	PAPER		ON ACT SUBN	/IISSION		
S	Please read the instructions before completing gency's Paperwork Clearance Officer. Send tw tatement, and any additional documentation to bocket Library, Room 10102, 725 17th Street	vo copies of this form c: Office of Informati	n, the collection in ion and Regulatory	strument to be r	eviewed, the Sup	porting
1. A	GENCY/SUBAGENCY ORIGINATING REQUEST	Γ	2. OMB CONTR	OL NUMBER		
			a	[b. NONE	
3. T	YPE OF INFORMATION COLLECTION (X one)		4. TYPE OF RE\ a. REGULAR	VIEW REQUESTE	D (X one)	
	a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLEC	CTION	b. EMERGE	NCY - APPROVAL	REQUESTED BY:	//
	c. Extension of a currently approved coll	ECTION	c. DELEGAT			
	d. REINSTATEMENT, WITHOUT CHANGE, OF A PR APPROVED COLLECTION FOR WHICH APPROVA				n have a significar er of small entities	
	e. REINSTATEMENT, WITH CHANGE, OF A PREVIO APPROVED COLLECTION FOR WHICH APPROVA		YES 6. REQUESTED	EXPIRATION DA	NO	
	f. EXISTING COLLECTION IN USE WITHOUT AN O NUMBER	MB CONTROL	a. THREE Y b. OTHER:	EARS FROM APPR	OVAL DATE	
7.	TITLE					
8.	AGENCY FORM NUMBER(S) (if applicable)					
0	KENIMORDE					
9.	KEYWORDS					
10.	ABSTRACT					
11. /	AFFECTED PUBLIC (Mark primary with "P" and all o	11.5	(")	12. OBLIGATION	TO RESPOND (Mark p	rimary with "P" and all ers that apply with "X")
	۱	FARMS	_	a. VOLUNT		
		FEDERAL GOVERNMENT			ED TO OBTAIN OR R	ETAIN BENEFITS
40		STATE, LOCAL OR TRIB		c. MANDA		
	ANNUAL REPORTING AND RECORDKEEPING	HOUR BURDEN	-		SPONDENTS (In the	ousands of dollars)
a.	NUMBER OF RESPONDENTS		-	TAL/STARTUP COS		
	TOTAL ANNUAL RESPONSES		-	JAL COSTS (O&M)		
(1)	Percentage of these responses collected electronically TOTAL ANNUAL HOURS REQUESTED	y %	-	JALIZED COST REG	ZUESTED	
c. d.	CURRENT OMB INVENTORY		e. DIFFERENCE			
u. e.	DIFFERENCE (+, -)			(+, -) DN OF DIFFERENCE	·.	
f.	EXPLANATION OF (1) Program change (+, -,	,	-	change (+, -)		
· ·	DIFFERENCE: (2) Adustment $(+, -)$	/	(1) Program (2) Adustme	5 ()		
15	PURPOSE OF INFORMATION COLLECTION (M	lask primary with			PING OR REPORT	ING (X all that apply)
	"P" and all others that apply with "X")	ark primary with	a. RECORD		b. THIRD PARTY	
		PROGRAM PLANNING	c. REPORTI		⊥ ·····	
	0.1	OR MANAGEMENT		n Occasion	(2) Weekly	(3) Monthly
-		RESEARCH		uarterly	(5) Semi-Annually	(6) Annually
		REGULATORY OR COMPLIANCE		ennially	(8) Other (Describe)	
17. 9	STATISTICAL METHODS	18. AGENCY CC	ONTACT (Person w	ho can best answe	r questions regarding	the content of this
	Does this information collection employ	submission)				
	statistical methods?	a. NAME			b. TELEPHONE NUM	BER (Include area code)
	YES NO					

OMB	FORM	83-I,	10/95
-----	------	-------	-------

OMB CONTROL NUMBER	TITLE						
-							
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS							
a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)							
Type name		Date					
On behalf of this Federal a complies with 5 CFR 1320	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 instructions. <i>The certifications instructions.</i>	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. <i>The certification is to be made with reference to those regulatory provisions as set forth in the instructions.</i>						
The following is a summar certification covers:	The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:						
(a) It is necessary for the p	proper performance of agency functions;						
(b) It avoids unnecessary d	uplication;						
(c) It reduces burden on sn	nall entities;						
(d) It uses plain, coherent,	(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;						
(e) Its implementation will	(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) a	about:					
(i) Why the information	n 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 cur	rently valid OMB control number;						
 (h) It was developed by an management and use of 	office that has planned and allocated resources for the f the information to be collected (see note in Item 19 of	efficient and effective the instructions);					
(i) If applicable, it uses eff	ective and efficient statistical survey methodology; and						
(j) It makes appropriate us	e of information technology.						
If you are unable to certify reason in Item 18 of the S	compliance with any of these provisions, identify the it- upporting Statement.	em below and explain the					
b. SENIOR OFFICIAL OR DESIGNEE O	ERTIFICATION						
Type name		Date					

MB CONTROL NUMBER	TITLE	and an and a second			
0607 - 0143	Quarterly Survey of Public Pensions				
9. CERTIFICATION FOR PA	APERWORK REDUCTION ACT SUBMISSIONS				
	ICATION (Internal DOC Use Only)	The second s			
Pre name Enrique Lamas, Performing the Bureau	Non-Exonasive Duties and Functions of the Deputy Director, U.S. Census	Date 10/23/18			
On behalf of this Federa complies with 5 CFR 13	I agency, I certify that the collection of information encompass 20.9.	sed by this request			
NOTE: The text of 5 C instructions. <i>The certificing instructions.</i>	FR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), a cation is to be made with reference to those regulatory provision	appear at the end of th ons as set forth in the			
The following is a sumn certification covers:	nary of the topics, regarding the proposed collection of informa	tion, that the			
(a) It is necessary for th	e proper performance of agency functions;				
(b) It avoids unnecessar	y duplication;				
(c) It reduces burden on	small entities;				
(d) It uses plain, cohere	(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;				
(e) Its implementation v	e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;				
(f) It indicates the reten	tion periods for recordkeeping requirements;				
(g) It informs responder	ts of the information called for under 5 CFR 1320.8(b)(3) abou	it:			
(i) Why the inform	ation is being collected;				
(ii) Use of informati	on;				
(iii) Burden estimate					
(iv) Nature of respor	 (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 				
(v) Nature and exte					
(vi) Need to display					
(h) It was developed by management and us					
(i) If applicable, it uses					
(j) It makes appropriate	It makes appropriate use of information technology.				
If you are unable to cert reason in Item 18 of the	ify compliance with any of these provisions, identify the item to Supporting Statement.	below and explain the			
	C CEDTIFICATION	dice Minderson			
SENIOR OFFICIAL OR DESIGNI	CERTIFICATION	Date			