



PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET  
NCUA PRA 3244a - Certification for Paperwork Reduction Act Submissions  
Part I: Information Collection Request – General Information  
Part 1, Page 1 of 2

*Please read entire document before completing – instructions are in blue.*

*If you have any questions, comments, or suggestions regarding this form, please contact the NCUA Clearance Officer*

1. Agency: 3133 – National Credit Union Administration

2. OMB Information Collection Number 3133 -

3. Title:

4. Office Contact Information (*provide Name, Phone, & email for each*) Name of NCUA Office:

Point of Contact (Author):

Office Director:

PRA Coordinator:

5. Type of Information Collection (*check one*)

New

Extension without change of a currently approved collection

Nonmaterial or non-substantive change to a currently approved collection

Existing collection in use without an OMB control number

Revision of a currently approved collection

6. Is this Information Collection Request associated with Rule Making?  YES (*If yes, complete below*)  NO

RIN #

Stage of Rulemaking (*check one*)

Proposed Rule

*(For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.)*

Interim Final

*(For ICRs associated with Interim Final rules that are not significant under EO, please provide a draft of the Federal Register notice.)*

Final Rule ICR reference

*(For a Final Rule, please put the ICR reference number for the ICR reviewed at the proposed rule stage, if different from question 2.)*

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

Regular

Emergency – Approval requested by: (MM/DD/YYYY)

*(If emergency, please use space below to write short justification below)*

8. Justification For Emergency Review:

9. Does this ICR contain surveys, censuses, or employ statistical methods?

YES (*Must complete part B of Supporting Statement*)  NO (*Do not complete part B of Supporting Statement*)

10. Is this ICR related to the Affordable Care Act [PPACA, P.L. 111-148 & 111-152]?  YES  NO

For more info, click link: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>





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11. Is this ICR related to the Dodd-Frank Act [Dodd-Frank Wall Street Reform and Consumer Protection Act, P.L. 111-203]?  YES  NO  
 For more info, click link: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ203/pdf/PLAW-111publ203.pdf>

12. Is this ICR related to the American Recovery and Reinvestment Act of 2009 (ARRA)?  YES  NO  
 For more info, click link : <http://www.gpo.gov/fdsys/pkg/BILLS-111hr1enr/pdf/BILLS-111hr1enr.pdf>

13. Does the supporting statement serve as a **Joint Information Collection Request & Privacy Act Impact Assessment** per OMB Memorandum 03-22 [http://www.whitehouse.gov/omb/memoranda\\_m03-22/](http://www.whitehouse.gov/omb/memoranda_m03-22/) Section II.D?  
 YES  NO

14. Federal Register Citation 60-Day notice      FR                      Date:

15. Did Agency receive public comments on this ICR? *(Must include e-copies of any comments received in ICR pkg.)*  YES  NO

16. Authorizing Statute(s): <i>(Please list all authorizing EO, PL, US Code, and /or Statute at Large, and any applicable CFR to this Information Collection. Must include an electronic copy of each below with ICR submission package )</i>	Applicable CFR Citations:	
	Title	Part
		CFR
		CFR
		CFR
		CFR

17. Summary *(250 words or less)*:

End of Part I (PRA 3244a Worksheet)

*This area intentionally left Blank. Please proceed to part II below*



PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET  
PRA 3244b - Certification for Paperwork Reduction Act Submissions  
Part II: Information Collection Instrument Detail

Part II, Page 1 of 3

**Instructions:**

If there are **NO** forms or surveys associated with information collection, or only 1 instrument: Fill out **ONE** copy of this section of this document. For more than 1 Instrument, fill out one copy of Part II (PRA 3244b Worksheet, consists of 3 pages, #'s 3, 4, & 5) of this document for **EACH** form or survey submitted for approval.

