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

Federal Bureau of Investigation, Training Division

2. OMB control number b. ☐ None

a. 1110 - 0050

3. Type of information collection *(check one)*

a. ☐ New Collection
b. ☑ Revision of a currently approved collection
c. ☐ Extension of a currently approved collection
d. ☐ Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. ☐ Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. ☐ Existing collection in use without an OMB control number

For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested *(check one)*

a. ☐ Regular
b. ☑ Emergency - Approval requested by: ____/____/____
c. ☐ Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities?

Yes ☐ No ☑

6. Requested expiration date

a. ☑ Three years from the approval date b. ☐ _____/_____

7. Title

FBI National Academy(FBINA) Collecting Evaluation Data: End-of-Session Questionnaires

8. Agency form number(s) *(if applicable)*

9. Keywords

FBI National Academy; Law Enforcement Education; Law Enforcement Training; Training Programs

10. Abstract

This collection will gather feedback from FBINA students about about their courses, instructors, and their overall experience. The results will help determine if the FBINA is meeting their program's goals and objectives as intended.

11. Affected public *(Mark primary with "P" and all others with "X")*

a. __ Individuals or households
b. __ Business or other for-profit
c. __ Not-for-profit institutions
d. __ Farms
e. X Federal Government
f. P State, Local, or Tribal Government

12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*

a. P Voluntary
b. Required to obtain or retain benefits
c. ☐ Mandatory

13. Annual reporting and recordkeeping hour burden

a. Number of respondents 1000
b. Total annual responses 1000
1. Percentage of these responses collected electronically 75 %
c. Total annual hours requested 1462.5
d. Current OMB inventory 2080
e. Difference 617.5
f. Explanation of difference
1. Program change x
2. Adjustment

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 difference
1. Program change x
2. Adjustment

15. Purpose of information collection *(Mark primary with "P" and all others that apply with "X")*

a. __ Application for benefits
b. P Program evaluation
c. __ General purpose statistics
d. __ Audit
e. __ Program planning or management
f. __ Research
g. __ Regulatory or compliance

16. Frequency of recordkeeping or reporting *(check all that apply)*

a. ☐ Recordkeeping
b. ☐ Third party disclosure
c. ☑ Reporting:
1. ☐ On occasion
2. ☐ Weekly
3. ☐ Monthly
4. ✔ Quarterly
5. ☐ Semi-annually
6. ☐ Annually
7. ☐ Biennially
8. ☐ Other (describe) _____

17. Statistical methods

Does this information collection employ statistical methods?

Yes ✔ No ☐

18. Agency contact *(person who can best answer questions regarding the content of this submission)*

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