

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Diana Hynek
Departmental Paperwork Clearance Officer
Office of the Chief Information Officer
14th and Constitution Ave. NW.
Room 6625
Washington, DC 20230

06/23/2006

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for the extension of approval of an information collection received on 05/03/2006.

TITLE: StormReady and StormReady/TsunamiReady Application Forms

AGENCY FORM NUMBER(S): None

ACTION : APPROVED WITHOUT CHANGE
OMB NO.: 0648-0419
EXPIRATION DATE: 06/30/2009

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	75	75	0
New	100	200	0
Difference	25	125	0
Program Change		0	0
Adjustment		125	0

TERMS OF CLEARANCE: None

NOTE: The agency is required to display the OMB control number and inform respondents of its legal significance (see 5 CFR 1320.5(b)).

OMB Authorizing Official Title

John F. Morrall III Acting Deputy Administrator, Office of
Information and Regulatory Affairs

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/Subagency originating request</p>	<p>2. OMB control number b. <input type="checkbox"/> None a. _____ - _____</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> 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>For b-f, note Item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input type="checkbox"/> Regular submission</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____</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 <input type="checkbox"/> No</p>
	<p>6. Requested expiration date</p> <p>a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____</p>
<p>7. Title</p>	
<p>8. Agency form number(s) (<i>if applicable</i>)</p>	
<p>9. Keywords</p>	
<p>10. Abstract</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. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>check one</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual recordkeeping and reporting burden</p> <p>a. Number of respondents _____</p> <p>b. Total annual responses _____</p> <p> 1. Percentage of these responses collected electronically _____ %</p> <p>c. Total annual hours requested _____</p> <p>d. Current OMB inventory _____</p> <p>e. Difference _____</p> <p>f. Explanation of difference</p> <p> 1. Program change _____</p> <p> 2. Adjustment _____</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs _____</p> <p>b. Total annual costs (O&M) _____</p> <p>c. Total annualized cost requested _____</p> <p>d. Current OMB inventory _____</p> <p>e. Difference _____</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. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</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 type="checkbox"/> Reporting</p> <p> 1. <input type="checkbox"/> 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. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency Contact (person who can best answer questions regarding the content of this submission)</p> <p>Name: _____</p> <p>Phone: _____</p>

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 used 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 period 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, 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 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 the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
STORMREADY® AND STORMREADY/TsunamiREADY® APPLICATION FORMS
OMB CONTROL NO. 0648-0419**

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

Many laws and regulations exist created to help local emergency managers deal with hazardous material spills, search and rescue operations, medical crises, etc., but there are relatively few uniformly-recognized standards dealing with the specifics of hazardous weather response operations. Recognizing this need, the National Weather Service (NWS), has designed “StormReady®” to help counties, cities and towns implement procedures to reduce the potential for disastrous, weather-related, consequences. By participating in this program, local agencies can earn recognition for their jurisdiction by meeting criteria established by the NWS in partnership with federal, state, and local emergency management professionals.

The NWS recognized an additional need for communities that were vulnerable to tsunamis to improve their public awareness and preparedness. These are communities located along the coastal areas of the contiguous U.S., Alaska and Hawaii. The NWS developed “TsunamiReady™”, which is very similar to StormReady program. In 2002, the NWS combined the programs. There are two applications available to communities. One is for communities wanting StormReady recognition; the other is for communities that want a joint “StormReady/TsunamiReady” recognition. The StormReady/TsunamiReady program is intended to:

1. Improve the timeliness and effectiveness of hazardous weather warnings for the public.
2. Provide detailed and clear recommendations by which local emergency managers may establish/improve effective hazardous weather operations.
3. Help local emergency managers justify costs and purchases related to supporting their hazardous weather-related program.
4. Reward local hazardous-weather mitigation programs that have achieved a desired performance level.
5. Provide a means of acquiring additional Community Rating System points assigned by the National Flood Insurance Program (NFIP).
6. Provide an image incentive to counties, cities, and towns that can identify themselves as being “StormReady/TsunamiReady” Encourage the enhancement of hazardous weather preparedness programs in jurisdictions surrounding “StormReady/TsunamiReady” communities and counties.