1. OMB Information Collection Number 3133 - 0143 (insert existing number or the word "NEW")

2. Title of Information Collection: Loans in Areas Having Special Flood Hazards

3. Title of form or survey instrument: Notice of Special Flood Hazards

4. Form Number: OR  N/A (survey instrument)

5. Is this a common form, i.e. Standard Form (SF), NCUA form, Optional Form (OF)?  Yes  No

6. Public's Obligation to Respond: Mandatory (Select one from drop down menu)

7. A. Information Collection Instrument – Form (If this ICR contains or uses no forms, skip to next section, B)

Electronic Filename:

Document Type: (Select one from drop down menu)

Form Number:

Form Name:

Availability:  paper only  INTRANET  INTERNET URL:

Can this form be Submitted Electronically?  Yes  No

Electronic Capability: (Select one from drop down menu)

**B. Information Collection Instrument – Survey (If this ICR contains or uses no Surveys, skip to next section, C)**

Electronic Filename:

Document Type: (Select one from drop down menu)

Form Number:

Form Name:

Availability:  paper only  INTRANET  INTERNET URL:

Can this form be Submitted Electronically?  Yes /  No

Electronic Capability: (Select one from drop down menu)

**C. Information Collection – No Instrument**

(Complete this section only if this ICR does not use or contain a specific Form or Survey Instrument.)

Description of Activity: Notification to a borrower and the servicer when a building or mobile home offered as collateral security for a loan is determined to be in a special flood hazard area and also notifies them whether flood insurance is available.



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**Part II: Information Collection Instrument Detail (Continued)**  
 Part II, Page 2 of 3

**8. Federal Enterprise Architecture Business**

Reference Module Line of Business <sup>1</sup> <i>(See footnote below for definitions)</i>	Sub-function:
<input type="checkbox"/> None	N/A
<input type="checkbox"/> Disaster Management	<input type="checkbox"/> Disaster Monitoring and Predication <input type="checkbox"/> Disaster Preparedness and Planning <input type="checkbox"/> Disaster Repair and Restore <input type="checkbox"/> Emergency Response <input type="checkbox"/> None
<input checked="" type="checkbox"/> Economic Development	<input type="checkbox"/> Business and Industry Development <input type="checkbox"/> Intellectual Property <input checked="" type="checkbox"/> Financial Sector Oversight <input type="checkbox"/> Industry Sector Income Stabilization <input type="checkbox"/> None
<input type="checkbox"/> Income Security	<input type="checkbox"/> General Retirement and Disability <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Food and Nutrition Assistance <input type="checkbox"/> Survivor Compensation <input type="checkbox"/> None
<input type="checkbox"/> Litigation and Judicial Activities	<input type="checkbox"/> Judicial Hearing <input type="checkbox"/> Legal Defense <input type="checkbox"/> Citizen Protection <input type="checkbox"/> Legal Investigation <input type="checkbox"/> Legal Prosecution and Litigation <input type="checkbox"/> Resolution Facilitation <input type="checkbox"/> None
<input type="checkbox"/> Workforce Management	<input type="checkbox"/> Training and Employment <input type="checkbox"/> Labor Rights Management <input type="checkbox"/> Worker Safety <input type="checkbox"/> None

*This area intentionally left Blank. Please continue with part II (PRA 324b) below*

<sup>1</sup> See [http://www.whitehouse.gov/sites/default/files/omb/assets/fea\\_docs/FEA\\_CRM\\_v23\\_Final\\_Oct\\_2007\\_Revised.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/fea_docs/FEA_CRM_v23_Final_Oct_2007_Revised.pdf) for definitions



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Part II: Information Collection Instrument Detail (Continued)  
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9. Privacy Act System of Records-SORN (if applicable)

System Title: \_\_\_\_\_

System Number (i.e.GSS): \_\_\_\_/\_\_\_\_ - \_\_\_\_

Federal Register Citation for the Privacy Act System of Records: Volume \_\_\_\_\_, Number \_\_\_\_\_, Page(s) \_\_\_\_\_, Date \_\_\_\_\_

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10. Respondents:

Affected public (*check all subcategories that apply*)

