

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.

<p>1. Agency/Sub-agency originating request: Department of Labor, Employment and Training Administration</p>	<p>2. OMB control number: b. <input type="checkbox"/> None a. <u>1 2 0 5 -- 0 3 9 8</u></p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. XX Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b.- f., note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. XX Regular</p> <p>b. <input type="checkbox"/> Emergency</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes XX No</p> <p>6. Requested expiration date</p> <p>a. <input type="checkbox"/> Three years from approval date</p> <p>b. XX Other--Specify <u>one year</u></p>
<p>7. Title: Planning Guidance and Instructions for Submission of the Strategic State Plan and Plan Modifications for Title I of the Workforce Investment Act of 1998 (WIA) and the Wagner Peyser Act.</p>	
<p>8. Agency form number(s) (<i>if applicable</i>) None</p>	
<p>9. Keywords: Employment and Training Programs, Workforce Investment Act, Funds Management, Waivers</p>	
<p>10. Abstract The Workforce Investment Act of 1998 (Public Law 105-220) provides the framework for a network of State workforce investment systems designed to meet the needs of the nation's businesses, job seekers, youth, and those who want to further their careers. Title I requires that States develop strategic plans for this system, which must also contain the detail plans required under the Wagner-Peyser Act (29 USC 49g). Plan modifications to the WIA title I and Wagner-Peyser Act (29 USC 49g) are required by WIA 20 CFR 661-230.</p>	
<p>11. Affected public (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions f. P State, Local, or Tribal govt.</p>	<p>12. Obligation to respond (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. P Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>56</u></p> <p>b. Total annual responses <u>56</u></p> <p> 1. Percentage of those responses collected electronically <u>80%</u></p> <p>c. Total annual hours requested <u>2,800</u></p> <p>d. Current OMB inventory <u>950</u></p> <p>e. Difference</p> <p>f. Explanation of difference</p> <p> 1. Program change</p> <p> 2. Adjustment <u>1,850</u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>\$0</u></p> <p>b. Total annual costs: <u>\$0</u></p> <p>c. Total annualized cost requested <u>\$0</u></p> <p>d. Current OMB inventory</p> <p>e. Difference <u>\$0</u></p> <p>f. Explanation of difference</p> <p> 1. Program change</p> <p> 2. Adjustment</p>
<p>15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. X Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation</p> <p>c. <input type="checkbox"/> General purpose statistics f. <input type="checkbox"/> Research</p> <p>d. <input type="checkbox"/> Audit g. P Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p> 1. On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p> 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p> 7. <input type="checkbox"/> Biennially 8. X Other (describe) <u>Every 5 years for Plans, potentially yearly for modifications</u></p>
<p>17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes X No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of the submission)</p> <p>Name: <u>Jan Sten</u></p> <p>Phone: <u>202-693-2793</u></p>