PAPERWORK REDUCTION ACT SUBMISSION										
S	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.									9
1. A	GENCY/SUBAGENCY ORIGINATING REQU	JEST		2. OMB CONTROL NUMBER						
				а.			_	b. NONE		
3. T	YPE OF INFORMATION COLLECTION (X o		4. T	YPE OF RE			D (X one)			
	a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED CO	N	b. EMERGENCY - APPROVAL REQUESTED BY://							
	c. EXTENSION OF A CURRENTLY APPROVED	COLLECT	ION	c. DELEGATED 5. SMALL ENTITIES						
	d. REINSTATEMENT, WITHOUT CHANGE, OF APPROVED COLLECTION FOR WHICH APPI			Will this information collection have a significant economic impact on a substantial number of small entities?					nomic	
e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSL' APPROVED COLLECTION FOR WHICH APPROVAL HA				YES NO 6. REQUESTED EXPIRATION DATE						
	f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL a. THREE YEARS F NUMBER b. OTHER:				FROM APPRO	OVAL DATE				
7.	TITLE									
8. AGENCY FORM NUMBER(S) (if applicable)										
9.	KEYWORDS									
10	ABSTRACT									
10.										
11. /	AFFECTED PUBLIC (Mark primary with "P" and	7	11.5	(")		12. O	BLIGATION T	O RESPOND (Mark p	rimary v ers that a	vith "P" and all apply with "X")
	a. INDIVIDUALS OR HOUSEHOLDS	d. FAR		a. VOLUNTARY						
	b. BUSINESS OR OTHER FOR-PROFIT	-						BENEFITS		
10	c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIB									
					14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)					
a. NUMBER OF RESPONDENTS				a. TOTAL CAPITAL/STARTUP COSTS						
b. TOTAL ANNUAL RESPONSES (1) Percentage of these responses collected electronically			%	b. TOTAL ANNUAL COSTS (0&M) c. TOTAL ANNUALIZED COST REQUESTED						
(I) c.				d. CURRENT OMB INVENTORY						
d. CURRENT OMB INVENTORY										
e.				e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE:						
f. EXPLANATION OF (1) Program change $(+, -)$				(1) Program change $(+, -)$						
DIFFERENCE: (2) Adustment (+, -)				(2) Adustment (+ , -)						
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with			primary with	16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)						
	"P" and all others that apply with "X")	• (many p			a. RECORD	KEEPIN	NG	b. THIRD PARTY	DISCLO	OSURE
a. APPLICATION FOR BENEFITS e. PROGRA			RAM PLANNING		c. REPORT	ING:	L	-		
b. PROGRAM EVALUATION OR M		IANAGEMENT		(1) 0	n Occa	ision	(2) Weekly		(3) Monthly	
	c. GENERAL PURPOSE STATISTICS	f. RESE			(4) Q	uarterl	у	(5) Semi-Annually		(6) Annually
	d. AUDIT	g. REGL COM	ILATORY OR PLIANCE		(7) Bi	enniall	у	(8) Other (Describe))	
17. STATISTICAL METHODS Does this information collection employ				ONTA	CT (Person w	ho can	n best answer	questions regarding	the co	ntent of this
			a. NAME					b. TELEPHONE NUM	BER (Incl	ude area code)
	YES NO									

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OMB CONTROL NUMBER	TITLE									
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS										
a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)										
Type name <mark>Ron Jarmin, Deputy Director</mark>	, U.S. Census Bureau	Date								
On behalf of this Federal a complies with 5 CFR 1320	On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.									
NOTE: The text of 5 CFR instructions. <i>The certifica instructions.</i>	NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. <i>The certification is to be made with reference to those regulatory provisions as set forth in the instructions</i> .									
The following is a summar certification covers:	The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:									
(a) It is necessary for the p	(a) It is necessary for the proper performance of agency functions;									
(b) It avoids unnecessary of	duplication;									
(c) It reduces burden on sr	nall entities;									
(d) It uses plain, coherent,	and unambiguous language that is understandable to respond	lents;								
(e) Its implementation will	(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;									
(f) It indicates the retention	(f) It indicates the retention periods for recordkeeping requirements;									
(g) It informs respondents	(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:									
(i) Why the information	(i) Why the information is being collected;									
(ii) Use of information	(ii) Use of information;									
(iii) Burden estimate;										
(iv) Nature of response	e (voluntary, required for a benefit, or mandatory);									
(v) Nature and extent	of confidentiality; and									
(vi) Need to display cu	rrently valid OMB control number;									
 (h) It was developed by an management and use of 	(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 (see note in Item 19 of the instructions);									
(i) If applicable, it uses eff	(i) If applicable, it uses effective and efficient statistical survey methodology; and									
(j) It makes appropriate us	(j) It makes appropriate use of information technology.									
If you are unable to certify reason in Item 18 of the S	compliance with any of these provisions, identify the item bupporting Statement.	elow and explain the								
b. SENIOR OFFICIAL OR DESIGNEE (Type name	JERTIFICATION	Date								