Federal Government  
Number of Respondents: \_\_\_\_\_

State, Local, or Tribal Government  
Number of Respondents: \_\_\_\_\_  
Number of Respondents who are Small Entities: \_\_\_\_\_

Individuals or Households  
Number of Respondents: \_\_\_\_\_

Private Sector (*check all subcategories that apply*)

- Business or other for-profits
- Not-for-profit institutions
- Farms

Number of Respondents: 4,192  
Number of Respondents who are Small Entities: 1,970

Percent of Respondents Reporting Electronically: 85 %

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End of Part II (PRA 3244b)

*Remember: Complete Part II (PRA 3244b 3 pages) is required for EACH Information Collection Instrument.  
Remember: Complete Burden Worksheet for EACH Information Collection Instrument. Separate Form Attached.*

*This area intentionally left Blank. Please proceed to part III (PRA 3244c) below*



**PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET**  
**PRA 3244c - Certification for Paperwork Reduction Act Submissions**  
**Part III: Annual Burden Calculation**  
 Part III, Page 1 of 3

**11. Annual IC Burden:** To calculate and verify burden against ROCIS, please complete Part III (Questions 1-6) for a new IC or III (Questions 7-10) of this 3244c worksheet if this ICR reflects a request to change burden of ICs from the Approved Burden (in current Inventory). Table below will be automatically calculated by PRA ROCIS system based on responses to questions 1-6 or 7-10 below). Beginning with the first activity, **estimate the burden** (time in hours), apportioning the burden estimate by labor category (legal, managerial, technical, and clerical), that an individual respondent will require for each activity. You may add other labor categories, as appropriate. For rule-related ICRs, burden estimates for each activity should be extracted from the corresponding Economic Analysis (EA). If EA estimates are not available, base your estimates on informal consultations with nine or fewer respondents or on your experience with similar collections. Remember to list all consultations and remember to identify and estimate the burden of third-party activities.

	Requested	Program Change Due to New Statute	Program Change Due to Agency Discretion	Change Due to Adjustment in Agency Estimate	Change Due to Violation of the PRA	Approved (In current inventory)
a. Annual Number of Responses for this IC (Part II, 10)	274744	0	0	0	0	274744
b. Annual IC Time Burden	22895 Hours	0 Hours	0 Hours	0 Hours	0 Hours	22895 Hours
c. Annual IC Cost Burden	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0

Please use this sheet to gather information about burden for each Information Collection in the ICR. The NCUA CO will use the information on this sheet to calculate total burden for the IC and the ICR. If this ICR is an extension and you are requesting no change in burden, you may use Part III (Questions 7-10).

1. Enter Total Number of Respondents (Part II, 10):  respondents

2. Per Time Period: How often on average will each respondent respond to the Information Collection?

<input type="text" value="1"/>	Number of Responses per Respondent	per (Select the most appropriate time period for this collection)	<u>Conversion Factor</u>
	a. <input type="checkbox"/>	Hour (24 per day, 7 days a week)	8,736 per year
	b. <input type="checkbox"/>	Business Hour (8 per day, 5 days a week)	2,080 per year
	c. <input type="checkbox"/>	Day (7 per week)	365 per year
	d. <input type="checkbox"/>	Business Day (5 per week)	260 per year
	e. <input type="checkbox"/>	Week (52 per year)	52 per year
	f. <input type="checkbox"/>	Month (12 per year)	12 per year
	g. <input checked="" type="checkbox"/>	Year	1 per year
	h. <input type="checkbox"/>	Decade	0.1 per year
	i. <input type="checkbox"/>	Quarterly (4 per year)	
	j. <input type="checkbox"/>	Semi-annually (twice a year)	
	k. <input type="checkbox"/>	Biennially (every other year)	

3. Annual Frequency: Multiply Number of Responses per Respondent in Question 2 by the conversion factor to the right of the time period you selected.

times per year per respondent

4. Annual Number of Responses: Multiple line 1 by line 3.

responses per year

5. Type of Collection and Burden:

a. How many hours are required to complete the collection per response? Estimated cost per Response? Indicate how much of the burden of this IC is due to reporting, due to record keeping, or due to third-party disclosures.