Communities hear about the two programs through their local Weather Forecast Office or local/state emergency management agencies. Details about the program and information on how to become a StormReady or StormReady/TsunamiReady community are located at the Website: <http://www.stormready.noaa.gov>.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with applicable NOAA Information Quality Guidelines.

StormReady/TsunamiReady is a voluntary program offered to provide guidance and incentive to officials interested in improving their respective hazardous weather operations. Jurisdictions will use the application to apply for initial StormReady/ TsunamiReady recognition. StormReady/TsunamiReady renewals occur every three years. First time renewals are completed by utilizing the “Signature in Renewal Year” section on the original StormReady/TsunamiReady applications. It is not necessary for a jurisdiction to complete and submit a new application for a first time renewal. Subsequent renewals require a jurisdiction to go through the entire application process again; therefore, StormReady/TsunamiReady communities would complete the entire form one time every 6 years. The government will use the information collected by the StormReady/TsunamiReady application to determine whether a community has met all of the guidelines to receive StormReady/ TsunamiReady recognition.

Recognition as StormReady/TsunamiReady entitles a community to the following benefits: 1) two StormReady/TsunamiReady education signs; 2) authorization to use the StormReady/ TsunamiReady logos; 3) instructions for acquiring additional educational signs; 4) information concerning the notification of the National Flood Insurance Program for possible adjustment to insurance rates; and 5) inclusion on the national StormReady/TsunamiReady Website and map.

Each question asked on the application helps to determine if the applying jurisdiction meets the criteria required to become StormReady/TsunamiReady. Specifically:

Guideline 1: Community Information. Requests the primary and secondary points of contact for the jurisdiction and identifies the location of the 24-hour warning point and Emergency Operations Center. NWS must have this information to verify the person and place responsible for the information.

Guideline 2: NWS Information Reception Equipment. This information identifies the number, type and location of redundant reception equipment a jurisdiction has to receive critical NWS weather information.

Guideline 3: Local Weather & Water Monitoring Equipment. Verifies the number, type and location of redundant weather and monitoring equipment used by the jurisdiction.

Guideline 4: Local Warning Dissemination. Identifies the type, number and location of redundant warning systems used by the jurisdiction to disseminate weather information to the public.

Guideline 5: Community Preparedness. Details specific community education and preparedness activities in terms of hazardous weather.

Guideline 6: Administrative/Record Keeping. Provides details /dates on how the jurisdiction and the NWS administer the program and keep information updated.

None of the information on the application is distributed to the public. The only information made public is the name of the recognized community and the date of its recognition. The information is disseminated to the public via the world wide web and complies with applicable NOAA Information Quality Guidelines:

Utility. Each new recognized site is added to a graphical map of the U.S. located on the StormReady Web site (www.stormready.noaa.gov). Posting the information on the Web site provides the communities with public recognition of their status and enables the public to see what communities are recognized as “StormReady/TsunamiReady”. It also keeps an accurate, up-to-date count of the number of recognized communities.

Integrity. The procedures for recognizing a community as StormReady/TsunamiReady adhere to OMB Circular A-130. The Web site is updated as each new community is recognized. The procedures for getting the communities recognized and posted on the Web site are outlined in the StormReady/TsunamiReady Operations Manual. The Webmaster is the only person authorized to make any changes to the site.

Objectivity. The recognitions are verified by the NWS field official who provides the name of the jurisdiction and date of recognition to the program manager and the Webmaster.

As explained in the preceding paragraphs, the information gathered has utility. NOAA NWS will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

The StormReady and StormReady/TsunamiReady application forms are available in PDF format via the world wide web at <http://www.stormready.noaa.gov>. Applicants will submit the forms either electronically or via paper copy to the local advisory board.

