

1. *First Midwest Bancorp, Inc.*, Itasca, Illinois; to acquire *Textura, L.L.C.*, Lake Bluff, Illinois, and thereby engage in providing data processing services, pursuant to section 225.28(b)(14)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, September 19, 2005.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 05-19033 Filed 9-22-05; 8:45 am]

BILLING CODE 6210-01-S

## GOVERNMENT PRINTING OFFICE

### Depository Library Council to the Public Printer Meeting

The Depository Library Council to the Public Printer (DLC) will meet on Sunday, October 16, 2005, through Wednesday, October 19, 2005, at Hyatt Regency Capitol Hill, in Washington DC.

The sessions will take place from 8 a.m. to 5 p.m. on Sunday through Tuesday, and 8 a.m. to 12 noon on Wednesday. The meeting will be held at the Hyatt Regency Capitol Hill, 400 New Jersey Avenue, NW., Washington DC. The purpose of this meeting is to discuss the Federal Depository Library Program. All sessions are open to the public. There are no more sleeping rooms available at the Hyatt Regency Capitol Hill for the Government rate of \$153 per night. We have made arrangements with the Red Roof Inn to get additional sleeping rooms for our attendees. The Red Roof Inn has offered us rooms for Saturday, October 15 through Wednesday, October 19. Rates will be \$119.99 per night (plus tax) single or double. This rate will be honored through October 1, 2005. You can reserve your room by calling the hotel directly at 202-289-5959 and mention that you are with the U.S. Government Printing Office group and give them the block code of B254GPO. The Red Roof Inn is in compliance with the requirements of Title III of the Americans With Disabilities Act and meets all Fire Safety Act regulations.

**Bruce R. James,**

*Public Printer of the United States.*

[FR Doc. 05-19027 Filed 9-22-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by October 24, 2005.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 or by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Brenda Aguilar, Desk Officer for AoA.

**FOR FURTHER INFORMATION CONTACT:** Sue Wheaton, telephone: (202) 357-3587; e-mail: [sue.wheaton@aoa.gov](mailto:sue.wheaton@aoa.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The reporting system, the National Ombudsman Reporting System (NORS), was developed in response to the needs and directives pertaining to the Long Term Care Ombudsman Program and approved by the Office of Management

and Budget for use in FY 1995-96 and extended with slight modifications for use in FY 1997-2001 and again for FY 2002-2006.

This request is to continue the use of the existing information collection, State Annual Long-Term Care Ombudsman Report (and Instructions), from state ombudsmen programs under Older Americans Act Titles III and VII. The information also serves as input for work with the Centers for Medicare and Medicaid Services and others on major long-term care issues, planning, training, technical assistance for ombudsmen programs and policy development. We are finalizing our work with the states and local ombudsmen on recommendations which revise and update the form and instructions for use beginning in FY 2007; they are to be available for public comment in the near future.

The reporting form would retain the following elements: a profile of the cases, complainants and complaints by type of facility; action taken on the complaints; a summary of long-term care issues; a detailed profile of the program and its activities, including the number and type of facilities licensed and operating in the state (and the number beds this represents); the staffing and funding of local programs; and an overview of other ombudsman activities (including: training, technical assistance, consultation to organizations and individuals, resident visitation, community education, etc.)

AoA estimates the burden of this collection of information as follows: Approximately 10 minutes per case, per respondent, for a total annual hour burden of 10,258 hours, with 52 State Agencies on Aging responding annually.

