**PAPERWORK REDUCTION ACT SUBMISSION**

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| 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, 72 17th Street NW, Washington, DC 20503. |
| 1. Agency/Subagency originating request**DOJ, FBI**, **CJIS** | 2.OMB control numberb. 🞎 Nonea. **1 1 1 0 - 0 0 15**\_\_ \_\_ \_\_ \_\_ |
| 3.Type of information collection *(check one)*a. New collectionb. **✓** Revision of a currently approved collectionc. **\_\_**Extension of a currently approved collectiond. Reinstatement, without change, of a previously approvedcollection for which approval has expirede. Reinstatement, with change, of a previously approvedcollection for which approval has expiredf. Existing collection in use without an OMB control number 3a. Public Comments  Has the agency received public comments on this information collection?  Yes **✓** No | 4.Type of review requested *(check one)*a. **✓** Regularb. Emergency - Approval requested by: \_\_\_/\_\_\_/\_\_\_c. Delegated |
| 5.Small entitiesWill this information collection have significant economic impacton a substantial number of small entities? Yes **✓** No |
| 6.Requested expiration datea. **✓** Three years from the approval dateb. Other Specify: \_\_\_\_/\_\_\_\_ |
| 7.Title **Hate Crime Incident Report and Quarterly Hate Crime Report** |
| 8.Agency form number(s) *(if applicable)* **1-699, 1-700** |
| 9.Keywords **Hate Crimes, Bias Motivated Offenses** |
| 10.Abstract **These forms provide specific data related to bias-motivated criminal offenses. The resulting data are published annually.** |
| 11.Affected public *(Mark primary with "P" and all others that apply with "X")*a. Individuals or householdsd. Farmsb. Business or other for profit e. **X**  Federal Governmentc. Not-for-profit institutionsf. **P**State, Local, or Tribal Government | 12.Obligation to respond *(Mark primary with "P" and all others that apply with "X")*a. **P** Voluntaryb. Required to obtain or retain benefitsc. Mandatory |
| 13.Annual reporting and recordkeeping hour burdena.Number of respondents **14,981** b.Total annual responses **59,924** 1.Percentage of these responsescollected electronically **79%** c.Total annual hours requested **8,989** d.Current OMB Inventory **7,945** e.Difference **+1,044** f.Explanation of difference1.Program Change 2.Adjustment **+1,044**  | 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 difference1.Program Change2.Adjustment **0**  |
| 15.Purpose of information collection *(Mark primary with "P" and all others**that apply with "X")*a. Application for benefitse. Program planning or managementb. Program Evaluation f. X Researchc. **P**General Purpose Statisticsg. Regulatory or Complianced. Audit | 16.Frequency of recordkeeping or reporting *(check all that apply)*a. Recordkeepingb. Third Party Disclosurec. **✓** Reporting1.🞏On occasion2.🞏Weekly3.🞏Monthly4.⌧Quarterly5.🞏Semi-annually6.🞏Annually7.🞏Biennially8.🞏Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_  |
| 17.Statistical MethodsDoes this Information Collection employ statistical methods?🞏Yes⌧No | 18.Agency contact *(person who can best answer questions regarding the content of**this submission)*Name:**Patricia S. Hanning**  Phone: **(304) 625-2957**  |

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| **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 of estimate;****(iv)Nature of response (voluntary, required for 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.** |
| **Signature of Senior Official or designee** | **Date** |

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