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 a. __ __ __ __ __ - __ __ __ __ __ __ __ __

3. Type of information collection *(check one)*

a. ☐ New Collection

b. ☐ Revision of a currently approved collection

c. Extension of a currently approved collection

d. Reinstatement, **without change**, of a previously approved collection for which approval has expired

e. ☐ Reinstatement, **with change**, of a previously approved collection for which approval has expired

f. ☐ Existing collection in use without an OMB control number

For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested *(check one)*

a. ☐ Regular

b. ☐ Emergency - Approval requested by: ____/____/____

c. ☐ Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities?

         Yes   No   ☐

6. Requested expiration date

a. ☐ Three years from the approval date   b. ____/____

7. Title

8. Agency form number(s) *(if applicable)*

9. Keywords

10. Abstract

11. Affected public *(Mark primary with "P" and all others with "X")*

a. __ Individuals or households   d. __ Farms

b. __ Business or other for-profit   e. __ Federal Government

c. __ Not-for-profit institutions   f. __ State, Local, or Tribal Government

12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*

a. ☐ Voluntary

b. Required to obtain or retain benefits

c. ☐ Mandatory

13. Annual reporting and recordkeeping hour burden

a. Number of respondents _____

b. Total annual responses _____

   1. Percentage of these responses collected electronically _____%

c. Total annual hours requested _____

d. Current OMB inventory _____

e. Difference _____

f. Explanation of difference

   1. Program change _____

   2. Adjustment _____

14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*

a. Total annualized capital/startup costs _____

b. Total annual costs (O&M) _____

c. Total annualized cost requested _____

d. Current OMB inventory _____

e. Difference _____

f. Explanation of difference

   1. Program change _____

   2. Adjustment _____

15. Purpose of information collection *(Mark primary with "P" and all others that apply with "X")*

a. __ Application for benefits   e. __ Program planning or management

b. __ Program evaluation   f. __ Research

c. __ General purpose statistics   g. __ Regulatory or compliance

d. __ Audit

16. Frequency of recordkeeping or reporting *(check all that apply)*

a. ☐ Recordkeeping   b. ☐ Third party disclosure

c. ☐ Reporting:

     1. On occasion   2. ☐ Weekly   3. ☐ Monthly

     4. Quarterly   5. Semi-annually   6. ☐ Annually

     7. Biennially   8. Other (describe) _____

17. Statistical methods

Does this information collection employ statistical methods?

         Yes   No

18. Agency contact *(person who can best answer questions regarding the content of this submission)*

Name: _____

Phone: _____