## PAPERWORK REDUCTION ACT SUBMISSION

	Please read the instructions before of Paperwork Clearance Officer. Send two additional documentation to: <b>Office of</b> <b>Docket Library, Room 10102, 725 17t</b>	o copies of this Information a	form, the collection <b>d Regulatory Aff</b>	on instr iairs, C 20503.	ument Office (	to be of Mar	reviewo nagemo	ed, the Sup ent and B	oporting Statement		0 ,
1.	AGENCY/SUBAGENCY ORIGINATING	REQUEST		2. 0	MB CC	ONTRO	OL NU	MBER			
				a				_	b. NONE		
3.	TYPE OF INFORMATION COLLECTION	N (X one)		4. T	YPE O	F REV	/IEW R	EQUESTE	D (X one)		
	(For b f., note Item A2 of Supporting Staten		)		a. RE	GULA	R SUBN	IISSION			
	a. NEW COLLECTION									1	1
	b. REVISION OF A CURRENTLY APPRO	OVED COLLECT	ION		D. EN	IERGE	NCY - A	APPROVAL	REQUESTED BY:	/	/
	c. EXTENSION OF A CURRENTLY APP	ROVED COLLE	CTION	5 01	-	LEGA					
	d. REINSTATEMENT, WITHOUT CHANG	GE. OF A PREVI	OUSLY	V		s info	rmatio		on have a significa		onomic
	APPROVED COLLECTION FOR WHIC			in	npact o	on a s	ubstar	ntial numb	er of small entitie	s?	
	e. REINSTATEMENT, WITH CHANGE, C	F A PREVIOUS	LY		YES				NO		
	APPROVED COLLECTION FOR WHIC			6. R	EQUE	STED	EXPIR	ATION DA	<b>TE</b>		
	f. EXISTING COLLECTION IN USE WIT	HOUT AN OMB	CONTROL		a. TH	REE Y	EARS F	ROM APPR	ROVAL DATE		
	NUMBER				b. OT	HER:					
7.	TITLE										
8.	AGENCY FORM NUMBER(S) (if application	able)									
9.	KEYWORDS										
-	40070407										
10.	ABSTRACT										
44			(h-(				12 0	PLICATIC		Nana	1
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply w											
		d. FAR						a. VOLUN			
	b. BUSINESS OR OTHER FOR-PROFIT								ED TO OBTAIN OR	RETAI	N BENEFIIS
40	c. NOT-FOR-PROFIT INSTITUTIONS		TE, LOCAL OR TRIE	1				c. MANDA			
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousan							busana	s of dollars)			
a. NUMBER OF RESPONDENTS b. TOTAL ANNUAL RESPONSES					a. TOTAL CAPITAL/STARTUP COSTS						
(1) Percentage of these responses collected electronically				b. TOTAL ANNUAL COSTS (0&M) c. TOTAL ANNUALIZED COST REQUESTED							
c. TOTAL ANNUAL HOURS REQUESTED				d. CURRENT OMB INVENTORY							
d. CURRENT OMB INVENTORY				e. DIFFERENCE (+, -)							
				-					E.		
e. DIFFERENCE (+, -) f. EXPLANATION OF (1) Program change (+, -)				f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)							
f.	DIEEEDENCE				.,	-	-	,			
	(2) Adustinen			40 5			nt (+, -)				
15.	PURPOSE OF INFORMATION COLLE "P" and all others that apply with "X")	ECTION (Mark p	orimary with	10. F	1				EPING OR REPO		
	a. APPLICATION FOR BENEFITS	e. PRO	GRAM PLANNING		c. RE	PORT	NG:		<b>_</b>		
	b. PROGRAM EVALUATION		IANAGEMENT			(1) Or	n Occas	ion	(2) Weekly		(3) Monthly
	c. GENERAL PURPOSE STATISTICS	f. RESE				(4) Qı	arterly		(5) Semi-Annually	·	(6) Annually
	d. AUDIT	g. REG COM	ULATORY OR PLIANCE				ennially		(8) Other (Describe)		
17	STATISTICAL METHODS			ONTAC	T (Pers	son wh	o can be	est answer o	uestions regarding th		ent of this
	Does this information collection emp	submission)									
statistical methods?			a. NAME (Last, First, Middle Initial)					b. TELEPHONE NUMBER (Include			
									area code)		
	YES NO										

OMB CONTROL NUMBER	TITLE							
-								
19. CERTIFICATION FOR PAP	ERWORK REDUCTION ACT SUBMISSIONS							
a. PROGRAM OFFICIAL CERTIFIC	TION (Internal DoD Use Only)							
(1) Signature		(2) Date						
On behalf of this Federal ag with 5 CFR 1320.9.	ency, I certify that the collection of information encompase	sed by this request complies						
NOTE: The text of 5 CFR 1 instructions. The certification instructions.	IOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the istructions. The certification is to be made with reference to those regulatory provisions as set forth in the istructions.							
The following is a summary covers:	ne following is a summary of the topics, regarding the proposed collection of information, that the certification overs:							
(a) It is necessary for the pr	oper performance of agency functions;							
(b) It avoids unnecessary d	uplication;							
(c) It reduces burden on sm	all entities;							
(d) It uses plain, coherent, a	and unambiguous language that is understandable to resp	ondents;						
(e) Its implementation will b	e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;							
(f) It indicates the retention	periods for recordkeeping requirements;							
(g) It informs respondents c	f the information called for under 5 CFR 1320.8(b)(3) about	ut:						
(i) Why the information	is being collected;							
(ii) Use of information;								
(iii) Burden estimate;								
(iv) Nature of response (	voluntary, required for a benefit, or mandatory);							
(v) Nature and extent of	confidentiality; and							
(vi) Need to display curre	ently valid OMB control number;							
	office that has planned and allocated resources for the effithe the information to be collected (see note in Item 19 of the							
(i) If applicable, it uses effe	ctive and efficient statistical survey methodology; and							
(j) It makes appropriate use	e of information technology.							
If you are unable to certify on the supporting S	compliance with any of these provisions, identify the item b tatement.	elow and explain the reason in						
b. SENIOR OFFICIAL OR DESIGNEE	CERTIFICATION							
(1) Signature		(2) Date						