

PAPERWORK REDUCTION ACT SUBMISSION

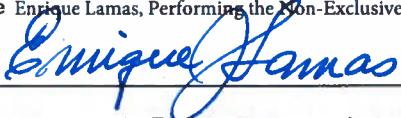
Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: 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 Department of Commerce/Census Bureau/Geography Division		2. OMB CONTROL NUMBER a. 0607 - XXXX <input type="checkbox"/> b. NONE <input type="checkbox"/>	
3. TYPE OF INFORMATION COLLECTION (X one) <input checked="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		4. TYPE OF REVIEW REQUESTED (X one) <input checked="checked" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED 5. SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="checked" type="checkbox"/> NO	
7. TITLE Spatial, Address, and Imagery Data (SAID) Program		6. REQUESTED EXPIRATION DATE <input checked="checked" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: / /	
8. AGENCY FORM NUMBER(S) (if applicable) N/A			
9. KEYWORDS Census data.			
10. ABSTRACT The Spatial, Address, and Imagery Data (SAID) Program, formerly known as the Geographic Support System (GSS) Partnership Program, is one of seven voluntary geographic partnership programs that collects data to update the U.S. Census Bureau's geographic database of addresses, streets, boundaries, and imagery, known as the Master Address File/Topologically Integrated Geocoding and Referencing (MAF/TIGER) System. The Census Bureau uses the MAF/TIGER System to link demographic data from surveys and the decennial census to locations and areas, such as cities, school districts, and counties. To properly tabulate statistics by geography, the Census Bureau must have accurate and current addresses and boundaries.			
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") <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 type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") <input checked="checked" type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY	
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN		14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)	
a. NUMBER OF RESPONDENTS	1,500	a. TOTAL CAPITAL/STARTUP COSTS	0.00
b. TOTAL ANNUAL RESPONSES	1,500	b. TOTAL ANNUAL COSTS (O&M)	0.00
(1) Percentage of these responses collected electronically	100 %	c. TOTAL ANNUALIZED COST REQUESTED	0.00
c. TOTAL ANNUAL HOURS REQUESTED	7,000	d. CURRENT OMB INVENTORY	0
d. CURRENT OMB INVENTORY	0	e. DIFFERENCE (+, -)	0
e. DIFFERENCE (+, -)	7,000	f. EXPLANATION OF DIFFERENCE:	
f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)	7,000	(1) Program change (+, -)	
(2) Adjustment (+, -)	0	(2) Adjustment (+, -)	
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> b. PROGRAM EVALUATION <input checked="checked" type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> d. AUDIT <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> g. REGULATORY OR COMPLIANCE		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) <input checked="checked" type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="checked" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly <input type="checkbox"/> (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input checked="checked" type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (Describe) <input type="checkbox"/>	
17. STATISTICAL METHODS Does this information collection employ statistical methods? <input type="checkbox"/> YES <input checked="checked" type="checkbox"/> NO		18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) a. NAME Pennington, Robin A.	
		b. TELEPHONE NUMBER (include area code) 301-763-8132	

OMB CONTROL NUMBER 0607 - XXXX	TITLE Spatial, Address, and Imagery Data (SAID) Program
-----------------------------------	--

19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION *(Internal DOC Use Only)*

Type name Enrique Lamas, Performing the Non-Exclusive Functions and Duties of the Deputy Director, U.S. Census Bureau 	Date 10/23/18
--	------------------

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
---	------