**Time Per Response      Cost per Response      Frequency of Reporting:**



ROCIS will calculate in hours if you wish to enter time per response in seconds or minutes.

Reporting	i.	0 Hours	v.	\$ 0.00	<input type="checkbox"/> Biennially	<input type="checkbox"/> Daily
Record keeping	ii.	0 Hours	vi.	\$ 0.00	<input type="checkbox"/> Decade	<input type="checkbox"/> Hourly
Third party disclosure	iii.	0 Hours	vii.	\$ 0.00	<input type="checkbox"/> Monthly	<input type="checkbox"/> On Occasion
<b>Total</b>	iv.	5 minutes	viii.	\$ 0.00	<input type="checkbox"/> Once	<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Weekly
					<input checked="" type="checkbox"/> Annually	

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**PRA 3244c - Certification for Paperwork Reduction Act Submissions**  
**Part III: Annual Burden Calculation**  
 Part III, Page 2 of 3

b. Calculate Annual Time Burden and Annual Cost Burden based on 5.a. The sum of these three must equal the annual burden of the IC, Part III, 11.

		Annual Time Burden		Annual Cost Burden	
Reporting	i.	0 Hours	(4 X 5.a.i.)	v. \$ 0.00	(4 X 5a.v)
Record keeping	ii.	0 Hours	(4 X 5.a.ii.)	vi. \$ 0.00	(4 X 5a.vi)
Third party disclosure	iii.	22895 Hours	(4 X 5.a.iii.)	vii. \$ 0.00	(4 X 5a.vii)
<b>Total</b>	iv.	22895 Hours	<b>(4 X 5a.iv)</b>	viii. \$ 0.00	<b>(4 X 5a.viii)</b>

6. Complete the following table. Use the OMB Inventory of currently approved information collections to complete the approved column. The difference between Requested and Approved in each row must be the sum of the four categories of changes. ROCIS will help you fill this table in by putting any missing difference in Program Change Due to Agency Discretion. You may then reenter in any of the four middle columns as applicable. ROCIS will complete the table in Part III, Question 11.

	Requested	Program Change Due to New Statute	Program Change Due to Agency Discretion	Change Due to Adjustment in Agency Estimate	Change Due to Violation of the PRA	Approved (In current inventory)
a. Annual Number of Responses for this IC	274744 (Line 4)	0	0	0	0	274744
b. Annual IC Time Burden	22895 hours (Line 5b iv)	0 hours	0 hours	0 hours	0 hours	22895 hours
c. Annual IC Cost Burden	\$ 0.00 (Line 5b viii)	\$ 0.00	\$ 0.00	\$ 0	\$ 0.00	\$ 0.00

If this ICR is an extension and you are requesting no change in total burden, you may answer Part III (Questions 7-10), instead of Part III (Questions 1-6) for every information collection in the ICR. Use this sheet gather information about burden for each Information Collection in the ICR. ROCIS will use the information on this sheet to calculate total burden for the IC and the ICR.

7. Annual Number of Responses:  responses per year

8. Type of Collection: Indicate how much of the burden of this IC is due to reporting, due to record keeping, or due to third-party disclosures. The sum of these three must equal the annual burden of the IC.

