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 NUMB	ER		
	a –	b. NONE		
3. TYPE OF INFORMATION COLLECTION (X one) (For b f., note Item A2 of Supporting Statement instructions) 4. TYPE OF REVIEW REQUESTED (X one) a. REGULAR SUBMISSION		. ,		
a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLECTION		b. EMERGENCY - APPROVAL REQUESTED BY:/		
c. EXTENSION OF A CURRENTLY APPROVED COLLECTION	N	c. DELEGATED		
d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOU APPROVED COLLECTION FOR WHICH APPROVAL HAS	SLY Will this information co	 SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities? 		
e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS	YES 6. REQUESTED EXPIRATION	NO ON DATE		
f. EXISTING COLLECTION IN USE WITHOUT AN OMB CO		a. THREE YEARS FROM APPROVAL DATE		
7. TITLE				
8. AGENCY FORM NUMBER(S) (if applicable)				
9. KEYWORDS				
10. ABSTRACT				
11. AFFECTED PUBLIC (Mark primary with "P" and all others		IGATION TO RESPOND (X one)		
a. INDIVIDUALS OR HOUSEHOLDS d. FARM: b. BUSINESS OR OTHER FOR-PROFIT e. FEDER		a. VOLUNTARY		
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)				
a. NUMBER OF RESPONDENTS				
b. TOTAL ANNUAL RESPONSES b. TOTAL ANNUAL COSTS (0&M)				
(1) Percentage of these responses collected electronically % c. TOTAL ANNUALIZED COST REQUESTED				
c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY				
d. CURRENT OMB INVENTORY	e. DIFFERENCE (+, -)	e. DIFFERENCE (+ , -)		
e. DIFFERENCE (+, -)	f. EXPLANATION OF DIFFE	f. EXPLANATION OF DIFFERENCE:		
f. EXPLANATION OF (1) Program change (+ , -)	(1) Program change (+,	(1) Program change (+, -)		
DIFFERENCE: (2) Adustment (+, -) (2) Adustment				
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") 16. FREQUE a. REC		RDKEEPING OR REPORTING (X all that apply) b. THIRD PARTY DISCLOSURE		
a. APPLICATION FOR BENEFITS e. PROGR	AM PLANNING C. REPORTING:			
	NAGEMENT (1) On Occasion	(2) Weekly (3) Monthly		
c. GENERAL PURPOSE STATISTICS f. RESEA	(1) and torig	(5) Semi-Annually (6) Annually		
d. AUDIT g. REGULA COMPL	ATORY OR IANCE (7) Biennially	(8) Other (Describe)		
17. STATISTICAL METHODS Does this information collection employ 18. AGENCY CONTACT (Person who can best answer questions regarding the conte submission)				
statistical methods?	a. NAME (Last, First, Middle Initial)	b. TELEPHONE NUMBER (Include		
YES NO		area code)		

OMB	CONTROL NUMBER	TITLE			
	-				
19.	19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS				
	a. PROGRAM OFFICIAL CERTIFICATION				
(1)	Signature		(2) Date		
	On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.				
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 summary of the topics, regarding the proposed collection of information, that the certification covers:				
	(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 language that is understandable to respondents;				
	(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 of the information called for under 5 CFR 1320.8(b)(3) about:				
	(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 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 (see note in Item 19 of the instructions);				
	(i) If applicable, it uses effective and efficient statistical survey methodology; and				
	(j) It makes appropriate us	e of information technology.			
	If you are unable to certify reason in Item 18 of the Si	compliance with any of these provisions, identify the item be upporting Statement.	elow and explain the		
	ENIOR OFFICIAL OR DESIGNEE C ignature	GERTIFICATION	(2) Date		