

OMB CONTROL NUMBER 0607 -	TITLE Collection of State Administrative Records Data
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

a. PROGRAM OFFICIAL CERTIFICATION <i>(Internal DOC Use Only)</i>	
Type name Nancy A. Potok, Deputy Director and Chief Operating Officer	Date 8/26/16

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. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION	
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/Census Bureau/Center for Administrative Records Research and Applications	<b>2. OMB CONTROL NUMBER</b>  a. <u>0607</u> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> b. NONE _____
<b>3. TYPE OF INFORMATION COLLECTION</b> ( <i>X one</i> )  <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</b> ( <i>X one</i> ) <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 type="checkbox"/> NO  <b>6. REQUESTED EXPIRATION DATE</b> <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: ___/___/___
<b>7. TITLE</b> Collection of State Administrative Records Data	
<b>8. AGENCY FORM NUMBER(S)</b> ( <i>if applicable</i> )	
<b>9. KEYWORDS</b>	
<b>10. ABSTRACT</b> The U.S. Census Bureau would like to acquire State administrative records in order to improve efficiency and accuracy in our data collections, and to improve measure of the population and economy. The Census Bureau has project linking and integrating State administrative records with Census Bureau data from current surveys and censuses. This linked data with further research and improve operations. Data quality and studies of program participation over time will benefit the Census Bureau. State data providers will benefit through access to tabulated data and reports to better understand the demographic characteristics of participants.	
<b>11. AFFECTED PUBLIC</b> ( <i>Mark primary with "P" and all others that apply with "X"</i> ) <input type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> d. FARMS <input type="checkbox"/> e. FEDERAL GOVERNMENT <input checked="" type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT	<b>12. OBLIGATION TO RESPOND</b> ( <i>Mark primary with "P" and all others that apply with "X"</i> ) <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> a. NUMBER OF RESPONDENTS: <span style="float: right; border: 1px solid black; padding: 2px;">51</span> b. TOTAL ANNUAL RESPONSES: <span style="float: right; border: 1px solid black; padding: 2px;">51</span> (1) Percentage of these responses collected electronically: <span style="float: right; border: 1px solid black; padding: 2px;">100 %</span> c. TOTAL ANNUAL HOURS REQUESTED: <span style="float: right; border: 1px solid black; padding: 2px;">3,825</span> d. CURRENT OMB INVENTORY: <span style="float: right; border: 1px solid black; padding: 2px;">0</span> e. DIFFERENCE (+, -): <span style="float: right; border: 1px solid black; padding: 2px;">3,825</span> f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <span style="float: right; border: 1px solid black; padding: 2px;">3,825</span> (2) Adjustment (+, -)	<b>14. ANNUALIZED COST TO RESPONDENTS</b> ( <i>In thousands of dollars</i> ) a. TOTAL CAPITAL/STARTUP COSTS: <span style="float: right; border: 1px solid black; padding: 2px;"> </span> b. TOTAL ANNUAL COSTS (O&M): <span style="float: right; border: 1px solid black; padding: 2px;"> </span> c. TOTAL ANNUALIZED COST REQUESTED: <span style="float: right; border: 1px solid black; padding: 2px;"> </span> d. CURRENT OMB INVENTORY: <span style="float: right; border: 1px solid black; padding: 2px;"> </span> e. DIFFERENCE (+, -): <span style="float: right; border: 1px solid black; padding: 2px;"> </span> f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <span style="float: right; border: 1px solid black; padding: 2px;"> </span> (2) Adjustment (+, -)
<b>15. PURPOSE OF INFORMATION COLLECTION</b> ( <i>Mark primary with "P" and all others that apply with "X"</i> ) <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input checked="" type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> d. AUDIT <input checked="" type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> g. REGULATORY OR COMPLIANCE	<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING</b> ( <i>X all that apply</i> ) <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 checked="" type="checkbox"/> (6) Annually (7) Biennially <input type="checkbox"/> (8) Other ( <i>Describe</i> )
<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</b> ( <i>Person who can best answer questions regarding the content of this submission</i> ) a. NAME Amy O'Hara b. TELEPHONE NUMBER ( <i>Include area code</i> ) 301-763-5757