Ashtabula, Geauga, Lake.

Contiguous Counties (Economic Injury Loans Only):

Ohio: Cuyahoga, Portage, Summit, Trumbull.

Pennsylvania: Crawford, Erie.

The Interest Rates are:

	Percent
For Physical Damage:	
Homeowners with Credit Available Elsewhere	6.250
Homeowners without Credit Available Elsewhere	3.125
Businesses with Credit Available Elsewhere	7.934
Other (Including Non-Profit Organizations) with Credit Available Elsewhere	5.000
Businesses and Non-Profit Organizations without Credit Available Elsewhere	4.000
For Economic Injury:	
Businesses & Small Agricultural Cooperatives without Credit Available Elsewhere	4.000

The number assigned to this disaster for physical damage is 10557 B and for economic injury is 10558 0.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

Herbert L. Mitchell,

Associate Administrator for Disaster Assistance.

[FR Doc. E6–12917 Filed 8–8–06; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Advisory Committee on Veterans Business Affairs; Public Meeting

The U.S. Small Business Administration (SBA), pursuant to the Veterans Entrepreneurship and Small Business Development Act of 1999 (Pub. L. 106–50), SBA Advisory Committee on Veterans Business Affairs will host a public meeting on September 12–13, 2006, starting at 9 a.m. until 5p.m. The meeting will take place at the U.S. Small Business Administration, 409 3rd Street, SW., Washington, DC 20416, Office of Advocacy's Conference Room, located on the 7th Floor.

The purpose of this meeting is to focus on finalizing the annual report to the President and Congress.

Anyone wishing to attend must contact Cheryl Clark, Program Liaison, in the Office of Veterans Business Development, at (202) 205–6773, or e-mail *Cheryl.Clark@sba.gov.*

Thomas M. Dryer,

Acting Committee Management Officer.

[FR Doc. E6–12930 Filed 8–8–06; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Small Business Size Standards: Waiver of the Nonmanufacturer Rule

AGENCY: Small Business Administration.

ACTION: Notice of intent to waive the Nonmanufacturer Rule for Plastics Pallets (Twin Sheet Thermoformed).

SUMMARY: The U.S Small Business Administration (SBA) is considering granting a request for a waiver of the Nonmanufacturer Rule for Plastics Pallets (Twin Sheet Thermoformed). If granted, the waiver would allow otherwise qualified regular dealers to supply the products of any domestic manufacturer on a Federal contract set aside for small businesses; service-disabled veteran-owned small business or SBA's 8(a) Business Development Program.

DATES: Comments and source information must be submitted August 24, 2006.

ADDRESSES: You may submit comments and source information to Edith Butler, Program Analyst, U.S. Small Business Administration, Office of Government Contracting, 409 3rd Street, SW., Suite 8800, Washington, DC 20416.

FOR FURTHER INFORMATI0N CONTACT: Edith Butler, Program Analyst, by telephone at (202) 619–0422; by FAX at (202) 481–1788; or by e-mail at *edith.butler@sba.gov.*

SUPPLEMENTARY INFORMATION: Section 8(a)(17) of the Small Business Act (Act), 15 U.S.C. 637(a)(17), requires that recipients of Federal contracts set aside for small businesses, service-disabled veteran-owned small businesses, or SBA's 8(a) Business Development Program provide the product of a small business manufacturer or processor, if the recipient is other than the actual manufacturer or processor of the product. This requirement is commonly referred to as the Nonmanufacturer Rule. The SBA regulations imposing this requirement are found at 13 CFR 121.406(b). Section 8(a)(17)(b)(iv) of the Act authorizes SBA to waive the Nonmanufacturer Rule for any ''class of products'' for which there are no small business manufacturers or processors available to participate in the Federal market.

As implemented in SBA's regulations at 13 CFR 121.1202(c), in order to be considered available to participate in the Federal market for a class of products, a small business manufacturer must have submitted a proposal for a contract solicitation or received a contract from the Federal government within the last 24 months. The SBA defines ''class of products'' based on a six digit coding system. The coding system is the Office of Management and Budget North American Industry Classification System (NAICS).

