



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: Current Population Survey
OMB CONTROL NUMBER: 0607-0049
DIVISION/PROGRAM OFFICE: Demographic Directorate/Associate Directorate of Demographic Programs
AGENCY CONTACT: Lisa Clement

TYPE OF INFORMATION COLLECTION REQUEST:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> | New collection | |
| <input type="checkbox"/> | Revision of a currently approved collection | [current expiration date: _____] |
| <input checked="" type="checkbox"/> | Extension, without change, of a currently approved collection | [current expiration date: 7/31/2018] |
| <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:

The demographic information collected in the CPS provides a unique set of data on selected characteristics for the civilian noninstitutional population. Some of the demographic information we collect are age, marital status, sex, Armed Forces status, education, race, and Hispanic ethnicity. We use these data in conjunction with other data, particularly the monthly labor force data, as well as periodic supplement data. We also use these data independently for internal analytic research and for evaluation of other surveys. In addition, we use these data as a control to produce accurate estimates of other personal characteristics.

DATA COLLECTION START DATE: 8/1/2018

REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: [_____]

60-DAY FEDERAL REGISTER CITATION: **82 FR 51600** **DATE PUBLISHED:** **11/7/2017**

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: **Bureau of Labor and Statistics (BLS)**]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Title 13, United States Code, Sections 8(b), 141, and 182. Title 29, United States Code, Sections 1-9

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **U.S. Census Bureau's Master Address File (MAF)**

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: **0** Hours **1.5** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **708000**

Number of Responses **708000**

Requested Annual Burden Hours **66,080**

Current Annual OMB Inventory **19,347**

Difference (+, -) **46,733**

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

Explanation of Difference (if applicable): **Added more questions to the burden timing**

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

| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fact Sheet | <input type="checkbox"/> |
| The legal authority(ies) that authorize the collection of information. | X | X | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fact Sheet | <input type="checkbox"/> |
| Whether responses are mandatory or voluntary (citing the authority) | X | X | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fact Sheet | <input type="checkbox"/> |
| The nature and extent of confidentiality to be provided (if any) citing authority | X | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fact Sheet | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPS Letter | <input type="checkbox"/> |
| OMB control number | X | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fact Sheet | <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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| The effects on the individual for not providing the requested information | | X | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input 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). | | | | | | | | |
| The Bureau of Labor Statistics (BLS) and the Census Bureau jointly sponsor the CPS Basic monthly survey. This request for clearance is separate from that for collection of labor force information, which the BLS submits. In accordance with the OMB's request, the Census Bureau and the BLS divide the clearance request in order to reflect the joint sponsorship and funding of the CPS program. | | | | | | | | |