

*Applicant's Address:* 4 Manhattanville Road, Purchase, New York 10577.

**Oppenheimer Portfolio Series [File No. 811-21686]**

*Summary:* Applicant seeks an order declaring that it has ceased to be an investment company. The applicant has transferred its assets to AIM Growth Series (Invesco Growth Series), and on May 24, 2019 made a final distribution to its shareholders based on net asset value. Expenses of \$1,300,306.94 incurred in connection with the reorganization were paid by the applicant's investment adviser and the acquiring fund's investment adviser, and/or their affiliates.

*Filing Dates:* The application was filed on September 12, 2019, and amended on October 30, 2019.

*Applicant's Address:* 6803 South Tucson Way, Centennial, Colorado 80112.

**PSG Capital Management Trust [File No. 811-22657]**

*Summary:* Applicant seeks an order declaring that it has ceased to be an investment company. On July 29, 2019, applicant made a liquidating distribution to its shareholders based on net asset value. Expenses of \$8,074 incurred in connection with the liquidation were paid by applicant's investment adviser.

*Filing Dates:* The application was filed on August 22, 2019, and amended on November 4, 2019.

*Applicant's Address:* 8161 Maple Lawn Boulevard, Suite 400, Maple Law, Maryland 20759.

**Trust for Advisor Solutions [File No. 811-21079]**

*Summary:* Applicant seeks an order declaring that it has ceased to be an investment company. The applicant has transferred its assets to Staar Disciplined Strategies Fund, a series of the Staar Investment Trust, and on March 28, 2019, made a final distribution to its shareholders based on net asset value. Expenses of \$12,447.25 incurred in connection with the reorganization were paid by the applicant's investment adviser.

*Filing Dates:* The application was filed on September 6, 2019, and amended on November 6, 2019.

*Applicant's Address:* 8510 Colonnade Center Drive, Suite 150, Raleigh, North Carolina 27615.

**Underlying Funds Trust [File No. 811-21895]**

*Summary:* Applicant seeks an order declaring that it has ceased to be an

investment company. On April 26, 2017, applicant made a liquidating distribution to its shareholders based on net asset value. Expenses of \$2,348 incurred in connection with the liquidation were paid by applicant's investment adviser.

*Filing Dates:* The application was filed on September 6, 2019, and amended on November 6, 2019.

*Applicant's Address:* 8510 Colonnade Center Drive, Suite 150, Raleigh, North Carolina 27615.

**Vanguard Morgan Growth Fund [File No. 811-01685]**

*Summary:* Applicant seeks an order declaring that it has ceased to be an investment company. The applicant has transferred its assets to Vanguard U.S. Growth Fund, a series of Vanguard World Fund, and on April 4, 2019, made a final distribution to its shareholders based on net asset value. Expenses of \$223,115.83 incurred in connection with the reorganization were paid by the applicant.

*Filing Dates:* The application was filed on July 16, 2019, and amended on November 8, 2019.

*Applicant's Address:* P.O. Box 2600, Valley Forge, Pennsylvania 19482.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

**Jill M. Peterson,**

*Assistant Secretary.*

[FR Doc. 2019-26230 Filed 12-4-19; 8:45 am]

**BILLING CODE 8011-01-P**

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**SMALL BUSINESS ADMINISTRATION**

**Information Collection for STEP Grant Program**

**AGENCY:** U.S. Small Business Administration.

**ACTION:** 60-Day notice and request for comments.

**SUMMARY:** The Small Business Administration (SBA) intends to request approval from the Office of Management and Budget (OMB) for the collection of information described below. The Paperwork Reduction Act (PRA) of 1995 requires federal agencies to publish a notice in the **Federal Register**

concerning each proposed collection of information before submission to OMB, and to allow 60 days for public comment in response to the notice. This notice complies with that requirement.

**DATES:** Submit comments on or before February 3, 2020.

**ADDRESSES:** Send all comments to James Parker, STEP Program Director, Office of

International Trade, Small Business Administration, 409 3rd Street, 2nd Floor, Washington, DC 20416.

**FOR FURTHER INFORMATION CONTACT:** James Parker, STEP Program Director, Office of International Trade, Small Business Administration, *james.parker@sba.gov*, 202-205-3644, or Curtis B. Rich, Management Analyst, 202-205-7030, *curtis.rich@sba.gov*.

**SUPPLEMENTARY INFORMATION:** The primary objective of the STEP Client Report form is to collect data on the quarterly progress of grantees of the SBA's State Trade and Export Promotion (STEP) program. These data will be used to understand how states have improved their trade and export activities and revenue. The STEP program has two primary objectives: (1) Increase the number of small businesses that are exporting and (2) increase the value of exports for small businesses that are currently exporting. To achieve these objectives, SBA provides state-level grant recipients with funding for nine activities, including participation in foreign trade missions, design of marketing media, and trade show exhibitions.

