

OMB CONTROL NUMBER 0607 -	TITLE 2016 Census Test
<b>19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS</b>	
<b>a. PROGRAM OFFICIAL CERTIFICATION</b> <i>(Internal DOC Use Only)</i>	
Type name Nancy A. Potok, Deputy Director and Chief Operating Officer	Date 10/27/15
<p>On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.</p> <p><b>NOTE:</b> 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. <i>The certification is to be made with reference to those regulatory provisions as set forth in the instructions.</i></p> <p>The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:</p> <ul style="list-style-type: none"> <li>(a) It is necessary for the proper performance of agency functions;</li> <li>(b) It avoids unnecessary duplication;</li> <li>(c) It reduces burden on small entities;</li> <li>(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;</li> <li>(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;</li> <li>(f) It indicates the retention periods for recordkeeping requirements;</li> <li>(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about: <ul style="list-style-type: none"> <li>(i) Why the information is being collected;</li> <li>(ii) Use of information;</li> <li>(iii) Burden estimate;</li> <li>(iv) Nature of response (voluntary, required for a benefit, or mandatory);</li> <li>(v) Nature and extent of confidentiality; and</li> <li>(vi) Need to display currently valid OMB control number;</li> </ul> </li> <li>(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);</li> <li>(i) If applicable, it uses effective and efficient statistical survey methodology; and</li> <li>(j) It makes appropriate use of information technology.</li> </ul> <p>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.</p>	
<b>b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION</b>	
Type name Jennifer Jessup, Departmental Paperwork Clearance Officer	Date

## 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.**

<b>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</b>  Department of Commerce Bureau of the Census, Decennial Management Division		<b>2. OMB CONTROL NUMBER</b>  a. <u>0607</u> - _____ <input checked="" type="checkbox"/> b. NONE _____	
<b>3. TYPE OF INFORMATION COLLECTION (X one)</b>  <input checked="" type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		<b>4. TYPE OF REVIEW REQUESTED (X one)</b>  <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: _____/_____/_____ <input type="checkbox"/> c. DELEGATED  <b>5. SMALL ENTITIES</b> Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <b>6. REQUESTED EXPIRATION DATE</b> <input type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input checked="" type="checkbox"/> b. OTHER: <u>03 / 31 / 2017</u>	
<b>7. TITLE</b> 2016 Census Test			
<b>8. AGENCY FORM NUMBER(S) (if applicable)</b> See attached list			
<b>9. KEYWORDS</b>			
<b>10. ABSTRACT</b> The 2016 Census Test is needed to help find ways to reduce cost, increase self-response, and leverage new data collection alternatives while maintaining high quality results. The results of the 2016 Census Test will help guide the design of additional 2020 Census testing later this decade. The collection of data targets households and individuals.			
<b>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</b> <input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> d. FARMS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		<b>12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")</b> <input type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input checked="" type="checkbox"/> c. MANDATORY	
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> a. NUMBER OF RESPONDENTS <span style="float: right;">412,348</span> b. TOTAL ANNUAL RESPONSES <span style="float: right;">412,348</span> (1) Percentage of these responses collected electronically <span style="float: right;">80 %</span> c. TOTAL ANNUAL HOURS REQUESTED <span style="float: right;">68,954</span> d. CURRENT OMB INVENTORY <span style="float: right;">0</span> e. DIFFERENCE (+, -) <span style="float: right;">68,954</span> f. EXPLANATION OF DIFFERENCE: <span style="float: right;">68,954</span> (1) Program change (+, -) (2) Adjustment (+, -)		<b>14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)</b> a. TOTAL CAPITAL/STARTUP COSTS <span style="float: right;">0.00</span> b. TOTAL ANNUAL COSTS (O&M) <span style="float: right;">0.00</span> c. TOTAL ANNUALIZED COST REQUESTED <span style="float: right;">0.00</span> d. CURRENT OMB INVENTORY <span style="float: right;">0</span> e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <span style="float: right;">0.00</span> (2) Adjustment (+, -)	
<b>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</b> <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input checked="" type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> b. PROGRAM EVALUATION <input checked="" type="checkbox"/> f. RESEARCH <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/> d. AUDIT		<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</b> <input type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually (7) Biennially <input checked="" type="checkbox"/> (8) Other (Describe) one time	
<b>17. STATISTICAL METHODS</b> Does this information collection employ statistical methods? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)</b> a. NAME Robin Pennington b. TELEPHONE NUMBER (Include area code) (301) 763-8132	



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**CONCURRENCE RECORD  
FOR OMB 83-I,  
"PAPERWORK REDUCTION  
ACT SUBMISSION"**

**A. Name of preparing division**  
DCMD

**B. OMB clearance number**  
Not yet received

**C. Title of information collection**  
2016 Census Test

**D. Form number(s), if any**  
See Attachment to Part A

<b>E. Contact person</b>	<b>1. Name</b> Robin Pennington	<b>2. Telephone number</b> (301) 763-8132	<b>3. Room number and building</b> 4K065
	<b>F. Routing information</b>		

**F. Routing information**

Route to – (a)	Name of concurring official (b)	Initials (c)	Date (d)	Remarks (e)
<b>1. Preparing Official</b>	Vicky Trump	VT	10/14/15	
<b>2. Additional concurrences:</b>	<b>a.</b> Maryann Chapin	mae	9/9/15	
	<b>b.</b> Jessica Graber	JG	9/9/15	comments provided
	<b>c.</b> Andrea Brinson	abr	9/9/15	
	<b>d.</b> James Dinwiddie	JD	8/14/15	Comments provided electronically
<b>3. Division/Office Chief</b>	Deirdre Bishop	DB	09/22/15	
<b>4. Legal Office</b>	MELISSA CREECH Miles Ryan	MC	10/7/15	
<b>5. Assistant Director (if applicable)</b>	Shirin Ahmed	SA	9/22/15	
<b>6. Associate Director</b>	Lisa Blumerman	LB	9/22/15	
<b>7. Preparing Official</b>	Robin Pennington	RAP	10/14/15	
<b>8. Policy Coordination Office</b>	Robin Bachman	MRL (for Robin)	10/22/15	- comments provided (10/15) - All updates have been incorporated
<b>9. Forms Clearance Office</b>	Danielle Norman	DN	10.27.15	- updates incorporated

**Forms Clearance Office Use only**

**G. Date to Department of Commerce** \_\_\_\_\_