PAPERWORK REDUCTION ACT

CHANGE WORKSHEET

Agency/Subagency ED		OMB Control Number 1894-0006 vs.32 (04855)
	Enter only items that chang Current Record	
Agency form number(s)	NA	NA
Annual reporting and record keeping hour burden		
Number of respondents	13,664	13,674
Total annual responses	13,664	13,674
Percent of these responses collected electronically	75%	75%
Total annual hours	498,800	499,700
Difference		900
Explanation of difference Program Change		900
Adjustment		NA NA
Annual reporting and record keeping		
cost burden (in thousands of dollars)		AND THE PARTY OF T
Total annualized capital/startup costs	NA	NA
Total annual costs (O&M)	NA	NA
Total annualized cost requested	NA	NA
Difference		NA NA
Explanation of difference		
Program Change		NA
Adjustment		NA NA
Other change**		
	t is to include the Application fonder generic application 1894-00	or grants for the State Tribal Education 006. The notice is attached for your
Signature of Senior Officer or designee:	Date:	For OIRA Use
	3	

^{**}This form cannot be used to extend an expiration date

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 and the related provisions of 5 CFR 1320.8(b)(3).

Will 5 011(1520)5	ind the related provisions of 3 CFR 1320.8(0)(3).		
The following is a su	immary of topics, regarding the proposed collection of	information that the certification cover	
(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 respondent		
(e)	Its implementation will be consistent and compatible with current reporting and		
	recordkeeping practices;		
(f)			
(g)	It informs respondents of the information called for	or under 5 CFR 1320.8(b)(3) about:	
	(i) Why the information is being collected;		
	(ii) Use of information;		
	(iii) Burden estimate;		
	(iv) Nature of response (voluntary, required for a	a benefit, or mandatory);	
	(v) Nature and extent of confidentiality; and		
	(vi) Need to display currently valid OMB contro	l number;	
(h)	It was developed by an office that has planned and	d allocated resources for the efficient a	
	effective management and use of the information to b	ne collected	
(i)	☐ It uses effective and efficient statistical survey me	ethodology (if applicable); and	
(j)	It makes appropriate use of information technolog	gy.	
If you are un Supporting S	able to certify compliance with any of these provisions, identi- statement.	ify the item(s) and explain the reason in the	
certification, If this collect when you no	d information collection requests must be complete and appro RIMS has been authorized to post the information collection tion should not be publicly available, please provide reasons to tify RIMS of your official EDICS submittal. Information col- ith the public until the publication date of that rule.	request to EDICSWEB for public comments or RIMS via e-mail to ICDocketMgr@ed.go	
Signature of Princi	pal Office Official or Designee	Date: 4/30/12	