Data from the STEP Client Report will provide SBA with critical information about the impact of various strategies used to advance trade and export activities in each state. These data will also provide an understanding of the specific ways in which funded activities meet SBA's goal of improving small business trade and export productivity. These data may inform strategies that can be replicated by other small businesses. These data are not currently being collected elsewhere and are critical to understanding the outcomes of STEP grantee activities.

**Solicitation of Public Comments**

SBA is requesting comments on (a) whether the collection of information is necessary for the agency to properly perform its functions; (b) whether the burden estimates are accurate; (c) whether there are ways to minimize the burden, including through the use of automated techniques or other forms of information technology; and (d) whether there are ways to enhance the quality, utility, and clarity of the information.

**Summary of Information Collection**

*Title:* STEP Program Quarterly Client Reporting Form.

*Description of Respondents:* State administrators in states that receive an SBA STEP grant.

*Form Number:* N/A.

*Total Estimated Annual Responses:* 90.

*Total Estimated Annual Hour Burden:* 360 hours.

**Curtis Rich,**

*Management Analyst.*

[FR Doc. 2019-26235 Filed 12-4-19; 8:45 am]

**BILLING CODE 8026-03-P**

## **SOCIAL SECURITY ADMINISTRATION**

[Docket No: SSA-2019-0052]

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

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes one new collection.

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 ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

#### **(OMB)**

Office of Management and Budget,  
Attn: Desk Officer for SSA, Fax: 202-395-6974, Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov).

#### **(SSA)**

Social Security Administration,  
OLCA, Attn: Reports Clearance Director,  
3100 West High Rise, 6401 Security  
Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address:  
[OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

Or you may submit your comments online through [www.regulations.gov](http://www.regulations.gov), referencing Docket ID Number [SSA-2019-0052].

The information collection below is pending at SSA. SSA will submit it to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no

later than February 3, 2020. Individuals can obtain copies of the collection instruments by writing to the above email address.

*Electronic Consent Based Social Security Number Verification—20 CFR 400.100—0960—NEW.* The electronic Consent Based Social Security Number Verification (eCBSV) is a fee-based Social Security Number (SSN) verification service that will allow permitted entities (a financial institution or service provider, subsidiary, affiliate, agent, subcontractor, or assignee of a financial institution as defined by Section 509 of the Gramm-Leach-Bliley Act, 42 USC 405b(b)(4), Pub. L. 115-174, Title II, 215(b)(4).) to verify an individual's SSN based on the SSN holder's signed consent in connection with a credit transaction or any circumstance described in section 604 of the Fair Credit Reporting Act (15 U.S.C. 1681b).

#### **Background**

We are creating this system due to section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act of 2018 (Banking Bill), Public Law 115-174. Permitted entities will be able to submit an SSN, name, and date of birth (DOB) to SSA for verification via an application programming interface. The purpose of the information collection is for SSA to verify for the permitted entity that the submitted name, DOB, and SSN matches, or does not match, the data contained in our records. After completing the enrollment process; paying for services; and obtaining SSN holder consent, the permitted entity submits the names, DOBs, and SSNs of number holders who gave valid consents to the eCBSV service. SSA matches the information against our Master File, using SSN, name, and DOB. The eCBSV Service will respond in real time with a match/no match indicator (and an indicator if our records show that the SSN Holder died). SSA does not provide specific information on what data elements did not match, nor does SSA provide any SSNs or other identifying information. In addition, the verification does not authenticate the identity of individuals or conclusively prove the individuals we verify are who they claim to be.

#### **Consent Requirements**

Under eCBSV, the permitted entity does not submit the number holder's consent documents to SSA. SSA requires each permitted entity to retain a valid consent for each SSN verification request for a period of five years from the date of receipt of the consent form. The Banking Bill permits a Financial Institution's service provider, subsidiary, affiliate, agent, subcontractor, or assignee to seek verification of the SSN Holder's SSN on behalf of a financial institution pursuant to the terms of the SSN Holder's consent. In this case, the permitted entity shall ensure that the Financial Institution use the verification only for the purposes stated in the consent, and make no further use or disclosure of the verified SSN. The relationship will be subject to the contractual obligations as specified in the User Agreement that the permitted entity signs and submits to SSA.

#### **Compliance Review**

SSA requires each permitted entity to undergo compliance reviews to ensure the permitted entities obtained valid consent from number holders. An SSA approved certified public accountant (CPA) firm will conduct the compliance reviews. The reviews will ensure the permitted entities meet all terms and conditions of the User Agreement. The eCBSV fee will include all compliance review costs. In general, we will request annual reviews with additional reviews as necessary. The CPA follows review standards established by the American Institute of Certified Public Accountants and contained in the Generally Accepted Government Audit Standards (GAGAS). At any time, SSA may conduct onsite inspections of the requester's site, including a systems review, to ensure they adhered to the applicable requirements associated with collection and maintenance of consent forms, and to assess systems security overall.

The respondents to the eCBSV collection are the permitted entities; members of the public who consent to the SSN verification; and CPAs who provide compliance review services.

*Type of Request:* Request for a new information collection.