4. Describe efforts to identify duplication.

StormReady/TsunamiReady is a unique federal program. There are no other known programs that collect the information requested on the applications.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

Application for StormReady or StormReady/TsunamiReady recognition is voluntary and collection will not have a significant impact on small entities. The program is aimed at government bodies, not small business. Since the information required is minimal and can be

found in a community emergency manager's customary and usual records, no impact on small governments is expected.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

The program is designed to help as many communities be prepared for hazardous weather situations as possible. While the NWS has a goal of recognizing 100 communities per year, the agency fully encourages additional community applications. Nearly 80 communities have already requested an application form this year (FY 2006). If the NWS could not collect the information requested on the application form, it would be forced to withhold applications from communities seeking to be recognized and deny them the political and tangible benefits of StormReady/TsunamiReady recognition and possible reduction in flood insurance rates.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

None.

8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

A Federal Register Notice solicited public comment on this request for renewal. One comment was received which stated that NOAA should coordinate requests for information with officials from state hazard and coastal management agencies and the National Flood Insurance Program (NFIP). An email was sent to the commenter confirming that NOAA does coordinate the StormReady/TsunamiReady program with representatives from state hazard and emergency agencies and NFIP. NOAA also receives input from state emergency agencies through the National Tsunami Hazard Mitigation Plan. NOAA conducts a program review at its annual StormReady/TsunamiReady Board Advisory Committee, which includes representatives of state and local emergency agencies.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

No payments or gifts will be provided to respondents. Each StormReady/TsunamiReady community receives two signs to identify it as a program participant.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

Data collected through this form are considered public information.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

The StormReady and StormReady/TsunamiReady Application Forms do not contain any sensitive questions as described in the PRA guidance.

12. Provide an estimate in hours of the burden of the collection of information.

Respondents will complete the form once every six years. The NWS estimates that it will take 2 hours to complete the StormReady or StormReady/TsunamiReady Application Forms. Approximately 100 communities are expected to join the program each year. Over the course of 3 years, NOAA expects 300 new application forms to be received. The average response time per applicant is 2 hours. The total annual response time for the collection is 200 hours.

Number of respondents expected annually	100 per year
Frequency of response for each respondent	Once every six years
Total number of responses expected	300 over 3 years
Average response time per respondent	2 hour
Total annual response time for the collection	200 hours

These estimates are based on the experience of numerous communities over the course of the program.

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).

No start-up, capital, or operations related costs are expected from this collection. The form can be prepared without any special equipment and no monitoring or sampling activities are required. Information collected by the application form provides a description of existing capabilities and infrastructure. Record keeping of these items is considered a part of customary and usual business of a community's emergency manager.

The only cost an applicant must bear is the price of postage. Using an estimate of one dollar per application, this would equate to a total annual cost of \$100.

14. Provide estimates of annualized cost to the Federal government.

The cost to the government of administering is limited to the hours that local Meteorologists-In-Charge (MIC) and Warning Coordination Meteorologists (WCM) spend at local Advisory Board Meetings and conducting site reviews of applicant communities. Local advisory board meetings typically occur once a quarter and take less than 2 hours to complete. One MIC and one WCM attend. Site reviews take an average of 3-4 hours of a WCM's time.

The total annual cost to the government is covered by the annual salaries of the government employees administering the program since the activities conducted in association with this program are considered to be a part of the regular duties of all Meteorologists-In-Charge and Warning Coordination Meteorologists. Using the assumptions in the table below, the dollar cost of administering the program is estimated to be \$32,088.00.

Base hourly rate of an MIC	\$45.27
Base hourly rate of a WCM	\$38.39
Duration of Local Advisory Board meeting	2 hours
Cost to government of Local Advisory Board meeting: 2 (\$45.27+ \$38.39)	\$167.32
Duration of site visit	4 hours
Cost to government of site visit: 4 (\$38.39)	\$153.56
Cost to government per application* \$151.40 + \$138.80	\$320.88
Total annual cost to the government 100 (\$320.88)	\$32,088.

Note: The table uses the average salary of MICs and WCMs

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

The increase in hours reflects the expected increase in number of applications per year; in addition, the estimated time per response has doubled to include additional time for reviewing instructions, gathering data, and reviewing the information.