Dated: September 20, 2005.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

[FR Doc. 05-19066 Filed 9-22-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended

most recently at 70 FR 51071–51075, dated August 29, 2005) is amended to reflect the establishment of the Management Information Systems Office, within the Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

After the mission statement for the Office of Security and Emergency Preparedness (CAJJ), Office of the Chief Operating Officer (CAJ), insert the following:

*Management Information Systems Office (CAJN).* The mission of the Management Information Systems Office (MISO) is to support the Centers for Disease Control and Prevention's (CDC) public health impact through enterprise business systems solutions. In carrying out its mission, MISO: (1) Designs, develops, implements, supports, and evaluates enterprise business information systems for CDC's administrative lines of business; (2) provides data management and integration to support CDC's administrative lines of business and integration with programmatic functions; (3) collaborates with the Department of Health and Human Services (DHHS), other federal agencies, and CDC organizations in the delivery of enterprise business information systems for CDC's major administrative lines of business; (4) integrates emerging and legacy technologies, where appropriate, in order to leverage information assets, using common data structures and business rules to transition toward more robust information solutions; (5) manages the CDC workforce data repository, which is the centralized source of person information and integration point for all systems within CDC to access individual profile data; (6) partners with lines of business stakeholders to provide business management services, including technical project management, technical stewardship, change management, requirements management, quality management, and investment management activities for capital planning and certification and accreditation for CDC's enterprise business information systems; (7) provides knowledge management services including information retrieval, information mapping, information sharing, data categorization, and knowledge capture in support of CDC's lines of business services and programmatic operations; (8) ensures enterprise business information systems meet all federal/DHHS/CDC information technology (IT) security policy and

regulatory requirements while implementing appropriate risk mitigation procedures, countermeasures, and safeguards in accordance with the sensitivity and criticality levels of the data or system; (9) provides customer services to end users of enterprise business information systems including call center support, customer analytics, online help, documentation, and training; (10) researches and implements new technologies, methodologies, and architecture for business information system development, data management, project management, performance management, knowledge management, and business intelligence; (11) serves as enterprise IT partner in support of CDC's strategic business intelligence initiatives by providing the business process, data, and technology framework to align goals, performance and knowledge management; and (12) provides the CDC Office of the Director and CDC staff offices with information systems, data, and Web site development, management, and support.

Dated: August 24, 2005.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 05–18974 Filed 9–22–05; 8:45am]

**BILLING CODE 4160–18–M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare & Medicaid Services**

[Document No. CMS–R–232, CMS–9042]

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services (CMMS).

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to

be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Integrity Program Organizational Conflict of Interest Disclosure Certificate and Supporting Regulations at 42 CFR 421.300–421.316; *Form Number:* CMS–R–232 (OMB#: 0938–0723); *Use:* Section 1893(d)(1) of the Social Security Act requires CMS to establish a process for identifying, evaluating, and resolving conflicts of interest. CMS proposed a process under Section 421.310 to mandate submission of pertinent information regarding conflicts of interest. The entities providing the information will be organizations that have been awarded, or seek award of, a Medicare Integrity Program contract. CMS needs this information to assess whether contractors who perform, or who seek to perform, Medicare Integrity Program functions, such as medical review, fraud review or cost audits, have organizational conflicts of interest and whether any conflicts have been resolved. *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 11; *Total Annual Responses:* 11; *Total Annual Hours:* 2,200.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Accelerated Payments and Supporting Regulations in 42 CFR, sections 412.116, 412.632, 413.64, 413.350, and 484.245; *Form Number:* CMS–9042 (OMB#: 0938–0269); *Use:* Section 1815(a) of the Social Security Act describes payment to providers of services. 42 CFR 412.116, 42 CFR 412.632, 42 CFR 413.64, 42 CFR 413.350, and 42 CFR 484.245 define the conditions under which accelerated payments may be requested. Sections 2412.2 and 2412.3 of the Provider Reimbursement Manual identify the information that providers must supply to their intermediary to request an accelerated payment. A request for an accelerated payment can be made by a hospital, skilled nursing facility, home health agency, inpatient rehabilitation facility, critical access hospital, or hospice that is not receiving periodic interim payments. Accelerated payment request forms are used by fiscal intermediaries to assess a provider's eligibility for accelerated payments. *Frequency:* Reporting—On occasion; *Affected Public:* Business or