden Per Response: 8 minutes.

Estimated Annual Burden: 998 hours. 2. Disability Hearing Officer's Report of Disability Hearing—20 CFR 416.1407, 404.917, and 416.1417—0960–0440. The information on Form SSA–1205–BK is used by the Disability Hearing Officers (DHOs) at the Social Security Administration (SSA) as a guide to conducting and recording disability hearings. It ensures that all of the pertinent issues are considered. The respondents are DHOs in the State Disability Determination Services and Federal DHOs.

- *Type of Request:* Extension of an OMB-approved information collection.
- Number of Respondents: 100,000. Frequency of Response: 1. Average Burden Per Response: 60

minutes.

Estimated Annual Burden: 100,000 hours.

II. The information collections listed below have been submitted to OMB for clearance. Your comments on the information collections would be most useful if received by OMB and SSA within 30 days from the date of this publication. You can obtain a copy of the OMB clearance packages by calling the SSA Reports Clearance Officer at 410–965–0454, or by writing to the address listed above.

1. Farm Self-Employment Questionnaire—20 CFR 404.1095— 0960-0061. Section 211(a) of the Social Security Act requires the existence of a trade or business as a prerequisite for determining whether an individual or partnership may have "net earnings from self-employment." Form SSA-7156 elicits the information necessary to determine the existence of an agricultural trade or business and subsequent covered earnings for Social Security entitlement purposes. The respondents are applicants for Social Security benefits, whose entitlement depends on whether the worker has covered earnings from self-employment as a farmer.