16. For collections whose results will be published, outline the plans for tabulation and publication.

The individual pieces of information collected are not published. The NWS maintains a Web page identifying the communities that are recognized as StormReady or StormReady/TsunamiReady.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

The expiration date will be displayed on both application forms.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

No exceptions identified.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.

Statement on confidentiality. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Guideline 2: NWS Information Reception Equipment

Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>	<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (subscription for alerts)_____			<input type="checkbox"/>	<input type="checkbox"/> Internet (subscription for alerts)_____			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service_____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	<input type="checkbox"/> Other*_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	<input type="checkbox"/> Other*_____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 3: Local Weather & Water Monitoring Equipment							
Warning Point	# Required ____	# Verif ____	Verif	EOC	# Required ____	# Verif ____	Verif
<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>	<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>
<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>	<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>
<input type="checkbox"/> River Gauge			<input type="checkbox"/>	<input type="checkbox"/> River Gauge			<input type="checkbox"/>
<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>
<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>
<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							
						<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>							



Guideline 4: Local Warning Dissemination							
Warning Point	# Required	# Verif	Verified	EOC	# Required	# Verif	Verified
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>	<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>	<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>	<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>	<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>	<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (dissemination)			<input type="checkbox"/>	<input type="checkbox"/> Local Pager System* (dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>	<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>	<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							
						<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>							



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				



Guideline 5: Community Preparedness

Annual Safety Talks			
	Date	Topic	Location
1			
2			
3			
4			
5			

Required _____ # Verif _____

List any additional safety talks on a separate sheet

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities

	Date	Activity	Location	Organizer
1				
2				
3				
4				
5				

List any additional activities on a separate sheet

Renewal Comments:

	<u>Date:</u>	<u>Initials:</u>

Note: Please do not write in shaded areas.



Guideline 6: Administrative Tools/Record keeping		Verif	Renewal Year
Formal Hazardous Weather Operations Plan ➤ Procedure for reporting storm damage to the local National Weather Service Office in real-time ➤ EOC Activation Procedures ➤ Spotter Activation Criteria ➤ Local Warning System(s) Activation Criteria		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spotter Roster and Training Record		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office			<input type="checkbox"/> Biennial
Last Visit by NWS Officials to Community			<input type="checkbox"/> Annual
Last NWS Spotter Training for Spotters and Dispatchers			<input type="checkbox"/> Biennial
Last NWS Spotter Training Hosted/Co-Hosted (<i>For populations >40,000</i>)			<input type="checkbox"/> Annual
Exercises	Topic(s):	Date:	<input type="checkbox"/> Date:
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
Verification Team Notes:			
Renewal Comments:			
			Date:
			Initials:
Signature of Applying Official			
Application Submitted by: (print name):			
Office:		Title:	
Signature:		Date:	
NWS Personnel Receiving Application (print name):			
Date Received:			
Note: Please do not write in shaded areas.			



Site Verification Team Signatures

Print Name:

<u>Office:</u>	<u>Title:</u>
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<u>Signature:</u>	<u>Date:</u>
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Print Name:

<u>Office:</u>	<u>Title:</u>
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<u>Signature:</u>	<u>Date:</u>
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Print Name:

<u>Office:</u>	<u>Title:</u>
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<u>Signature:</u>	<u>Date:</u>
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Print Name:

<u>Office:</u>	<u>Title:</u>
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<u>Signature:</u>	<u>Date:</u>
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Signature in Renewal Year

Application Submitted by: (print name):

<u>Office:</u>	<u>Title:</u>
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<u>Signature:</u>	<u>Date:</u>
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NWS Personnel Receiving Application (print name):

Date Received:



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>			

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.

