

## 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>  DOC/Census/Associate Director for Demographic Programs		<b>2. OMB CONTROL NUMBER</b>  a. <u>0607</u> - <u>0977</u> <input type="checkbox"/> b. NONE <input type="checkbox"/>																																			
<b>3. TYPE OF INFORMATION COLLECTION (X one)</b>  <input type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input checked="" 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>7. TITLE</b>  2014 Panel Survey of Income and Program Participation (SIPP)		<b>6. REQUESTED EXPIRATION DATE</b>  <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: ___/___/___																																			
<b>8. AGENCY FORM NUMBER(S) (if applicable)</b> SIPP-105(L1)2016 - Director's Letter; SIPP-105(L)(SP)2014 - Director's Letter Spanish; SIPP/CAPI Automated Instrument																																					
<b>9. KEYWORDS</b> Income Distribution, Program Participation																																					
<b>10. ABSTRACT</b> This survey will provide improved statistics for the executive and legislative branches on income distribution and data not previously available on eligibility for and participation in government programs. Changes in status and participation will be measured over time. These data will support policy and program planning. All people 15 years old or older in sample households are interviewed.																																					
<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 checked="" type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY																																			
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. NUMBER OF RESPONDENTS</td><td style="text-align: right;">64,050</td></tr> <tr><td>b. TOTAL ANNUAL RESPONSES</td><td style="text-align: right;">64,050</td></tr> <tr><td>(1) Percentage of these responses collected electronically</td><td style="text-align: right;">100 %</td></tr> <tr><td>c. TOTAL ANNUAL HOURS REQUESTED</td><td style="text-align: right;">42,700</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">73,500</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">30,800</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td></td></tr> <tr><td>    (1) Program change (+, -)</td><td></td></tr> <tr><td>    (2) Adjustment (+, -)</td><td style="text-align: right;">30,800</td></tr> </table>		a. NUMBER OF RESPONDENTS	64,050	b. TOTAL ANNUAL RESPONSES	64,050	(1) Percentage of these responses collected electronically	100 %	c. TOTAL ANNUAL HOURS REQUESTED	42,700	d. CURRENT OMB INVENTORY	73,500	e. DIFFERENCE (+, -)	30,800	f. EXPLANATION OF DIFFERENCE:		(1) Program change (+, -)		(2) Adjustment (+, -)	30,800	<b>14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. TOTAL CAPITAL/STARTUP COSTS</td><td style="text-align: right;">0.00</td></tr> <tr><td>b. TOTAL ANNUAL COSTS (O&amp;M)</td><td></td></tr> <tr><td>c. TOTAL ANNUALIZED COST REQUESTED</td><td style="text-align: right;">0.00</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">0</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">0</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td></td></tr> <tr><td>    (1) Program change (+, -)</td><td></td></tr> <tr><td>    (2) Adjustment (+, -)</td><td style="text-align: right;">0.00</td></tr> </table>		a. TOTAL CAPITAL/STARTUP COSTS	0.00	b. TOTAL ANNUAL COSTS (O&M)		c. TOTAL ANNUALIZED COST REQUESTED	0.00	d. CURRENT OMB INVENTORY	0	e. DIFFERENCE (+, -)	0	f. EXPLANATION OF DIFFERENCE:		(1) Program change (+, -)		(2) Adjustment (+, -)	0.00
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<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 type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> f. RESEARCH <input checked="" 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: <input type="checkbox"/> (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly <input type="checkbox"/> (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input checked="" type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (Describe) Once																																			
<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 Jason Fields b. TELEPHONE NUMBER (Include area code) (301) 763-2465																																			

OMB CONTROL NUMBER 0607 - 0977	TITLE 2014 Panel Survey of Income and Program Participation (SIPP)
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

**a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)**

Type name Nancy A. Potok, Deputy Director and Chief Operating Officer Mark E. Doms, Under Secretary For Economic Affairs	Date 8/22/16
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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 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) If applicable, 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.

<b>b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION</b>	
Type name Jennifer Jessup, Departmental Paperwork Clearance Officer	Date