The SBA is currently processing a request to waive the Nonmanufacturer Rule for Plastics Pallets (Twin Sheet Thermoformed) North American Industry Classification System (NAICS) 326199 product number 4141. The public is invited to comment or provide source information to SBA on the proposed waiver of the Nonmanufacturer Rule for this class of NAICS code within 15 days after date of publication in the **Federal Register**.

Dated: August 3, 2006.

Karen C. Hontz,

Associate Administrator for Government Contracting.

[FR Doc. E6–12916 Filed 8–8–06; 8:45 am]

BILLING CODE 8025–01–P

SOCIAL SECURITY ADMINISTRATION

Social Security Ruling, SSR 06–03p.; Titles II and XVI: Considering Opinions and Other Evidence From Sources Who Are Not ''Acceptable Medical Sources'' in Disability Claims; Considering Decisions on Disability by Other Governmental and Nongovernmental Agencies

AGENCY: Social Security Administration.

ACTION: Notice of Social Security Ruling.

SUMMARY: In accordance with 20 CFR 402.35(b)(1), the Commissioner of Social Security gives notice of Social Security Ruling, SSR 06–03p. This Ruling clarifies how we consider opinions from sources who are not ''acceptable medical sources'' and how we consider decisions made by other governmental and nongovernmental agencies on the issue of disability or blindness.

EFFECTIVE DATE: August 9, 2006.

FOR FURTHER INFORMATION CONTACT: Mike O'Connor, Office of Disability Programs, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235–6401, (410) 965–1952.

SUPPLEMENTARY INFORMATION: Although 5 U.S.C. 552(a)(1) and (a)(2) do not require us to publish this Social Security Ruling, we are doing so in accordance with 20 CFR 402.35(b)(1).

Social Security Rulings make available to the public precedential decisions relating to the Federal old-age, survivors, disability, supplemental security income, special veterans benefits, and black lung benefits programs. Social Security Rulings may

be based on case decisions made at all administrative levels of adjudication, Federal court decisions, Commissioner's decisions, opinions of the Office of the General Counsel, and other interpretations of the law and regulations.

Although Social Security Rulings do not have the same force and effect as the statute or regulations, they are binding on all components of the Social Security Administration, in accordance with 20 CFR 402.35(b)(1), and are binding as precedents in adjudicating cases.

If this Social Security Ruling is later superseded, modified, or rescinded, we will publish a notice in the **Federal Register** to that effect.

(Catalog of Federal Domestic Assistance, Programs Nos. 96.001 Social Security-Disability Insurance; 96.004 Social Security-Survivors Insurance; 96.006 Supplemental Security Income.)

Dated: August 2, 2006.

Jo Anne B. Barnhart,

Commissioner of Social Security.

Policy Interpretation Ruling

Titles II and XVI: Considering Opinions and Other Evidence From Sources Who Are Not ''Acceptable Medical Sources'' in Disability Claims; Considering Decisions on Disability by Other Governmental and Nongovernmental Agencies

Purpose: To clarify how we consider opinions from sources who are not ''acceptable medical sources'' and how we consider decisions by other governmental and nongovernmental agencies on the issue of disability or blindness.

Citations: Sections 205(a), 216(i), 221, 223(d), 1614(a)(3), 1631(d), and 1633 of the Social Security Act (the Act), as amended; Regulations No. 4, subpart P, sections 404.1502, 404.1503, 404.1504, 404.1512(b), 404.1513(a), (d), and (e), 404.1520(a), 404.1527, and subpart Q, section 404.1613, and Regulations No. 16, subpart I, sections 416.902, 416.903, 416.904, 416.912(b), 416.913(a), (d), and (e), 416.920(a), 416.927 and subpart J, section 416.1013.

Introduction: We use medical and other evidence to reach conclusions about an individual's impairment(s) to make a disability determination or decision as described in 20 CFR 404.1512, 404.1513, 416.912 and 416.913. In accordance with sections 223(d)(5) and 1614(a)(3)(H) of the Act, when we make a determination or decision of disability, we will consider all of the available evidence in the individual's case record. This includes, but is not limited to, objective medical evidence; other evidence from medical sources, including their opinions; statements by the individual and others about the impairment(s) and how it affects the individual's functioning; information from other ''non-medical sources'' and decisions by other governmental and nongovernmental agencies about whether an individual is disabled or blind. See 20 CFR 404.1512 and 416.912.

