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
Fish and Wildlife Service, Dept. of the Interior

2. OMB control number
a. ____-____ b. ☑ None 1018

3. Type of information collection *(check one)*
a. ☑ New Collection
b. ☐ Revision of a currently approved collection
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
For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested *(check one)*
a. ☑ Regular
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 ☑ No

6. Requested expiration date
a. ☑ Three years from the approval date b. ☐ Other: ___/___

7. Title
Oral History and Traditional Knowledge-Gathering Within Togiak National Wildlife Refuge (NWR)

8. Agency form number(s) *(if applicable)*

9. Keywords
Natural resources, ecology, oral history, traditional ecological knowledge, Yup'ik culture

10. Abstract
Togiak NWR and cooperators propose a traditional ecological knowledge-gathering project to preserve the unwritten knowledge of the long-term residents of the southwest Alaska region in the vicinity of Togiak NWR, particularly distribution, abundance, and ecological relationships of natural resources..

11. Affected public *(Mark primary with "P" and all others with "X")*
a. P Individuals or households
b. __ Business or other for-profit
c. __ Not-for-profit institutions
d. __ Farms
e. __ Federal Government
f. __ State, Local, or Tribal Government

12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*
a. P Voluntary
b. ☐ Required to obtain or retain benefits
c. ☐ Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 10
b. Total annual responses 10
1. Percentage of these responses collected electronically ~~100~~ 0 %
c. Total annual hours requested 55
d. Current OMB inventory 0
e. Difference 55
f. Explanation of difference
1. Program change 55
2. Adjustment

14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*
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
2. Adjustment

15. Purpose of information collection *(Mark primary with "P" and all others that apply with "X")*
a. __ Application for benefits
b. __ Program evaluation
c. __ General purpose statistics
d. __ Audit
e. __ Program planning or management
f. P Research
g. __ Regulatory or compliance

16. Frequency of recordkeeping or reporting *(check all that apply)*
a. ☐ Recordkeeping
b. ☐ Third party disclosure
c. ☑ Reporting:
1. ☑ On occasion
2. ☐ Weekly
3. ☐ Monthly
4. ☐ Quarterly
5. ☐ Semi-annually
6. ☐ Annually
7. ☐ Biennially
8. ☐ Other (describe)

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: Aaron Archibeque, Refuge Manager
Phone: (907) 842-1063

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 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) It uses effective and efficient statistical survey methodology (if applicable); 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.

Orin Glead
5/29/2003

Signature of Senior Official or designee	Date
Donald J Benning, for H. Theodore Heintz	05 June 2003