



## PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

**TITLE OF COLLECTION:** 2020 Census Participant Statistical Areas Program (PSAP)  
**OMB CONTROL NUMBER:** 0607-XXXX  
**DIVISION/PROGRAM OFFICE:** DCMD/Program Management Office  
**AGENCY CONTACT:** Robin Pennington

### TYPE OF INFORMATION COLLECTION REQUEST:

<input checked="" 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 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 Census Bureau conducts the Participant Statistical Areas Program (PSAP) to provide geographic data at a subentity level that effectively supplements and complements the legally established areas. In PSAP, the Census Bureau seeks partnerships with tribal, state, and county governments and planning organizations to obtain updates on these geographic entities referred to as statistical areas. The knowledge provided by the designated participants helps the Census Bureau succeed in its mission to be the leading source of quality data about the nation's people and economy.

The PSAP allows participants, following Census Bureau guidelines, to review and suggest modifications to the boundaries of 12 types of standard or tribal statistical geographies, which are:

1. Census tracts.
2. Tribal census tracts (TCTs).
3. Census block groups.
4. Tribal block groups (TBGs).
5. Census designated places (CDPs).
6. Census county divisions (CCDs).
7. State designated tribal statistical areas (SDTSAs).
8. Alaska Native village statistical areas (ANVSAs).
9. Oklahoma tribal statistical areas (OTSAs).
10. OTSA tribal subdivisions.
11. Tribal designated statistical areas (TDSAs).
12. State reservations.

**DATA COLLECTION START DATE:** 3/1/2018

<b>REQUESTED OMB EXPIRATION DATE:</b> <b>60-DAY FEDERAL REGISTER CITATION:</b> <b>MANDATORY OR VOLUNTARY COLLECTION?</b>	<input checked="" type="checkbox"/> Three years from approval date <input type="checkbox"/> Other date: [            ] <b>82 FR 37839 FR 37839-37841</b> <b>DATE PUBLISHED: 8/14/2017</b> <input type="checkbox"/> Mandatory <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> N/A
<b>IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?</b>	
<input type="checkbox"/> Yes [Specify agency/entity:                    ] <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Shared Sponsorship [Specify agency/entity:                    ]	
<b>LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:</b>	
Title 13 U.S.C. Section 6.	
<b>SURVEY INFORMATION:</b>	
What is the source of the sampling frame for this collection? <b>None</b>	
What are the mode(s) for collection? <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Computer Assisted Personal Interviewing (CAPI) <input type="checkbox"/> Computer Assisted Telephone Interviewing (CATI) <input checked="" type="checkbox"/> Other <b>DVDs</b>	
<b>PUBLIC BURDEN:</b>	
Average Estimated Time per Response: <b>40</b> Hours                    Minutes	
<b>ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:</b>	
Number of Respondents	<b>3,801</b>
Number of Responses	<b>1</b>
Requested Annual Burden Hours	<b>50,680</b>
Current Annual OMB Inventory	<b>0</b>
Difference (+, -)	<b>50,680</b>
Reason for Difference in Burden Hours:	<input checked="" type="checkbox"/> Program Change <input type="checkbox"/> Adjustment <input type="checkbox"/> No Difference
Explanation of Difference (if applicable): <b>This is a new collection</b>	
<b>PRIVACY ACT (PA):</b>	
Is this collection a Privacy Act System of Records?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>

**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 2015<sup>1</sup>?  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

**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 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 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 type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input 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 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"/>

<sup>1</sup> Please refer to the “[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)” Memo

<b>PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE:</b> 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
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:								
<b>ADDITIONAL INFORMATION:</b> 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: 40%; margin-bottom: 10px;"></div>								