

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 a. _____ - _____ <input type="text"/> b. NONE <input type="text"/>	
3. TYPE OF INFORMATION COLLECTION (X one)		4. TYPE OF REVIEW REQUESTED (X one)	
		<input type="checkbox"/> a. REGULAR SUBMISSION	
		<input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		<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 type="checkbox"/> NO	
		6. REQUESTED EXPIRATION DATE	
<input type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE			
<input type="checkbox"/> b. OTHER: <input type="text"/> / <input type="text"/> / <input type="text"/>			
7. TITLE			
8. AGENCY FORM NUMBER(S) (if applicable)			
9. KEYWORDS			
10. ABSTRACT			
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")		12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")	
<input type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/>		<input type="checkbox"/> a. VOLUNTARY	
<input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/>		<input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS	
<input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/>		<input type="checkbox"/> c. MANDATORY	
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN		14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)	
		<input type="checkbox"/> a. NUMBER OF RESPONDENTS	
		<input type="checkbox"/> b. TOTAL ANNUAL RESPONSES	
		<input type="checkbox"/> (1) Percentage of these responses collected electronically <input type="text"/> %	
		<input type="checkbox"/> c. TOTAL ANNUAL HOURS REQUESTED	
		<input type="checkbox"/> d. CURRENT OMB INVENTORY	
		<input type="checkbox"/> e. DIFFERENCE (+, -)	
		<input type="checkbox"/> f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <input type="text"/> (2) Adjustment (+, -) <input type="text"/>	
		<input type="checkbox"/> g. STATE, LOCAL OR TRIBAL GOVERNMENT	
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)	
		<input type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/>	
		<input type="checkbox"/> b. THIRD PARTY DISCLOSURE	
		<input type="checkbox"/> c. REPORTING:	
		<input type="checkbox"/> (1) On Occasion <input type="checkbox"/>	
		<input type="checkbox"/> (2) Weekly <input type="checkbox"/>	
		<input type="checkbox"/> (3) Monthly <input type="checkbox"/>	
		<input type="checkbox"/> (4) Quarterly <input type="checkbox"/>	
		<input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/>	
<input type="checkbox"/> (6) Annually <input type="checkbox"/>			
<input type="checkbox"/> (7) Biennially <input type="checkbox"/>			
<input type="checkbox"/> (8) Other (Describe) <input type="text"/>			
17. STATISTICAL METHODS Does this information collection employ statistical methods?		18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)	
		<input type="checkbox"/> a. NAME <input type="text"/>	
<input type="checkbox"/> b. TELEPHONE NUMBER (Include area code) <input type="text"/>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

OMB CONTROL NUMBER -	TITLE	
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS		
a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)		
Type name	Date	
<p>On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.</p> <p>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></p> <p>The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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); <ul style="list-style-type: none"> (i) If applicable, it uses effective and efficient statistical survey methodology; and (j) It makes appropriate use of information technology. <p>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.</p>		
b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION		
Type name	Date	

OMB CONTROL NUMBER	TITLE	
0607 - 0518	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	

19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)

Type name	Date
Enrique J. James, Performing the Non-Exclusive Duties and Functions of the Deputy Director, U.S. Census Bureau	10/29/18

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	Date
Jennifer Jessup, Departmental Paperwork Clearance Officer	