

Reason: Failed to maintain a valid surety bond.

License Number: 019779N.

Name: Francisca Envios Inc.

Address: 1749 NW. 21st Terrace, Miami, FL 33142.

Date Revoked: October 16, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 019871N.

Name: WLG (USA) LLC DbA Kay O'Neill (USA) LLC DbA WLG Line.

Address: 920 East Algonquin Road, Suite 120, Schaumburg, IL 60173.

Date Revoked: October 22, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 020178N.

Name: LCL Shipping USA, Inc. DbA Cargo Planet Logistics.

Address: 15117 South Broadway Street, Gardena, CA 090248.

Date Revoked: October 15, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 020208F.

Name: Ghanem Forwarding, LLC.

Address: 3327 Hollins Ferry Road, Halethorpe, MD 21227.

Date Revoked: October 20, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 020253NF.

Name: Concord International Transport, Inc.

Address: 10100 NW. 116th Way, Suite 14, Medley, FL 33178.

Date Revoked: October 22, 2010.

Reason: Failed to maintain valid surety bonds.

License Number: 020660F.

Name: GAL International Inc.

Address: 5070 Parkside Avenue, Suite 3104, Philadelphia, PA 19131.

Date Revoked: October 17, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 020675N.

Name: Service Galopando Corp.

Address: 3190 South State Road 7, Bay 5, Miramar, FL 33023.

Date Revoked: October 23, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 021466F.

Name: FJ Logistics Services, LLC.

Address: 1307 West Sixth Street, Corona, CA 92882.

Date Revoked: October 23, 2010.

Reason: Failed to maintain a valid surety bond.

License Number: 022152N

Name: Alpha Global Cargo Inc.

Address: 9990 NW. 14th Street, Suite 110, Miami, FL 33172.

Date Revoked: October 4, 2010.

Reason: Surrendered license voluntarily.

Sandra L. Kusumoto,

Director, Bureau of Certification and Licensing.

[FR Doc. 2010-27840 Filed 11-3-10; 8:45 am]

BILLING CODE 6730-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0990-0243; 30-Day Notice]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: The Civil Rights Information Request Form—OMB No. 0990-0243—Reinstatement without Change—Office for Civil Rights (OCR).

Abstract: The Office of Civil Rights (OCR) is requesting a 3-year extension of the Civil Rights Information Request Form. The Civil Rights Information Request Form is designed to collect data from health care providers who have requested certification to participate in the Medicare Part A program. As part of the Medicare certification process, health care facilities must receive a civil rights clearance from the OCR. The information is used to determine compliance with civil rights statutes and regulations. The civil rights information is requested only when a health care provider applies for Medicare Part A certification; it is *not* necessary on a regular yearly basis. Entities that are affected by the Civil Rights Information Request Form are: Health care providers applying for Medicare certification, and individuals who, as a result of civil rights clearances, should be granted equal access to quality health care, regardless of race, color, national origin, disability, and age.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Medicare Certification	Health care providers	2,900	1	8	23,200

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.
 [FR Doc. 2010-27838 Filed 11-3-10; 8:45 am]
BILLING CODE 4153-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0990-NEW; 30-Day Notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: Communities Putting Prevention to Work Cost Study Instrument—OMB No. 0990-NEW—Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Abstract: The American Recovery and Reinvestment Act of 2009 was signed into law on February 17, 2009, Public Law 11.5 ("Recovery Act"). Communities Putting Prevention to Work (CPPW) is a \$650 million program funded by the Recovery Act. The purpose of the proposed data collection is to collect quarterly cost information

from all community-level CPPW awardees. This will allow HHS to receive reports on direct awardee costs associated with carrying out the selected evidence-based strategies that are required by the Funding Opportunity Announcement (FOA) and Notice of Grant Award (NGA). This requirement is in addition to the financial reporting requirements of Section 512 of the Recovery Act, set forth by the Office of Management and Budget (OMB) under the data collection instrument titled "Standard Data Elements for Reports under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (Grants, Cooperative Agreements, and Loans)."

The CPPW objective-based cost data submitted by the 51 respondents will provide the basis for HHS to assess the costs of the various program strategies, identify factors that impact average cost, and perform cost-effectiveness analysis of the program. Performing an assessment of the resources expended on each CPPW interventions will provide valuable information to HHS and other agencies within the Department for improving program efficiency within the various strategies of the program. There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
CPPW Cost Study Instrument	CPPW Awardees	51	4	11	2,244

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. 2010-27842 Filed 11-3-10; 8:45 am]
BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Adoption and Foster Care Analysis Reporting System for title IV-B and title IV-E (AFCARS).

OMB No.: 0980-0267.

Description: Section 479 of title IV-E of the Social Security Act (the Act) directs States to establish and implement an adoption and foster care reporting system. Federal regulations at 45 CFR 1355.40 sets forth the requirements of section 479 of the Social Security Act for the collection of uniform, reliable information on children who are under the responsibility of the State title IV-B/IV-E agency for placement, care, and adoption. The respondents are child welfare agencies in the 50 States, the District of Columbia, and Puerto Rico.

The data collected will inform State/Federal policy decisions, program management, and responses to

Congressional and Departmental inquiries. Specifically, the data are used for short/long-term budget projections, trend analysis, child and family service reviews, and to target areas for improved technical assistance. The data will provide information about foster care placements, adoptive parents, length of time in care, delays in termination of parental rights and placement for adoption.

Respondents: State Child Welfare Agencies.