Medical Sources

The term ''medical sources'' refers to both ''acceptable medical sources'' and other health care providers who are not ''acceptable medical sources.'' See 20 CFR 404.1502 and 416.902.

Under our current regulations, ''acceptable medical sources'' are:

- Licensed physicians (medical or osteopathic doctors);
- Licensed or certified psychologists. Included are school psychologists, or other licensed or certified individuals with other titles who perform the same function as a school psychologist in a school setting, for purposes of establishing mental retardation, learning disabilities, and borderline intellectual functioning only;
- Licensed optometrists, for the measurement of visual acuity and visual fields (for claims under title II, we may need a report from a physician to determine other aspects of eye disease);
- Licensed podiatrists, for purposes of establishing impairments of the foot, or foot and ankle only, depending on whether the State in which the podiatrist practices permits the practice of podiatry on the foot only, or the foot and ankle; and
- Qualified speech-language pathologists, for purposes of establishing speech or language impairments only.

See 20 CFR 404.1513(a) and 416.913(a).

Medical Source Distinction

The distinction between ''acceptable medical sources'' and other health care providers who are not ''acceptable medical sources'' is necessary for three reasons. First, we need evidence from ''acceptable medical sources'' to establish the existence of a medically determinable impairment. See 20 CFR 404.1513(a) and 416.913(a). Second, only ''acceptable medical sources'' can give us medical opinions. See 20 CFR 404.1527(a)(2) and 416.927(a)(2). Third, only ''acceptable medical sources'' can be considered treating sources, as defined in 20 CFR 404.1502 and 416.902, whose medical opinions may be entitled to controlling weight. See 20 CFR 404.1527(d) and 416.927(d).

Making a distinction between ''acceptable medical sources'' and medical sources who are not ''acceptable medical sources'' facilitates the application of our rules on establishing the existence of an impairment, evaluating medical opinions, and who can be considered a treating source.

''Other Sources''

In addition to evidence from ''acceptable medical sources,'' we may use evidence from ''other sources,'' as defined in 20 CFR 404.1513(d) and 416.913(d), to show the severity of the individual's impairment(s) and how it affects the individual's ability to function. These sources include, but are not limited to:

- Medical sources who are not ''acceptable medical sources,'' such as nurse practitioners, physician assistants, licensed clinical social workers, naturopaths, chiropractors, audiologists, and therapists; and
- ''Non-medical Sources'' including, but not limited to:
- Educational personnel, such as school teachers, counselors, early intervention team members, developmental center workers, and daycare center workers;
- Public and private social welfare agency personnel, rehabilitation counselors; and
- Spouses, parents and other caregivers, siblings, other relatives, friends, neighbors, clergy, and employers.

Information from these ''other sources'' cannot establish the existence of a medically determinable impairment. Instead, there must be evidence from an ''acceptable medical source'' for this purpose. However, information from such ''other sources'' may be based on special knowledge of the individual and may provide insight into the severity of the impairment(s) and how it affects the individual's ability to function.

Evaluating Opinions and Other Evidence

Sections 404.1527 and 416.927 of our regulations provide general guidance for evaluating all relevant evidence in a case record and provide detailed rules for evaluating medical opinions from ''acceptable medical sources.'' [1] Medical

[1] As explained in SSR 96–6p, ''Titles II and XVI: Consideration of Administrative Findings of Fact by State Agency Medical and Psychological Consultants and Other Program Physicians and Psychologists at the Administrative Law Judge and Appeals Council Levels of Administrative Review; Medical Equivalence,'' paragraphs (c), (d), and (e) of 20 CFR 404.1527 and 416.927 provide general rules for evaluating the record, with particular attention to medical opinions from ''acceptable medical sources.''