Statement on confidentiality. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Guideline 2: NWS Information Reception Equipment

Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio (AM/FM) - EAS reception			<input type="checkbox"/>	<input type="checkbox"/> Radio (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>	<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

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Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 3: Local Weather & Water Monitoring Equipment

Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>	<input type="checkbox"/> Anemometer (Wind gauge)			<input type="checkbox"/>
<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>	<input type="checkbox"/> Rain Gauge			<input type="checkbox"/>
<input type="checkbox"/> River Gauge			<input type="checkbox"/>	<input type="checkbox"/> River Gauge			<input type="checkbox"/>
<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>
<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	<input type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>
<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>	<input type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

	<u>Date:</u>	<u>Initials:</u>
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Note: Please do not write in shaded areas.



Guideline 4: Local Warning Dissemination							
Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>	<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>	<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>	<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>	<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (For dissemination)			<input type="checkbox"/>	<input type="checkbox"/> Local Pager System* (For dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>	<input type="checkbox"/> Telephone Tree to Critical Facilities*			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>	<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>	<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							
						<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>							



Local Government-Owned Buildings in Which Public Traffic is Common

Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Verification Team Notes:

Renewal Comments:

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Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 5: Community Preparedness

Annual Safety Talks # Required _____ # Verif _____

Date	Topic	Location	Speaker
1			
2			
3			
4			
5			

List any additional safety talks on a separate sheet

Community Tsunami Awareness Program Verif

<input type="checkbox"/> Designate/establish tsunami shelter/area in safe zone.	<input type="checkbox"/>
<input type="checkbox"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.	<input type="checkbox"/>
<input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public.	<input type="checkbox"/>
<input type="checkbox"/> Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.	<input type="checkbox"/>
Number of annual tsunami awareness campaigns: _____	<input type="checkbox"/>

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities

Date	Activity	Location	Organizer
1			
2			
3			

List any additional activities on a separate sheet

Renewal Comments:

Date: _____ Initials: _____

Note: Please do not write in shaded areas.



Guideline 6: Administrative Tools/Record Keeping		Verif	Renewal
Formal Tsunami Hazard and Hazardous Weather Operations Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
➤ Procedure for reporting storm/tsunami damage to the local National Weather Service Office in real-time		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
➤ EOC Activation Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
➤ Spotter Activation Criteria		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
➤ Local Warning System(s) Activation Criteria		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spotter Roster and Training Record		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)		<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	Date:
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
<u>Verification Team Notes:</u>			
<u>Renewal Comments:</u>			
		Date:	Initials:

Signature of Applying Official	
<u>Application Submitted by (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	
<i>Note: Please do not write in shaded areas.</i>	



Site Verification Team Signatures

<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>

Signature in Renewal Year

<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	

Dated: January 11, 2006.

Hratch G. Semerjian,

Deputy Director.

[FR Doc. E6-414 Filed 1-13-06; 8:45 am]

BILLING CODE 3510-33-P

DEPARTMENT OF COMMERCE

National Institute of Standards and Technology

[Docket 051229349-5349-01]

Establishment of a Laboratory Accreditation Program for Radiation Detection Instruments Under National Voluntary Laboratory Accreditation Program

AGENCY: National Institute of Standards and Technology, Commerce.

ACTION: Notice.

SUMMARY: The National Institute of Standards and Technology (NIST) publishes this notice to announce that it is establishing an accreditation program for laboratories that perform testing of radiation detection instruments. This program will provide for the accreditation of laboratories that test radiation detection instruments using standards developed by the American National Standards Institute (ANSI) and the Homeland Security Instrumentation (HSI) and Radiation Protection Instrumentation (RPI) groups.

DATES: Laboratories interested in seeking accreditation that will allow them to be considered for Department of Homeland Security recognition should contact NVLAP immediately.

ADDRESSES: National Voluntary Laboratory Accreditation Program, 100 Bureau Drive/MS 2140, Gaithersburg, MD 20899-2140.

FOR FURTHER INFORMATION CONTACT: Betty Ann Torres, Senior Program Manager, NVLAP, 100 Bureau Drive/MS2140, Gaithersburg, MD 20899-2140, Phone: (301) 975-8446 or e-mail: betty.torres@nist.gov. Information regarding NVLAP and the accreditation process can be viewed at <http://www.nist.gov/nvlap>.

