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.						
1. A	GENCY/SUBAGENCY ORIGINATING REQUEST	Γ	2. OMB CONTR	OL NUMBER			
			a	[b. NONE		
3. T	YPE OF INFORMATION COLLECTION (X one)		4. TYPE OF RE\ a. REGULAR	VIEW REQUESTE	D (X one)		
	a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLEC	CTION	b. EMERGENCY - APPROVAL REQUESTED BY://				
	c. EXTENSION OF A CURRENTLY APPROVED COLL	ECTION	c. DELEGATED 5. SMALL ENTITIES				
	d. REINSTATEMENT, WITHOUT CHANGE, OF A PR APPROVED COLLECTION FOR WHICH APPROVA		Will this information collection have a significant economic impact on a substantial number of small entities?				
	e. REINSTATEMENT, WITH CHANGE, OF A PREVIO APPROVED COLLECTION FOR WHICH APPROVA		YES 6. REQUESTED	EXPIRATION DA	NO		
	f. EXISTING COLLECTION IN USE WITHOUT AN O NUMBER	MB CONTROL	a. THREE Y b. OTHER:	EARS FROM APPR	OVAL DATE		
7.	TITLE						
8.	AGENCY FORM NUMBER(S) (if applicable)						
0	KENIMORDE						
9.	KEYWORDS						
10.	ABSTRACT						
11. /	AFFECTED PUBLIC (Mark primary with "P" and all o	11.5	(")	12. OBLIGATION	TO RESPOND (Mark p	rimary with "P" and all ers that apply with "X")	
	۱	FARMS	_		a. VOLUNTARY		
		FEDERAL GOVERNMENT			b. REQUIRED TO OBTAIN OR RETAIN BENEFITS		
40		STATE, LOCAL OR TRIB		c. MANDA			
	ANNUAL REPORTING AND RECORDKEEPING	HOUR BURDEN	-		SPONDENTS (In the	ousands of dollars)	
			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					
(1) Percentage of these responses collected electronically %			d. CURRENT OMB INVENTORY				
c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY			e. DIFFERENCE (+ , -)				
-	e. DIFFERENCE (+, -) f. EXPLANATION			·.			
f.			change (+, -)				
DIFFERENCE: (2) Adustment (+, -)		/	(2) Adustment (+ , -)				
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with			16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)				
	"P" and all others that apply with "X")	ark primary with	a. RECORD		b. THIRD PARTY		
		PROGRAM PLANNING	c. REPORTI		⊥ ·····		
	0.1	OR MANAGEMENT		n Occasion	(2) Weekly	(3) Monthly	
-		RESEARCH		uarterly	(5) Semi-Annually	(6) Annually	
		REGULATORY OR COMPLIANCE		ennially	(8) Other (Describe)		
17. 9	STATISTICAL METHODS	18. AGENCY CC	ONTACT (Person w	ho can best answe	r questions regarding	the content of this	
Does this information collection employ submission)							
	statistical methods?	a. NAME			b. TELEPHONE NUM	BER (Include area code)	
	YES NO						

OMB	FORM	83-I,	10/95
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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		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 certifications 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	proper performance of agency functions;								
(b) It avoids unnecessary d	uplication;								
(c) It reduces burden on sn	nall entities;								
(d) It uses plain, coherent,	and unambiguous language that is understandable to re-	spondents;							
(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;	(iii) Burden estimate;								
(iv) Nature of response	(iv) Nature of response (voluntary, required for a benefit, or mandatory);								
(v) Nature and extent	(v) Nature and extent of confidentiality; and								
(vi) Need to display cur	(vi) Need to display currently 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 it- upporting Statement.	em below and explain the							
b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION									
Type name		Date							