

SUPPORTING STATEMENT

Public Safety Officers= Death Benefits Program

A. JUSTIFICATION

1. Necessity of Information: The Public Safety Officers= Benefits (PSOB) Program (42 U.S.C. ' 3796, *et seq.*) provides a one-time benefit (~~currently of 295,194,000,??~~ adjusted in accordance with subsection (h) of the PSOB Death Benefits Regulations, to the eligible survivors of local, state, tribal and federal public safety officers whose deaths result from traumatic injuries sustained in the line of duty, or eligible heart attacks and strokes. The Report of Public Safety Officer=s Death form is completed by the employing agency. The Claim for Death Benefits form Supporting documentation is completed by the claimant. Both forms, along with supporting documentation, are filed with the Bureau of Justice Assistance to assist in evaluating whether claims are eligible under the PSOB Program and, if so, determining the eligibility of spouses, children, life insurance beneficiaries, and/or parents of deceased public safety officers for this benefit, in obtaining benefits. The form includes information necessary to determine that the circumstances of death meet the requirements prescribed in 42 U.S.C., ' 3796.

2. Purpose for Use: The Report of Public Safety Officer=s Death form allows the employer to certify that the decedent was a public safety officer, that his or her death did occur in the line of duty, and that certain eligibility ~~considerations/prohibitions~~ (misconduct, gross negligence, suicide, voluntary intoxication, ~~involvement of a claimant~~) were not disqualifying factors in the death. The Claim for Death Benefits lists the officer's survivors and ensures that only eligible beneficiaries are considered for PSOB purposes. This information on these forms is not readily available from sources other than the employing agency/claimant. Changes to the forms application form have been made in an effort to streamline the application process and eliminate requests for information that is either irrelevant or already being collected by other means.

3. Use of Information Technology: The PSOB Report of Public Safety Officer=s Death form (OJP FORM 3650/6) and Claim for Death Benefits form (OJP FORM 3650/5) are available for downloading from the Bureau of Justice Assistance website at; http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html. As of May 2006, the forms can also will not be completed electronically and sent directly to the PSOB Office through the online application process at <https://www.psob.gov>. Supporting documentation can be attached to the online application or submitted via mail or fax as indicated below. The same contact information can be used to receive and submit the PSOB application forms from and to the PSOB Office distributed or completed via automated or electronic means. Since other official documentation that cannot be sent electronically must be submitted (e.g., marriage licenses, investigative reports, and medical documentation) the benefits of electronic submission would be negligible.

4. Identification of Duplication: ~~This is the only federal program providing this specific service. The Report of Public Safety Officer=s Death form is the only form that directly asks~~

~~the employing agency the information needed to assist in identifying if the officer in question suffered a line-of-duty injury that caused his death. The information collection form also is used for activities under the Federal Employees Compensation Act and the D.C. Retirement and Disability Act.~~

~~The Public Safety Officers' Benefits application form OJP FORM 1240/??, is accessible by the Internet at the Bureau of Justice Assistance's web site:~~

~~http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html~~

~~The PSOB application is also available via mail and/or fax by contacting:~~

Office of Justice Programs, Bureau of Justice Assistance
Public Safety Officers' ~~Death~~ Benefits Office Assistance
810 Seventh Street, NW
Washington, D.C., 20531

1-888-744-6513 Toll free
202-616-0314 Fax

4. Identification of Duplication: ~~This is the only federal program providing this specific service. The Report of Public Safety Officer's Death form is the only form that directly asks the employing agency the information needed to assist in identifying if the officer in question suffered a line-of-duty injury that caused his death. Similarly, the Claim for Death Benefits form is the only form that directly asks the claimant the information needed to identify survivors who may be eligible to receive the PSOB benefit. The information collection forms are also used for activities under the Federal Employees Compensation Act and the D.C. Retirement and Disability Act.~~

5. Impact on Small Businesses or Other Entities: The information collection requirements do not impact small businesses or other entities as described in the instructions for completing OMB Form 83-I.

