PAPERWORK REDUCTION ACT SUBMISSION Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503. 1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER b. NONE 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) a. REGULAR SUBMISSION a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER b. OTHER: 7. TITLE 8. AGENCY FORM NUMBER(S) (if applicable) 9. KEYWORDS 10. ABSTRACT 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") a. INDIVIDUALS OR HOUSEHOLDS d. FARMS a. VOLUNTARY b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS a. TOTAL CAPITAL/STARTUP COSTS b. TOTAL ANNUAL COSTS (O&M) b. TOTAL ANNUAL RESPONSES (1) Percentage of these responses collected electronically c. TOTAL ANNUALIZED COST REQUESTED c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: e. DIFFERENCE (+, -) f. EXPLANATION OF (1) Program change (+, -) (1) Program change (+, -) DIFFERENCE: (2) Adustment (+, -) (2) Adustment (+, -) 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. RECORDKEEPING b. THIRD PARTY DISCLOSURE a. APPLICATION FOR BENEFITS c. REPORTING: e. PROGRAM PLANNING b. PROGRAM EVALUATION OR MANAGEMENT (2) Weekly (1) On Occasion (3) Monthly f. RESEARCH c. GENERAL PURPOSE STATISTICS (4) Quarterly (5) Semi-Annually (6) Annually g. REGULATORY OR d. AUDIT (7) Biennially (8) Other (Describe) 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) Does this information collection employ statistical methods? b. TELEPHONE NUMBER (Include area code) a. NAME YES NO