opinions are statements from physicians and psychologists or other ''acceptable medical sources'' that reflect judgments about the nature and severity of an individual's impairment(s), including symptoms, diagnosis and prognosis, what the individual can still do despite the impairment(s), and physical and mental restrictions. See 20 CFR 404.1527(a)(2) and 416.927(a)(2). The regulations set out factors we consider in weighing medical opinions from treating sources, nontreating sources, and nonexamining sources. See 20 CFR 404.1527(d) and 416.927(d). These factors include:

- The examining relationship between the individual and the ''acceptable medical source'';
- The treatment relationship between the individual and a treating source, including its length, nature, and extent as well as frequency of examination;
- The degree to which the ''acceptable medical source'' presents an explanation and relevant evidence to support an opinion, particularly medical signs and laboratory findings;
- How consistent the medical opinion is with the record as a whole;
- Whether the opinion is from an ''acceptable medical source'' who is a specialist and is about medical issues related to his or her area of specialty; and
- Any other factors brought to our attention, or of which we are aware, which tend to support or contradict the opinion. For example, the amount of understanding of our disability programs and their evidentiary requirements that an ''acceptable medical source'' has, regardless of the source of that understanding, and the extent to which an ''acceptable medical source'' is familiar with the other information in the case record, are all relevant factors that we will consider in deciding the weight to give to a medical opinion.

In addition, these regulations provide that the final responsibility for deciding certain issues, such as whether an individual is disabled under the Act, is reserved to the Commissioner.

These regulations provide specific criteria for evaluating medical opinions from ''acceptable medical sources''; however, they do not explicitly address how to consider relevant opinions and other evidence from ''other sources'' listed in 20 CFR 404.1513(d) and 416.913(d). With the growth of managed health care in recent years and the emphasis on containing medical costs, medical sources who are not ''acceptable medical sources,'' such as nurse practitioners, physician assistants, and licensed clinical social workers, have increasingly assumed a greater percentage of the treatment and evaluation functions previously handled primarily by physicians and psychologists. Opinions from these medical sources, who are not technically deemed ''acceptable medical sources'' under our rules, are important and should be evaluated on key issues such as impairment severity and functional effects, along with the other relevant evidence in the file.

''Non-medical sources'' who have had contact with the individual in their professional capacity, such as teachers, school counselors, and social welfare agency personnel who are not health care providers, are also valuable sources of evidence for assessing impairment severity and functioning. Often, these sources have close contact with the individuals and have personal knowledge and expertise to make judgments about their impairment(s), activities, and level of functioning over a period of time. Consistent with 20 CFR 404.1513(d)(4) and 416.913(d)(4), we also consider evidence provided by other ''non-medical sources'' such as spouses, other relatives, friends, employers, and neighbors.

Although 20 CFR 404.1527 and 416.927 do not address explicitly how to evaluate evidence (including opinions) from ''other sources,'' they do require consideration of such evidence when evaluating an ''acceptable medical source's'' opinion. For example, SSA's regulations include a provision that requires adjudicators to consider any other factors brought to our attention, or of which we are aware, which tend to support or contradict a medical opinion. Information, including opinions, from ''other sources''—both medical sources and ''non-medical sources''—can be important in this regard. In addition, and as already noted, the Act requires us to consider all of the available evidence in the individual's case record in every case.

Accordingly, this ruling clarifies how we consider opinions and other evidence from medical sources who are not ''acceptable medical sources'' and from ''non-medical sources,'' such as teachers, school counselors, social workers, and others who have seen the individual in their professional capacity, as well as evidence from employers, spouses, relatives, and friends. This ruling also explains how we consider decisions on disability made by other governmental and nongovernmental agencies.

Policy Interpretation

I. Evidence From ''Other Sources''

As set forth in regulations at 20 CFR 404.1527(b) and 416.927(b), we consider all relevant evidence in the case record when we make a determination or decision about whether the individual is disabled. Evidence includes, but is not limited to, opinion evidence from ''acceptable medical sources,'' medical sources who are not ''acceptable medical sources,'' and ''non-medical sources'' who have seen the individual in their professional capacity. The weight to which such evidence may be entitled will vary according to the particular facts of the case, the source of the opinion, including that source's qualifications, the issue(s) that the opinion is about, and many other factors, as described below.