		Time Per Response	Cost per Response	Frequency of Reporting:	
Reporting	a.	0 Hours	e. \$ 0.00	<input type="checkbox"/> Biennially	<input type="checkbox"/> Daily
Record keeping	b.	0 Hours	f. \$ 0.00	<input type="checkbox"/> Decade	<input type="checkbox"/> Hourly
Third party disclosure	c.	22895 Hours	g. \$ 0.00	<input type="checkbox"/> Monthly	<input type="checkbox"/> On Occasion
<b>Total</b>	d.	22895 Hours	h. \$ 0.00	<input type="checkbox"/> Once	<input type="checkbox"/> Quarterly
				<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Weekly
				<input checked="" type="checkbox"/> Annually	





**9. Total Approved Burden of the ICR in the current inventory:** (ROCIS populates)

You must ensure that each of the following are the same as the currently approved burden. **If any of the three are not the same, you must complete Part III (1-6) for every IC in the ICR.**

- The total annual number of responses for the ICR (i.e., the sum of every line 1 for each IC in the ICR).
- The total burden hours for the ICR (i.e., the sum of every line 2d for each IC in the ICR); and
- The total cost burden for the ICR (i.e., the sum of every line 2h for each IC in the ICR).

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**Part III: Annual Burden Calculation**  
 Part III, Page 3 of 3

10 ROCIS will complete this table in Part III, Question 11 from this input. ROCIS will also complete Part III for future reference.

	Requested	Program Change Due to New Statute	Program Change Due to Agency Discretion	Change Due to Adjustment in Agency Estimate	Change Due to Violation of the PRA	Approved (In current inventory)
a. Annual Number of Responses for this IC	(Line 1)					
b. Annual IC Time Burden	hours (Line 2d)	hours	hours	hours	hours	hours
c. Annual IC Cost Burden	\$ (Line 2h)	\$	\$	\$	\$	\$

**End of Part III (PRA 3244c)**

*Remember: Complete Part II and III (PRA 3244b and PRA 3244 3 pages each) are required for EACH Information Collection Instrument.*

*This area intentionally left Blank. Please proceed to part IV (PRA 3244d) below.*



**PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET**  
**PRA 3244d - Certification for Paperwork Reduction Act Submissions**  
**Part IV: Supporting Statement Completeness Checklist**  
Part IV, Page 1 of 1

*Review this checklist and ensure your package is in compliance with each item prior to submitting the Information Collection Request package to the NCUA Clearance Officer. The NCUA Clearance Officer will use this checklist, along with other information, to certify the Information Collection Request prior to submission to OMB.*

<input type="checkbox"/>	(a) Identifies the statute or regulation authorizing the collection of the information.
<input type="checkbox"/>	(b) Describes efforts taken to avoid the collection of similar information already available, or collected under a different information collection.
<input type="checkbox"/>	(c) Describes, if applicable, methods to minimize the burden on small businesses or other small entities.
<input type="checkbox"/>	(d) Is written using plain English and all terminology used is unambiguous and understandable to those required to respond to the collection.
<input type="checkbox"/>	(e) Indicates how long records specified in the collection are to be maintained by persons required to maintain the records.
<input type="checkbox"/>	(f) Has dedicated resources to ensure the proper use and processing of the information being collected to enhance (as appropriate) the value of the information to agencies and the public.
<input type="checkbox"/>	(g) Indicates the use of a statistical survey method (if applicable) that produces valid and reliable results while minimizing undue burden. - <b>AND</b> -The appropriate NCUA statistical reviewer designee has reviewed the statistical survey method; and NCUA review comments and Office of Primary Interest responses to NCUA statistical analyst comments on survey(s) have been incorporated into the Supporting Statement or are included as a separate document.
<input type="checkbox"/>	(h) Describes the intended use of information technology to reduce burden and where possible avoid unnecessary system and technology costs.
<input type="checkbox"/>	(i) <i>If applicable, Privacy Act System of Records name and identifier has been indicated on Part II of <b>Paperwork Reduction Act Submission Worksheet</b>.</i>

End of Part IV (PRA 3244d)

*This Area Intentional left Blank. Please proceed to Part V (PRA 3244e) below*



**PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET**  
**PRA 3244e - Certification for Paperwork Reduction Act Submissions**  
**Part V Certification Requirement for Paperwork Reduction Act Submission**  
Part V, page 1 of 2