SUPPLEMENTARY INFORMATION:

Background

The United States Department of Homeland Security (DHS) has requested that NIST establish a laboratory accreditation program for laboratories that test radiation detection instruments used in homeland security applications. In response to the request by DHS, National Voluntary Laboratory Accreditation Program (NVLAP) is establishing an accreditation program

for laboratories that test radiation detection instruments.

This notice is issued in accordance with the NVLAP procedures and general requirements, found in title 15, Part 285 of the Code of Federal Regulations.

Technical Requirements for the Accreditation Process

NVLAP accreditation criteria are established in accordance with the Code of Federal Regulations (CFR, title 15, Part 285), NVLAP Procedures and General Requirements. NVLAP is in full conformance with the standards of the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC), including ISO/IEC 17025.

Accreditation is granted to a laboratory following successful completion of a process, which includes submission of an application and payment of fees by the laboratory, an on-site assessment by technical experts, resolution of any deficiencies identified during the on-site assessment, and participation in proficiency testing. The accreditation is formalized through issuance of a Certificate of Accreditation and Scope of Accreditation.

NVLAP provides an unbiased, third-party evaluation and recognition of competence. NVLAP accreditation signifies that a laboratory has demonstrated that it operates in accordance with NVLAP management and technical requirements pertaining to quality systems; personnel; accommodation and environment; test and calibration methods; equipment; measurement traceability; sampling; handling of test and calibration items; and test and calibration reports.

NVLAP accreditation does not imply any guarantee (certification) of laboratory performance or test/calibration data. NVLAP accreditation is a finding of laboratory competence.

PRA Clearance

This action contains a collection of information requirements subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) of 1995. Collection activities for National Voluntary Laboratory Accreditation Program are currently approved by the OMB under control number 0693-0003. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information unless it displays a currently valid OMB Control Number.

Executive Order 12866

This action has been determined to be not significant under Executive Order 12866.

Dated: January 10, 2006.

Hratch G. Semerjian,

Deputy Director.

[FR Doc. E6-413 Filed 1-13-06; 8:45 am]

BILLING CODE 3510-13-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; StormReady and TsunamiReady/StormReady Application Forms

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments must be submitted on or before March 20, 2006.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Donna Franklin at Donna.Franklin@noaa.gov or 301-713-0090 ext 141.

SUPPLEMENTARY INFORMATION:

I. Abstract

StormReady and TsunamiReady are voluntary programs offered to provide guidance and incentive to officials who wish to improve their hazardous weather operations. Applicants will use the StormReady Application form and TsunamiReady/StormReady Application form to apply for initial StormReady or TsunamiReady/StormReady recognition and renewal of that recognition every three years. A typical StormReady community would use this form 3 times every 10 years. The government will use the information collected by application to determine whether a community has

met all of the guidelines to receive StormReady and/or TsunamiReady selection.

II. Method of Collection

Applications will be submitted on paper (faxed or mailed) or electronically.

III. Data

OMB Number: 0648-0419.

Form Number: None.

Type of Review: Regular submission.

Affected Public: State, local or tribal government (emergency managers).

Estimated Number of Respondents: 75.

Estimated Time Per Response: 1 hour.

Estimated Total Annual Burden

Hours: 75.

Estimated Total Annual Cost to Public: \$27.75.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: January 10, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6-371 Filed 1-13-06; 8:45 am]

BILLING CODE 3510-KE-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Notice of Availability of Record of Decision and Final Findings on Approvability for the Office of Ocean and Coastal Resource Management's Review of Amendments to the Alaska Coastal Management Program Final Environmental Impact Statement (EIS)

AGENCY: Department of Commerce, National Oceanic and Atmospheric

Administration (NOAA), Office of Ocean and Coastal Resource Management.

ACTION: Notice of availability of Record of Decision and Final Findings of Approvability for Amendment to the Alaska Coastal Management Program.