Factors for Considering Opinion Evidence

Although the factors in 20 CFR 404.1527(d) and 416.927(d) explicitly apply only to the evaluation of medical opinions from ''acceptable medical sources,'' these same factors can be applied to opinion evidence from ''other sources.'' These factors represent basic principles that apply to the consideration of all opinions from medical sources who are not ''acceptable medical sources'' as well as from ''other sources,'' such as teachers and school counselors, who have seen the individual in their professional capacity. These factors include:

- How long the source has known and how frequently the source has seen the individual;
- How consistent the opinion is with other evidence;
- The degree to which the source presents relevant evidence to support an opinion;
- How well the source explains the opinion;
- Whether the source has a specialty or area of expertise related to the individual's impairment(s); and
- Any other factors that tend to support or refute the opinion.

Opinions From Medical Sources Who Are Not ''Acceptable Medical Sources''

Opinions from ''other medical sources'' may reflect the source's judgment about some of the same issues addressed in medical opinions from ''acceptable medical sources,'' including symptoms, diagnosis and prognosis, what the individual can still do despite the impairment(s), and physical and mental restrictions.

Not every factor for weighing opinion evidence will apply in every case. The

evaluation of an opinion from a medical source who is not an ''acceptable medical source'' depends on the particular facts in each case. Each case must be adjudicated on its own merits based on a consideration of the probative value of the opinions and a weighing of all the evidence in that particular case.

The fact that a medical opinion is from an ''acceptable medical source'' is a factor that may justify giving that opinion greater weight than an opinion from a medical source who is not an ''acceptable medical source'' because, as we previously indicated in the preamble to our regulations at 65 FR 34955, dated June 1, 2000, ''acceptable medical sources'' ''are the most qualified health care professionals.'' However, depending on the particular facts in a case, and after applying the factors for weighing opinion evidence, an opinion from a medical source who is not an ''acceptable medical source'' may outweigh the opinion of an ''acceptable medical source,'' including the medical opinion of a treating source. For example, it may be appropriate to give more weight to the opinion of a medical source who is not an ''acceptable medical source'' if he or she has seen the individual more often than the treating source and has provided better supporting evidence and a better explanation for his or her opinion. Giving more weight to the opinion from a medical source who is not an ''acceptable medical source'' than to the opinion from a treating source does not conflict with the treating source rules in 20 CFR 404.1527(d)(2) and 416.927(d)(2) and SSR 96–2p, ''Titles II and XVI: Giving Controlling Weight To Treating Source Medical Opinions.''

Evidence From ''Non-Medical Sources''

Opinions from ''non-medical sources'' who have seen the individual in their professional capacity should be evaluated by using the applicable factors listed above in the section ''Factors for Weighing Opinion Evidence.'' Not every factor for weighing opinion evidence will apply in every case. The evaluation of an opinion from a ''non-medical source'' who has seen the individual in his or her professional capacity depends on the particular facts in each case. Each case must be adjudicated on its own merits based on a consideration of the probative value of the opinions and a weighing of all the evidence in that particular case.

For opinions from sources such as teachers, counselors, and social workers who are not medical sources, and other non-medical professionals, it would be appropriate to consider such factors as the nature and extent of the relationship between the source and the individual, the source's qualifications, the source's area of specialty or expertise, the degree to which the source presents relevant evidence to support his or her opinion, whether the opinion is consistent with other evidence, and any other factors that tend to support or refute the opinion.

An opinion from a ''non-medical source'' who has seen the claimant in his or her professional capacity may, under certain circumstances, properly be determined to outweigh the opinion from a medical source, including a treating source. For example, this could occur if the ''non-medical source'' has seen the individual more often and has greater knowledge of the individual's functioning over time and if the ''non-medical source's'' opinion has better supporting evidence and is more consistent with the evidence as a whole.

In considering evidence from ''non-medical sources'' who have not seen the individual in a professional capacity in connection with their impairments, such as spouses, parents, friends, and neighbors, it would be appropriate to consider such factors as the nature and extent of the relationship, whether the evidence is consistent with other evidence, and any other factors that tend to support or refute the evidence.

