

# 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/Sub-agency originating request: Department of Labor, Employment and Training Administration	2. OMB control number: <span style="float: right;">b. <input type="checkbox"/> None</span> a. <u>1 2 0 5 -- 0 4 0 7</u> <span style="float: right;">_____</span>
3. Type of information collection ( <i>check one</i> ) a. New collection b. <b>XX Revision of a currently approved collection</b> c. Extension of a currently approved collection d. Reinstatement, without change, of a previously approved collection for which approval has expired e. Reinstatement, with change, of a previously approved collection for which approval has expired f. Existing collection in use without an OMB control number  <i>For b.-f., note item A2 of Supporting Statement instructions</i>	4. Type of review requested ( <i>check one</i> ) a. <b>XX Regular</b> b. Emergency--Approval requested by: c. Delegated  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? Yes <b>XX No</b>  6. Requested expiration date a. Three years from approval date b. <b>XX Other</b> —Specify: <u>one year</u>
7. Title: <b>Planning Guidance for State Unified Plans and Plan Modifications submitted under Section 501 of the Workforce Investment Act of 1998 (WIA)</b>	
8. Agency form number(s) ( <i>if applicable</i> ): <b>None</b>	
9. Keywords: <b>Employment and Training Programs, Workforce Investment Act, Funds Management, Waivers</b>	
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. WIA requires that States develop strategic plans for this system, which must also contain the detailed plans required under the Wagner-Peyser Act (29 USC 49g). Title V provides States the option of submitted a State Unified Plan. The Act also requires States to submit Plan modifications under WIA 20 CFR 661.230.	
11. Affected public ( <i>mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Individuals or households      d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit      e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions      f. <b>P State, Local, or Tribal govt.</b>	12. Obligation to respond ( <i>mark primary with "P" and all others that apply with "X"</i> ) a. P Voluntary b. Required to obtain or retain benefits c. <b>P Mandatory</b>
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>3</u> b. Total annual responses <u>3</u> 1. Percentage of those responses collected electronically <u>100</u> c. Total annual hours requested <u>150</u> d. Current OMB inventory <u>50</u> e. Difference <u>100</u> f. Explanation of difference 1. Program change _____ 2. Adjustment <u>100</u>	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs <u>\$0</u> b. <b>Total annual costs (O&amp;M)</b> <u>\$0</u> c. Total annualized cost requested <u>\$0</u> d. Current OMB inventory <u>\$0</u> e. Difference <u>\$0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection ( <i>mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits      e. <b>X Program planning or management</b> b. <input type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics      f. <input type="checkbox"/> Research d. <input type="checkbox"/> Audit      g. <b>P Regulatory or compliance</b>	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping      b. <input type="checkbox"/> Third party disclosure c. <b>x Reporting</b> 1. On occasion      2. Weekly      3. Monthly 4. Quarterly      5. Semi-annually      6. Annually 7. Biennially <b>8. X Other (describe) Every 5 years for Plans, potentially yearly for modifications.</b>
17. Statistical methods Does this information collection employ statistical methods? Yes <b>X No</b>	18. Agency contact (person who can best answer questions regarding the content of the submission) Name: <u>Janet Sten</u> Phone: <u>(202) 693-2793</u>

## 19. Certification for Paperwork Reduction Act Submissions

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 1320.9 and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

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 terminology 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);
  - (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) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

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Signature of Agency  
Official  
Date

Signature of Senior Official or designee