



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: Data Collection Form for Reporting on Audits of States, Local Governments, Indian Tribes, Institutions of Higher Education, and Nonprofit Organizations for Fiscal Periods Ending Dates in 2019, 2020, or 2021

OMB CONTROL NUMBER: 0607-0518

DIVISION/PROGRAM OFFICE: ERD

AGENCY CONTACT: Mark Dixon

TYPE OF INFORMATION COLLECTION REQUEST:

- | | | |
|-------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> | New collection | |
| <input type="checkbox"/> | Revision of a currently approved collection | [current expiration date:] |
| <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 checked="" 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:

Non-Federal entities (states, local governments, Indian tribes, institutions of higher education, and nonprofit organizations) that expend \$750,000 or more in Federal awards during their fiscal period are required by the Single Audit Act Amendments of 1996 and Uniform Guidance to have audits conducted of their Federal awards and file the resulting reporting packages and data collection forms with the Federal Audit Clearinghouse (FAC). OMB has designated the Census Bureau as the FAC to serve as the government-wide repository of record for Single Audit reports. The Single Audit process is a primary method Federal agencies and pass-through entities use to provide oversight for Federal awards and reduce risk of non-compliance and improper payments.

DATA COLLECTION START DATE:	Ongoing (under existing clearance sponsored by OMB)		
REQUESTED OMB EXPIRATION DATE:	<input checked="" type="checkbox"/> Three years from approval date	<input type="checkbox"/> Other date: []	
60-DAY FEDERAL REGISTER CITATION:	83 FR 14251		
MANDATORY OR VOLUNTARY COLLECTION?	<input checked="" type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	<input type="checkbox"/> N/A

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

- ☒ Yes [Specify agency/entity: **Office of Management and Budget**]
- ☐ No
- ☐ Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Date: Double click here to enter today's date

Single Audit Act Amendments of 1996 (Public Law 104-156) and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200, or Uniform Guidance)

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **No sampling is performed. The respondent universe includes all states (all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands), local governments, Indian tribes, institutions of higher education, and nonprofit organizations that expend \$750,000 or more in Federal awards during their fiscal period.**

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: **42** Hours **47** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **80,000**

Number of Responses **40,000**

Requested Annual Burden Hours **1,711,600**

Current Annual OMB Inventory **0**

Difference (+, -) **1,711,600**

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

Explanation of Difference (if applicable): **This collection is submitted as a reinstatement.**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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

Date: Double click here to enter today's date

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).								
<div style="background-color: yellow; height: 20px; width: 100%;"></div>								