Explanation of the Consideration Given to Opinions From ''Other Sources''

Since there is a requirement to consider all relevant evidence in an individual's case record, the case record should reflect the consideration of opinions from medical sources who are not ''acceptable medical sources'' and from ''non-medical sources'' who have seen the claimant in their professional capacity. Although there is a distinction between what an adjudicator must consider and what the adjudicator must explain in the disability determination or decision, the adjudicator generally should explain the weight given to opinions from these ''other sources,'' or otherwise ensure that the discussion of the evidence in the determination or decision allows a claimant or subsequent reviewer to follow the adjudicator's reasoning, when such opinions may have an effect on the outcome of the case. In addition, when an adjudicator determines that an opinion from such a source is entitled to greater weight than a medical opinion from a treating source, the adjudicator must explain the reasons in the notice of decision in hearing cases and in the notice of determination (that is, in the personalized disability notice) at the initial and reconsideration levels, if the determination is less than fully favorable.

II. Decisions on Disability by Other Governmental and Nongovernmental Agencies

The regulations at 20 CFR 404.1504 and 416.904 provide that:

> [a] decision by any nongovernmental agency or any other governmental agency about whether you are disabled or blind is based on its rules and is not our decision about whether you are disabled or blind. We must make a disability or blindness determination based on social security law. Therefore, a determination made by another agency [*e.g.*, Workers' Compensation, the Department of Veterans Affairs, or an insurance company] that you are disabled or blind is not binding on us.

Under sections 221 and 1633 of the Act, only a State agency or the Commissioner can make a determination based on Social Security law that you are blind or disabled. Our regulations at 20 CFR 404.1527(e) and 416.927(e) make clear that the final responsibility for deciding certain issues, such as whether you are disabled, is reserved to the Commissioner (see also SSR 96–5p, ''Titles II and XVI: Medical Source Opinions on Issues Reserved to the Commissioner''). However, we are required to evaluate all the evidence in the case record that may have a bearing on our determination or decision of disability, including decisions by other governmental and nongovernmental agencies (20 CFR 404.1512(b)(5) and 416.912(b)(5)). Therefore, evidence of a disability decision by another governmental or nongovernmental agency cannot be ignored and must be considered.

These decisions, and the evidence used to make these decisions, may provide insight into the individual's mental and physical impairment(s) and show the degree of disability determined by these agencies based on their rules. We will evaluate the opinion evidence from medical sources, as well as ''non-medical sources'' who have had contact with the individual in their professional capacity, used by other agencies, that are in our case record, in accordance with 20 CFR 404.1527, 416.927, Social Security Rulings 96–2p and 96–5p, and the applicable factors listed above in the section ''Factors for Weighing Opinion Evidence.''

Because the ultimate responsibility for determining whether an individual is disabled under Social Security law rests with the Commissioner, we are not bound by disability decisions by other governmental and nongovernmental

agencies. In addition, because other agencies may apply different rules and standards than we do for determining whether an individual is disabled, this may limit the relevance of a determination of disability made by another agency. However, the adjudicator should explain the consideration given to these decisions in the notice of decision for hearing cases and in the case record for initial and reconsideration cases.

Effective Date: This SSR is effective upon publication in the **Federal Register**.

Cross-References: Social Security Rulings 96–2p, ''Titles II and XVI: Giving Controlling Weight to Treating Source Medical Opinions,'' SSR 96–5p, ''Titles II and XVI: Medical Source Opinions on Issues Reserved to the Commissioner''; Program Operations Manual System sections DI 22505.003, DI 24515.001, DI 24515.002, DI 24515.011, and DI 24515.012.

