

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 EPA / Office of Air and Radiation / Immediate Office</p>	<p>2. OMB control number b. <input type="checkbox"/> None a 2060 - 0306 _____</p>																																		
<p>3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired 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>) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ 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 checked="" type="checkbox"/> No</p>																																		
<p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___/___/___</p>																																			
<p>7. Title Clean Air Act Tribal Authority (Renewal)</p>																																			
<p>8. Agency form number(s) (<i>If applicable</i>) ICR#: 1676.04</p>																																			
<p>9. Keywords Tribal Authority, Clean Air Act, eligibility determination, burden hours, costs, air pollution, environmental protection</p>																																			
<p>10. Abstract</p> <p>This ICR requests clearance of EPA's review and approval process for determining Tribe eligibility to carry out the Clean Air (CAA). Tribes may choose to submit a CAA eligibility determination and a CAA program application to EPA at the same time for approval and EPA will review both submittals simultaneously. EPA will use this information to determine if a Tribe meets the statutory criteria under section 301(d) of the CAA and is qualified for purposes of implementing an Air Quality Program. Section 114 of the CAA is the authority for the collection of information.</p>																																			
<p>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. <input checked="" type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Number of respondents</td> <td style="text-align: right;">27</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">9</td> </tr> <tr> <td> 1. Percentage of these responses collected electronically</td> <td style="text-align: right;">0 %</td> </tr> <tr> <td>c. Total hours requested</td> <td style="text-align: right;">360</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">293</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">67</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program Change</td> <td style="text-align: right;">0</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;">67</td> </tr> </table>	a. Number of respondents	27	b. Total annual responses	9	1. Percentage of these responses collected electronically	0 %	c. Total hours requested	360	d. Current OMB inventory	293	e. Difference	67	f. Explanation of difference		1. Program Change	0	2. Adjustment	67	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: right;">0</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;">0</td> </tr> </table>	a. Total annualized capital/startup costs	0	b. Total annual costs (O&M)	0	c. Total annualized cost requested	0	d. Current OMB inventory	0	e. Difference	0	f. Explanation of difference		1. Program change	0	2. Adjustment	0
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<p>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. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">1. <input type="checkbox"/> On occasion</td> <td style="width:33%;">2. <input type="checkbox"/> Weekly</td> <td style="width:33%;">3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biannually</td> <td colspan="2">8. <input checked="" type="checkbox"/> Other (describe) <u>One time application</u></td> </tr> </table>	1. <input type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input type="checkbox"/> Annually	7. <input type="checkbox"/> Biannually	8. <input checked="" type="checkbox"/> Other (describe) <u>One time application</u>																										
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17. Statistical methods
Does this information collection employ statistical methods?
 Yes No

18. Agency contact (*person who can best answer questions regarding the content of this submission*)
Name: **Darrel Harmon**
Phone: 202-564-7416