6. Consequences if Collection is not Conducted: The PSOB Report of Public Safety Officer's Death and Claim for Death Benefits forms~~form~~ only ~~have~~has to be completed once by the employing agency/claimant. Without the statutorily required information collected on these forms~~the form~~, BJA would not be able to confirm that the officers' deaths were either from line-of-duty activities or eligible heart attacks or strokes, and determinations could not be made with regard to which survivors~~applicants~~ are eligible for the PSOB benefits. In addition, BJA,~~and it~~ would not be able to authorize payments.

7. Special Circumstances: None.

8. Publication: The 60 and 30 day federal register notices have been published for public comment. No comments were received.

9. Payment to Respondents: The completion and successful processing of this application will entitle eligible the applicant, as a beneficiary(ies) of a public safety officer who was killed in the line of duty or who died from eligible heart attacks or strokes permanently and totally disabled in the line of duty, to receive a one-time death benefit of \$ up to \$ 295,194 (FY 2007). The Internal Revenue Service has ruled that this benefit is not subject to Federal income tax or federal estate tax ~~000, for ????????? death benefits, one time payment?~~

10. Assurance of Confidentiality: All information on these forms the form is collected in accordance with the Privacy Act of 1974, as amended. All information that may identify individuals is safeguarded. Information relating to the circumstances and cause of the decedent's death, however, is not protected by the Privacy Act. This information is available to organizations or persons conducting line-of-duty death research.

11. Questions of a Sensitive Nature: By their nature, questions addressing the circumstances of officers' deaths, their family histories, their medical backgrounds, and information related to their employing public agencies are inherently sensitive. These inquiries must be made to determine if there are any disqualifying factors concerning an officer's death and **Questions of a Sensitive Nature:** The questions that may be considered sensitive are those requesting the names of officers killed in the line of duty, as well as the dates of their death, and the names and locations of their public safety agencies. Medical and investigative information is collected on each claim to rule out such factors as suicide attempts, voluntary intoxication, misconduct, gross negligence, or an officer causing his/her own injury. Although this information is sensitive in nature, there are specific prohibitions in 42 U.S.C. ' 3796 concerning payment of benefits in such cases. Consequently this information, is necessary to confirm the eligibility of survivor the applicant under the PSOB Program.

12. Estimate of the Hour Burden: Annual Hour Burden

- a. Number of Respondents: 275320
- b. Number of applications submitted per respondent: 1 application
- c. Total annual applications: 275320 x 1 = 275320
- d. Hours per set of claim forms: 4 application: 2.5 hours/240150 minutes
- e. Total Annual Reporting Burden: 275320 x 240150 minutes per application = 66,000 minutes / by 60 minutes per hour = 1,100—hours.

13. Estimate of the Total Annual Cost Burden: There is no capital or start up costs associated with information collection under this program. The minimal cost to the respondents is the time (approximately 240150 minutes) spent gathering the information and the transmission of the required forms documentation.

14. Estimates of Annualized Cost to the Federal Government: The assigned program manager for this program is paid at an annual rate of a GS-13/5 at \$-87,664 per year, plus \$-19,286 (or 22% in fringe benefits) = \$ 106,950 /52 weeks/40 hours per week equal an hourly

rate of

\$ 51.41. ~~On average, each~~ Each application review takes approximately ~~180~~ (how many minutes to review ?????) minutes or 1/3 of one application per hour.

~~27578~~ applications x \$ 8.57 (\$51.41/6 = \$ 8.57 per application) = \$ 2356.75

15. Program Changes or Adjustments: None. This is a request for a revision of a ~~a~~ previously approved collection ~~form, with~~ for which approval ~~expiring on~~ May 31, 2007. ~~will expire in _____.~~

16. Publishing Information: The information collected will not be published. ~~Is this correct.~~

17. Approval to not Displaying the OMB Approval: The present information collection request does not seek such an approval.

18. Certification for Paperwork Reduction Act Submission: See attached Certification Statement.

B. STATISTICAL METHODS

Statistical methods will ~~or will~~ not be used in this information collection. ~~If statistical methods will be used, explain in detail.~~ ~~Is this correct?~~