[FR Doc. E6–12951 Filed 8–8–06; 8:45 am]

BILLING CODE 4191–02–P

DEPARTMENT OF STATE

[Public Notice 5455]

Bureau of Intelligence and Research; Advisory Committee for the Study of Eastern Europe and the Independent States of the Former Soviet Union; Notice of Committee Renewal

I. Renewal of Advisory Committee

The Department of State has renewed the Charter of the Advisory Committee for the Study of Eastern Europe and the Independent States of the Former Soviet Union. This advisory committee makes recommendations to the Secretary of State on funding for applications submitted for the Research and Training Program on Eastern Europe and the Independent States of the Former Soviet Union (Title VIII). These applications are submitted in response to an annual open competition among U.S. national organizations with interest and expertise administering research and training programs in the Russian, Eurasian, and Central and East European fields. The program seeks to build and sustain U.S. expertise on these regions through support for advanced graduate training, language training, and postdoctoral research.

The committee includes representatives of the Secretaries of Defense and Education, the Librarian of Congress, and the Presidents of the American Association for the Advancement of Slavic Studies and the Association of American Universities. The Assistant Secretary for Intelligence and Research chairs the advisory committee for the Secretary of State. The committee meets at least once annually to recommend grant policies and recipients.

For further information, please call Susie Baker, INR/RES, U.S. Department of State, (202) 647–0243.

Dated: July 31, 2006.

Susan H. Nelson,

Executive Director, Acting Advisory Committee for Study of Eastern Europe and the Independent States of the Former Soviet Union, Department of State.

[FR Doc. E6–12981 Filed 8–8–06; 8:45 am]

BILLING CODE 4710–32–P

DEPARTMENT OF STATE

[Public Notice 5486]

Determination To Waive the Certification Requirement That the Government of Afghanistan Is Cooperating Fully With U.S.-Funded Poppy Eradication and Interdiction Efforts in Afghanistan

Pursuant to the Foreign Operations, Export Financing, and Related Programs Appropriations Act for Fiscal Year 2006 (Pub. L. 109–102) (''the Act'') under the heading Economic Support Fund, provisos 11 through 13, and the May 8, 2006 Assignment of Function from the President to the Secretary of State, I hereby determine that it is vital to the national security interests of the United States to waive the requirement that the Secretary of State certify to the Committees on Appropriations that the Government of Afghanistan at both the national and local level is cooperating fully with the United States-funded poppy eradication and interdiction efforts in Afghanistan.

This determination shall be reported to the Congress, accompanied by a report in accordance with the Act, and published in the **Federal Register**.

Dated: May 22, 2006.

Condoleezza Rice,

Secretary of State, Department of State.

[FR Doc. E6–12980 Filed 8–8–06; 8:45 am]

BILLING CODE 4710–17–P

DEPARTMENT OF STATE

[Public Notice 5487]

Certification Related to Aerial Eradication in Colombia Under the Andean Counterdrug Initiative Section of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, Division D, Consolidated Appropriations Act, 2006, (Pub. L. 109–102)

Pursuant to the authority vested in me as Secretary of State, including under the Andean Counterdrug Initiative section of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, Division D, Consolidated Appropriations Act, 2006, (Pub. L. 109–102) (the ''FOAA''), I hereby determine and certify that: (1) The herbicide mixture used for fumigation of illicit crops in Colombia is being used in accordance with EPA label requirements for comparable use in the United States and in accordance with Colombian laws; and (2) the herbicide mixture, in the manner it is being used, does not pose unreasonable risks or adverse effects to humans or the environment, including endemic species; (3) that complaints of harm to health or licit crops caused by such fumigation are evaluated and fair compensation is being paid for meritorious claims; and (4) that programs are being implemented by the United States Agency for International Development, the Government of Colombia, or other organizations, in consultation with local communities, to provide alternative sources of income in areas where security permits for small-acreage growers whose illicit crops are targeted for fumigation.

This Certification shall be published in the **Federal Register** and copies shall be transmitted to the appropriate committees of Congress.

Dated: July 20, 2006.

Condoleezza Rice,

Secretary of State, Department of State.

[FR Doc. E6–12979 Filed 8–8–06; 8:45 am]

BILLING CODE 4710–17–P

DEPARTMENT OF THE TREASURY

Fiscal Service

Financial Management Service; Senior Executive Service; Financial Management Performance Review Board (PRB)

AGENCY: Financial Management Service, Fiscal Service, Treasury.

ACTION: Notice.