

# 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  <b>FBI/CJIS</b>	2. OMB control number <span style="float: right;">b. <input checked="" type="checkbox"/> None</span> a. <u>1110</u> - <u>0077</u>
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number	4. Type of review requested ( <i>check one</i> ) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated
3a. Public Comments Has the agency received public comments on this information collection?  ___ Yes <input checked="" type="checkbox"/> No	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities?    ___ Yes <input checked="" type="checkbox"/> No
7. Title  <b>FIX NICS Act State Implementation Plan Survey</b>	6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date    b. <input type="checkbox"/> Other Specify: ___/___/___
8. Agency form number(s) ( <i>if applicable</i> )  <b>1110-0077</b>	9. Keywords  <b>FIX NICS Act, State Implementation Plan Survey</b>
10. Abstract  <b>In March 2018, Congress passed the Fix NICS Act, Pub. L. 115-141, tit. VI, which aims to improve the National Instant Criminal Background Check System (NICS) in a number of ways, including by requiring the Attorney General, in coordination with each State, to establish an implementation plan.</b>	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. ___ Individuals or households                      d. ___ Fams b. ___ Business or other for-profit                      e. ___ Federal Government c. ___ Not-for-profit institutions                      f. <u>P</u> State, Local or Tribal Government	12. Obligation to respond ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <u>P</u> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. ___ Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>56</u> b. Total annual responses <u>56</u> 1. Percentage of these responses collected electronically <u>100</u> c. Total annual hours requested <u>2,240</u> d. Current OMB inventory <u>N/A</u> e. Difference <u>.0</u> f. Explanation of difference 1. Program change <u>No</u> 2. Adjustment <u>N/A</u>	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>138,283.00</u> c. Total annualized cost requested <u>.0</u> d. Current OMB inventory <u>N/A</u> e. Difference <u>-N/A</u> f. Explanation of difference 1. Program change <u>N/A</u> 2. Adjustment <u>N/A</u>
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. ___ Application for benefits                      e. ___ Program planning or management b. ___ Program evaluation                              f. ___ Research c. ___ General purpose statistics                      g. <u>P</u> Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. ___ Recordkeeping                                      b. ___ Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. ___ On occasion    2. ___ Weekly                      3. ___ Monthly 4. ___ Quarterly       5. ___ Semi-annually              6. ___ Annually 7. ___ Biennially       8. <input checked="" type="checkbox"/> Other (describe) <u>IX collection</u>
17. Statistical methods Does this information collection employ statistical methods?  ___ Yes <input checked="" type="checkbox"/> No	18. Agency contact ( <i>person who can best answer questions regarding the content of this submission</i> )  Name: <u>Gerry Lynn Brovey, Supervisory Information Liaison Specialist</u>  Phone: <u>(304) 625-4320</u>

## 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 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 period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(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) 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; 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

*Nancy Lou Ford*

Date

*3/18/2022*