*The NCUA Clearance Officer will use this certification to record the Agency Representative's approval of the Information Collection Package prior to submission to OMB. Please read carefully below.*

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**OMB Information Collection Number 3133 -**      *(insert existing 4 digit number, or NEW)*

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**Information Collection Title:**

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**On behalf of the National Credit Union Administration, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9, which states:**

"As part of the agency submission to OMB of a proposed collection of information, the agency (through the head of the agency, the Senior Official, or their designee) shall certify (and provide a record supporting such certification) that the proposed collection of information-

- "(a) is necessary for the proper performance of the functions of the agency, including that the information to be collected will have practical utility;
- "(b) is not unnecessarily duplicative of information otherwise reasonably accessible to the agency;
- "(c) reduces to the extent practicable and appropriate the burden on persons who shall provide information to or for the agency, including with respect to small entities, as defined in the Regulatory Flexibility Act (5 U.S.C. § 601(6)), the use of such techniques as:
  - "(1) establishing differing compliance or reporting requirements or timetables that take into account the resources available to those who are to respond;
  - "(2) the clarification, consolidation, or simplification of compliance and reporting requirements; or collections of information, or any part thereof;
  - "(3) an exemption from coverage of the collection of information, or any part thereof;
- "(d) is written using plain, coherent, and unambiguous terminology and is understandable to those who are to respond;
- "(e) is to be implemented in ways consistent and compatible, to the maximum extent practicable, with the existing reporting and record keeping practices of those who are to respond;
- "(f) indicates for each record keeping requirement the length of time persons are required to maintain the records specified;
- "(g) informs potential respondents of the information called for under §1320.8(b)(3); [see below]
- "(h) has been developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner which shall enhance, where appropriate, the utility of the information to agencies and the public;
- "(i) uses effective and efficient statistical survey methodology appropriate to the purpose for which the information is to be collected; and
- "(j) To the maximum extent practicable, uses appropriate information technology to reduce burden and improve data quality, agency efficiency and responsiveness to the public."

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**NOTE:** 5 CFR 1320.8(b)(3) requires that each collection of information:

- "(3) informs and provides reasonable notice to the potential persons to whom the collection of information is addressed of:
    - "(i) the reasons the information is planned to be and/or has been collected;
    - "(ii) the way such information is planned to be and/or has been used to further the proper performance of the functions of the agency;
    - "(iii) an estimate, to the extent practicable, of the average burden of the collection (together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden);
    - "(iv) whether responses to the collection of information are voluntary, require to obtain or retain a benefit (citing authority) or mandatory (citing authority);
    - "(v) the nature and extent of confidentiality to be provided, if any (citing authority); and
    - "(vi) the fact that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."
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**PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET**  
**PRA 3244e - Certification for Paperwork Reduction Act Submissions**  
**Part V Certification Requirement for Paperwork Reduction Act Submission (Continued)**  
Part V, page 2 of 2

**The following is a summary of the topics, regarding the proposed collection of information that this certification covers.** If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

- (a)  It is necessary for the proper performance of agency functions;
- (b)  It avoids unnecessary duplication;
- (c)  It reduces burden on small entities;
- (d)  It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e)  Its implementation will be consistent and compatible with current reporting and record keeping practices;
- (f)  It indicates the retention period for record keeping requirements;
- (g)  It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of the collected information;
  - (iii) Nature of response (voluntary, required for a benefit, or mandatory);
  - (iv) Nature and extent of confidentiality; and
  - (v) Need to display currently valid OMB control number;
- (h)  It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected;
- (i)  It uses effective and efficient statistical survey methodology; and
- (j)  It makes appropriate use of information technology.

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**Signature of Office's Certifying Official or Designee:**

*(For electronic signature, type S/S and then type name)*

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**Print Name and Title of Office's Certifying Official:**

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**Date of Certification:**

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End Of part V (PRA 3244e)

End of PRA 3244 (a, b, c, d, e combined)

*Please submit an electronic copy of this completed form as part of the ICR  
Package*