

IMG Final  
1796

# 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:<br><br>U.S. Department of Education/Office of Student Financial Assistance/Financial Partners/Business Partner Relations   | 2. OMB control number:<br>a. 1845-0044 b. { } 1800NONE: -- NEW  |
| 3. Type of information collection (check one):<br>a. <input checked="" type="checkbox"/> New collection<br>b. <input type="checkbox"/> Revision of a currently approved collection<br>c. <input type="checkbox"/> Extension of a currently approved collection<br>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired<br>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired<br>f. <input type="checkbox"/> Existing collection in use without an OMB control number   | 4. Type of review requested (check one):<br>a. Regular (if streamlined also check here <input type="checkbox"/><br>b. <input checked="" type="checkbox"/> Emergency - Approval requested by: <u>05/20/2007</u> <i>July 11</i><br>c. <input type="checkbox"/> Delegated<br>5. Small entities:<br>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<br>6. Requested expiration date:<br>a. <input checked="" type="checkbox"/> Three years from approval date<br>b. <input type="checkbox"/> Other -- Specify: |
| 7. Title (10-15 words maximum):<br>The Leveraging Educational Assistance Partnership (LEAP) and Special Leveraging Educational Assistance Partnership (SLEAP) Programs  |   |
| 8. Agency form number(s) (if applicable):<br>ED FORM 1288-1 <span style="margin-left: 100px;"><b>CFDA = 84.069A+B</b></span>  |   |
| 9. Keywords:<br>Federal Grants, Federal AID Programs, Student Financial Aid   |   |
| 10. Abstract:<br>The LEAP and SLEAP programs use matching Federal and State funds to provide a nationwide system of grants to assist postsecondary educational students with substantial financial need. On this performance report the states provide information the Department requires about the state's use of program funds in order to demonstrate compliance with the program's statutory and regulatory requirements. Federal program officials use the performance report data for monitoring program funds distribution. With the clearance of this collection, the Department is seeking to automate the performance reporting process for both the LEAP Program and the subprogram, SLEAP. There are no significant changes to the current LEAP form data elements, there are however, additional items pertaining to the SLEAP program. |   |
| 11. Affected Public (mark primary with "P" and all others that apply with "X"):<br>a. <input type="checkbox"/> Individuals or households<br>b. <input type="checkbox"/> Businesses or other for-profit<br>c. <input type="checkbox"/> Not-for-profit institutions<br>d. <input type="checkbox"/> Farms<br>e. <input type="checkbox"/> Federal Government<br>f. <input checked="" type="checkbox"/> State, local or Tribal Gov't, SEAs or LEAs   | 12. Obligation to respond (Mark primary with "P" and all others that apply with "X"):<br>a. <input type="checkbox"/> Voluntary<br>b. <input type="checkbox"/> Required to obtain or retain benefits<br>c. <input checked="" type="checkbox"/> Mandatory   |
| 13. Annual reporting and recordkeeping hour burden:<br>a. Number of respondents <u>56</u><br>b. Total annual responses <u>56</u><br>Percentage of these responses<br>Collected electronically <u>70%</u><br>c. Total annual hours requested <u>560</u><br>d. Current OMB inventory <u>560</u><br>e. Difference (+/-) <u>0</u><br>f. Explanation of difference<br>1. Program change <u>Automating the Process by E-form</u><br>2. Adjustment -----   | 14. Annual reporting and recordkeeping cost burden (in thousands of dollars):<br>a. Total annualized capital/startup costs <u>0</u><br>b. Total annual costs (O&M) <u>13,960</u><br>c. Total annualized cost requested <u>13,960</u><br>d. Current OMB inventory <u>28,960</u><br>e. Difference (+/-) <u>-15,000</u><br>f. Explanation of difference<br>1. Program change <u>Automating the Process</u><br>2. Adjustment -----  |
| 15. Purpose of information collection (mark primary with "P" and all others that apply with "X"):<br>a. <input type="checkbox"/> Application for benefits<br>b. <input checked="" type="checkbox"/> Program evaluation<br>c. <input checked="" type="checkbox"/> General purpose statistics<br>d. <input type="checkbox"/> Audit<br>e. <input checked="" type="checkbox"/> Program planning or management<br>f. <input type="checkbox"/> Research<br>g. <input type="checkbox"/> Regulatory or compliance   | 16. Frequency of recordkeeping or reporting (check all that apply):<br>a. <input checked="" type="checkbox"/> Recordkeeping<br>b. <input type="checkbox"/> Third party disclosure<br>c. <input checked="" type="checkbox"/> Reporting<br>1. <input type="checkbox"/> On occasion<br>2. <input type="checkbox"/> Weekly<br>3. <input type="checkbox"/> Monthly<br>4. <input type="checkbox"/> Quarterly<br>5. <input type="checkbox"/> Semi-annually<br>6. <input checked="" type="checkbox"/> Annually<br>7. <input type="checkbox"/> Biennially<br>8. <input type="checkbox"/> Other (describe) -----  |
| 17. Statistical methods:<br>Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 18. Agency contact (person who can best answer questions regarding the content of this submission):<br>Name: <u>Greg Gerrans</u><br>Phone No.: <u>202-708-4695</u><br>Fax No.: <u>202-708-8404</u><br><i>Joe Schubar</i>  |
| 19. Regulatory information (information provided in this block will be used to improve the processing of the information collection):<br>a. Does this collection contain a proposed regulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, check item that applies:<br><input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other -----<br>b. List all Paperwork Reduction Act sections that apply to this collection:   |   |

**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:

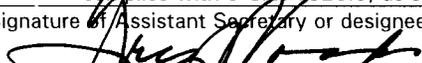
- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible 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 320.8 (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 5, 2001 |
|--|--|------|--------------|

**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 | 6/28/01 |
|--|---|------|---------|