SUMMARY: NOAA's Office of Ocean and Coastal Resource Management (OCRM) announces availability of the Record of Decision (ROD) and Final Findings of Approvability (Findings) for OCRM's Review of Amendments to the Alaska Coastal Management Program (ACMP) final Environmental Impact Statement (EIS). On June 2, 2005, OCRM received the State of Alaska's request to incorporate Executive Order 106, House Bills 191, 69, 86, Senate Bill 102, revisions to statute AS 46, and new implementing regulations at 11 AAC 110, 11 AAC 112, and 11 AAC 114 as an amendment to the ACMP. The new implementing regulations replace the existing consistency review procedure regulations previously found at 6 AAC 50, the statewide standards previously found at 6 AAC 80, and the district program guidelines previously found at 6 AAC 85 as the enforceable policies of the ACMP. The final EIS was released to the public for 30 days after the publication of a Notice of Availability in the **Federal Register** on November 25, 2005 (79 FR 71139). The ROD documents the selection of Alternative 1 (the NOAA preferred alternative) in the final EIS. The Findings make a final determination that the ACMP, as amended by the June 2, 2005, ACMP Amendment Document, still constitutes an approvable program and that procedural requirements of the CZMA and its implementing regulations have been met. The ROD and Findings were signed by the Deputy Assistant Administrator, National Ocean Service (NOS) on December 29, 2005. Federal consistency applies to the revised ACMP enforceable policies as of December 29, 2005.

ADDRESSES: A copy of the ROD and the Findings may be obtained from Helen Bass, Environmental Protection Specialist, National Oceanic and Atmospheric Administration, OCRM/CPD, N/ORM3, Station 11207, 1305 East-West Highway, Silver Spring, MD 20910, or at Helen.Bass@noaa.gov, (301) 713-3155, extension 175 (telephone) and 301-713-4367 (FAX). The documents are also available on OCRM's Web site at <http://coastalmanagement.noaa.gov/pcd/up.html>.

FOR FURTHER INFORMATION CONTACT: Bill Millhouser, Pacific Regional Team

Leader, National Oceanic and Atmospheric Administration, OCRM/CPD, N/ORM3, Station 11204, 1305 East-West Highway, Silver Spring, MD 20910, or Bill.Millhouser@noaa.gov, (301) 713-3155, extension 189, (telephone), 301-713-4367 (FAX).

SUPPLEMENTARY INFORMATION: The following is a summary of the ROD and the Findings. On June 2, 2005, Alaska formally submitted to NOAA a request to amend the ACMP.

The amendment included the above-referenced laws and new implementing regulations, which replace the existing consistency review procedure regulations previously found at 6 AAC 50, the statewide standards previously found at 6 AAC 80, and the district program guidelines previously found at 6 AAC 85. The Rod selects final EIS Alternative 1, Approve Alaska's Request for Amendment of the ACMP. OCRM arrived at this decision while taking environmental, economic, and agency statutory mission considerations into account, as discussed in greater detail in the ROD and Section 10 of the final EIS. The Findings provide an analysis of how the ACMP, as amended, meets the requirements of the CZMA at 15 CFR part 923, including uses subject to management, special management areas, boundaries, authorities and organization, and coordination, public involvement, and national interest.

The following factors weighed most heavily in OCRM's decision: (1) Continued ACMP approvability as amended by the proposed program change; and (2) impacts to coastal resources and communities associated with the continued existence of the ACMP. OCRM approved the ACMP amendment because OCRM believes Alternative 1 meets the program change requirements of the CZMA, and will be the best opportunity for continued comprehensive protection of Alaska's coastal resources. OCRM did not select either Alternative 2 (Failure to Approve Alaska's Request for Amendment of the ACMP) or Alternative 3 (Deny Alaska's Request for Amendment of the ACMP) because both ultimately would have resulted in the repeal and termination of the ACMP. Termination of the ACMP would potentially lead to adverse physical and socio-economic impacts to coastal resources and communities associated with (1) lack of Federal consistency requirements available only through participation in the national coastal management program; (2) loss of funding for implementation of the ACMP; and (3) loss of Alaska's comprehensive coastal management program which allows for district