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 2. OMB CONTROL NUMBER Department of Commerce/Census Bureau/Decennial Census a. 0607 _ XXXX b. NONE Management Division and Geography Division 3. TYPE OF INFORMATION COLLECTION (X one) 4. TYPE OF REVIEW REQUESTED (X one) X a. REGULAR SUBMISSION X a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER b. OTHER: 7. TITLE 2020 Census Participant Statistical Areas Program (PSAP) 8. AGENCY FORM NUMBER(S) (if applicable) 20PSAP-F-500, 20PSAP-F-510, 20PSAP-F-511, 20PSAP-F-520, 20PSAP-F-530, 20PSAP-F-540 9. KEYWORDS Census data, Statistics, American Indians, State and local governments. 10. ABSTRACT The U.S. Census Bureau conducts the Participant Statistical Areas Program (PSAP) to allow local and regional governments to break larger geographic areas into smaller units so that they can receive 2020 Census and ACS data by these smaller units and better plan local services. The Census Bureau uses the information collected in PSAP from participating governments and agencies to tabulate and disseminate small area data from the decennial census and the American Community Survey (ACS). PSAP occurs between March 2018 and October 2020. 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") a. INDIVIDUALS OR HOUSEHOLDS d. FARMS X a. VOLUNTARY b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS Р f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY ANNUAL REPORTING AND RECORD KEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS 3,801 a. TOTAL CAPITAL/STARTUP COSTS 0.00 **TOTAL ANNUAL RESPONSES** 3,801 b. TOTAL ANNUAL COSTS (O&M) 0.00 (1) Percentage of these responses collected electronically 90 % c. TOTAL ANNUALIZED COST REQUESTED 0.00 c. TOTAL ANNUAL HOURS REQUESTED 50,680 d. CURRENT OMB INVENTORY 0 d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) 0 e. DIFFERENCE (+, -) 50,680 **EXPLANATION OF DIFFERENCE: EXPLANATION OF** (1) Program change (+, -) (1) Program change (+, -) DIFFERENCE: (2) Adustment (+, -) (2) Adustment (+, -) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) "P" and all others that apply with "X") X a. RECORDKEEPING b. THIRD PARTY DISCLOSURE a. APPLICATION FOR BENEFITS e. PROGRAM PLANNING c. REPORTING: b. PROGRAM EVALUATION OR MANAGEMENT (1) On Occasion (2) Weekly (3) Monthly f. RESEARCH c. GENERAL PURPOSE STATISTICS X (4) Quarterly (5) Semi-Annually (6) Annually g. REGULATORY OR COMPLIANCE d. AUDIT (8) Other (Describe) (7) Biennially 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this Does this information collection employ submission) statistical methods? a. NAME b. TELEPHONE NUMBER (Include area code)

Pennington, Robin A

301-763-8132

X NO

YES

19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only) Type name Enrique Lamas, Performing the Non-Exclusive Infalians and Diffusor the Deputy Director, U.S. Census Burcau On behalf of this Federal agency, I certify that the collection of information encompassed by this request compiles with 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of tinstructions. NOTE: The test of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of tinstructions. The following is a summary of the topics, regarding the proposed collection of information, that the certification covers: (a) It is inecessary 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; (ii) 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 technology. (i) 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.	OMB CONTROL NUMBER	TITLE				
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