

PAPERWORK REDUCTION ACT SUBMISSION

IRG final

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: Dept. of Education, Office of Student Financial Assistance Programs SFA</p>	<p>2. OMB Control Number: a. 1845 - 0054 b. <input type="checkbox"/> NONE - NEW <i>formerly 1846-0708</i></p>
<p>3. Type of information collection (check one):</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" 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 (check one):</p> <p>a. <input checked="" type="checkbox"/> Regular (if streamlined also check here <input type="checkbox"/>)</p> <p>b. <input type="checkbox"/> Emergency - Approval request 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 checked="" type="checkbox"/> No</p> <p>6. Requested Expiration date:</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date</p> <p>b. <input type="checkbox"/> Other - Specify:</p>
<p>7. Title (10-15 words maximum): Notice Inviting Proposals for Participation in the Experimental Sites Initiative (JS)</p>	
<p>8. Agency form number(s) (if applicable): 84.07;84.032;84.033;84.063;84.038;and 84.268</p>	
<p>9. Keywords: Student financial assistance programs, postsecondary education, experiments, alternative approaches</p>	
<p>10. Abstract: With this notice, the Secretary invites proposals to reinvent the administration of Federal student assistance programs through the use of the experimental sites authority (Section 487A(b)) of the Higher Education Act of 1965, as amended. The program is intended to encourage institutions to develop innovative strategies to improve Title IV program administration.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X"):</p> <p>a. <input checked="" type="checkbox"/> Individuals or households</p> <p>b. <input type="checkbox"/> Businesses or other for-profit</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions</p> <p>d. <input type="checkbox"/> Farms</p> <p>e. <input type="checkbox"/> Federal Government</p> <p>f. <input checked="" type="checkbox"/> State, local or Tribal Gov't, SEAs or LEAs</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X"):</p> <p>a. <input checked="" 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 reporting and recordkeeping hour burden:</p> <p>a. Number of respondents 500</p> <p>b. Total annual responses 500</p> <p>1. Percentage of these responses collected electronically 10%</p> <p>c. Total annual hours requested 2,500</p> <p>d. Current OMB inventory 2,500</p> <p>e. Difference (+/-) 0</p> <p>f. Explanation of difference</p> <p>1. Program change _____</p> <p>2. Adjustment _____</p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars):</p> <p>a. Total annualized capital/startup costs 0</p> <p>b. Total annual costs (O&M) 0</p> <p>c. Total annualized cost requested 0</p> <p>d. Current OMB inventory 0</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 (Mark primary with "P" and all others that apply with "X"):</p> <p>a. <input type="checkbox"/> Application for benefits</p> <p>b. <input type="checkbox"/> Program evaluation</p> <p>c. <input type="checkbox"/> General purpose statistics</p> <p>d. <input type="checkbox"/> Audit</p> <p>e. <input type="checkbox"/> Program planning or management</p> <p>f. <input checked="" type="checkbox"/> Research</p> <p>g. <input type="checkbox"/> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply):</p> <p>a. <input type="checkbox"/> Recordkeeping</p> <p>b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion</p> <p>2. <input type="checkbox"/> Weekly</p> <p>3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly</p> <p>5. <input type="checkbox"/> Semi-annually</p> <p>6. <input type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biennially</p> <p>8. <input checked="" type="checkbox"/> Other (describe) one time <u>one time</u></p>
<p>17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission):</p> <p>Name: <u>Barbara Mroz</u></p> <p>Phone No: <u>202/708-8439</u></p> <p>Fax No: <u>202/708-9485</u></p> <p>Email: <u>BARBARA.MROZ@ED.GOV</u></p> <p>Address: <u>400 Maryland Ave., SW, ROB-3, Rm 3925, Washington,</u></p> <p>DC 20202</p> <p style="text-align: right;"><i>Joe Schimbert</i></p>
<p>19. Regulatory information (Information provided in this block will be used to improve the processing of the information collection):</p> <p>a. Does this collection contain a proposed regulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, check item that applies: <input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other</p> <p>b. List all Paperwork Reduction Act sections that apply to this collection:</p>	

20. Certification for Paperwork Reduction Act Submissions:

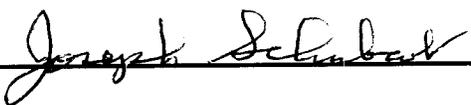
On behalf of this federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

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 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) 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 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.

Signature of Senior Official or designee: 	Date: July 26, 2001
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For Department of Education Internal Use

I certify that the information collection being submitted to the Senior Official, or designee, encompassed by this request complies with 5 CFR 1320.9, as summarized above. *(Assistant Secretary signature required for emergency reviews.)*

Signature of Assistant Secretary or designee:	Date:
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