

IMG DC
3/30/00 Version

PAPE...WORK 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: U.S. Department of Education/OPE International Education and Graduate Programs Service</p>	<p>2. OMB control number: a. <u>18 40 - 0 5 62</u> b. { } NONE: _____ - NEW</p>
<p>3. Type of information collection (check one):</p> <p>a. [] New collection</p> <p>b. [] Revision of a currently approved collection</p> <p>c. [] Extension of a currently approved collection</p> <p>d. [X] Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>e. [] Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>f. [] Existing collection in use without an OMB control number</p>	<p>4. Type of review requested (check one):</p> <p>a. [X] Regular (if streamlined also check here <input checked="" type="checkbox"/> 1890-0001</p> <p>b. [] Emergency - Approval requested by: <u> / / </u></p> <p>c. [] Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? [] Yes [X] No</p> <p>6. Requested expiration date:</p> <p>a. [X] Three years from approval date</p> <p>b. [] Other -- Specify: <u> / / </u></p>
<p>7. Title (10-15 words maximum): Application Package for the Jacob K. Javits Fellowship Program</p>	
<p>8. Agency form number(s) (if applicable):</p>	
<p>9. Keywords: Education, Graduate, Colleges and Universities, Fellowships</p>	
<p>10. Abstract: These instructions and forms provide the U.S. Department of Education the information needed to select fellows for the Javits Program.</p>	
<p>11. Affected Public (mark primary with "P" and all others that apply with "X")</p> <p>a. [P] Individuals or households d. [] Farms</p> <p>b. [] Businesses or other for-profit e. [] Federal Government</p> <p>c. [] Not-for-profit institutions f. [] 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. [] Voluntary</p> <p>b. [X] Required to obtain or retain benefits</p> <p>c. [] Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden:</p> <p>a. Number of respondents <u>2,000</u></p> <p>b. Total annual responses <u>2,000</u></p> <p>Percentage of these responses Collected electronically <u>100</u> %</p> <p>c. Total annual hours requested <u>10,000</u></p> <p>d. Current OMB inventory <u>10,000</u> <u>17,500</u> <u>7,500</u></p> <p>e. Difference (+/-) <u>gnt -0-</u> <u>-7,500</u> <u>+2,500</u></p> <p>f. Explanation of difference 1. Program change <u>in justification)</u> 2. Adjustment</p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars):</p> <p>a. Total annualized capital/startup costs <u>0</u></p> <p>b. Total annual costs (O&M) <u>0</u></p> <p>c. Total annualized cost requested <u>0</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference (+/-) _____</p> <p>f. Explanation of difference 1. Program change _____ 2. Adjustment _____</p>
<p>15. Purpose of information collection (mark primary with "P" and all others that apply with "X"):</p> <p>a. [P] Application for benefits e. [X] Program planning or management</p> <p>b. [] Program evaluation f. [] Research</p> <p>c. [] General purpose statistics g. [X] Regulatory or compliance</p> <p>d. [] Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply):</p> <p>a. [] Recordkeeping b. [] Third party disclosure</p> <p>c. [X] Reporting</p> <p>1. [] On occasion 2. [] Weekly 3. [] Monthly</p> <p>4. [] Quarterly 5. [] Semi-annually 6. [X] Annually</p> <p>7. [] Biennially 8. [] Other (describe) _____</p>
<p>17. Statistical methods: Does this information collection employ statistical methods? [] Yes [X] No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission):</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? [] Yes [X] No If yes, check item that applies: [] NPRM [] Final [] Other _____</p> <p>b. List all Paperwork Reduction Act sections that apply to this collection:</p>	<p>Name: <u>Tom Nucci</u></p> <p>Phone No.: <u>(202) 502-7542</u></p> <p>Fax No.: <u>(202) 502-7859</u></p> <p><u>Schubart / Montague</u></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 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 <i>Joseph R. Schubert</i>	Date <i>March 30, 2000</i>
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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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