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PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: State & Local Government Finance Collections
OMB CONTROL NUMBER: 0607-0585
DIVISION/PROGRAM OFFICE: ITMD
AGENCY CONTACT: Randy A. Moore

TYPE OF INFORMATION COLLECTION REQUEST:

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> | New collection | |
| <input checked="" type="checkbox"/> | Revision of a currently approved collection | [current expiration date: 9/30/2017] |
| <input type="checkbox"/> | Extension, without change, of a currently approved collection | [current expiration date:] |
| <input type="checkbox"/> | Reinstatement, without change, of a previously approved collection for which approval has expired | |
| <input type="checkbox"/> | Reinstatement, with change, of a previously approved collection for which approval has expired | |
| <input type="checkbox"/> | Existing collection in use without an OMB Control Number | |

PURPOSE OF COLLECTION:

This program provides government finance data for state and local governments. This survey is conducted annually, as a national census every five years, and as a sample survey in each of the four intervening years. The Census Bureau provides these data to the Federal Reserve Board for constructing the Nation's Flow of Funds Accounts and the Bureau of Economic Analysis for the National Income and Product Accounts. The data are also used to monitor the government sector of the economy and to formulate, develop, and review public policy. Federal agencies, state and local governments, and the private sector all use these data. The respondents to this survey are state and local government officials.

DATA COLLECTION START DATE: 9/1/2017
REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: []
60-DAY FEDERAL REGISTER CITATION: 81 FR 76553-76554 **DATE PUBLISHED:** 11/3/2016
MANDATORY OR VOLUNTARY COLLECTION? Mandatory Voluntary N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

- Yes [Specify agency/entity:]
 No
 Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

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Title 13 U.S.C., Sections 161 and 182.

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **Census of Governments**

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)

Computer Assisted Telephone Interviewing (CATI) Other

PUBLIC BURDEN:

Average Estimated Time per Response: **2 Hours 51 Minutes**

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **26,447**

Number of Responses **26,447**

Requested Annual Burden Hours **75,150**

Current Annual OMB Inventory **36,377**

Difference (+, -) **+38,773**

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable): **This request includes the finance portion of the 2017 Census of Governments, which occurs every five years and covers the universe of governmental units. The requested burden is an average of the burden imposed over the next three years.**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records? No Yes - If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.

TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

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PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Comments:								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								