

# 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.**

<b>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</b> Department of Commerce Bureau of the Census, Decennial Census Management Division	<b>2. OMB CONTROL NUMBER</b> a. 0607 - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> b. NONE <input style="width: 20px; height: 20px;" type="text"/>
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<b>3. TYPE OF INFORMATION COLLECTION (X one)</b> <input 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	<b>4. TYPE OF REVIEW REQUESTED (X one)</b> <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED <b>5. SMALL ENTITIES</b> Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>6. REQUESTED EXPIRATION DATE</b> <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: ___/___/___
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**7. TITLE**  
2018 End-to-End Census Test - Peak Operations

**8. AGENCY FORM NUMBER(S) (if applicable)**  
See attached list

**9. KEYWORDS**

**10. ABSTRACT**  
The 2018 End-to-End Census Test will validate 2020 Census operations, procedures, systems, and field infrastructure together to ensure proper integration and conformance with functional and non-functional requirements. The Peak Operations portion of the Test focuses on enumeration data collection, and will encompass operations and systems related to: Optimizing Self-Response, including contact strategies, questionnaire content, and language support; Update Leave; Nonresponse Followup; and Group Quarters. The results of this Test will inform the Census Bureau's final preparations in advance of the 2020 Census.

<b>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</b> <input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> d. FARMS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT	<b>12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")</b> <input type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input checked="" type="checkbox"/> c. MANDATORY
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<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> a. NUMBER OF RESPONDENTS <input style="width: 80px; text-align: right;" type="text" value="336,645"/> b. TOTAL ANNUAL RESPONSES <input style="width: 80px; text-align: right;" type="text" value="336,645"/> (1) Percentage of these responses collected electronically <input style="width: 80px; text-align: right;" type="text" value="75 %"/> c. TOTAL ANNUAL HOURS REQUESTED <input style="width: 80px; text-align: right;" type="text" value="55,886"/> d. CURRENT OMB INVENTORY <input style="width: 80px; text-align: right;" type="text" value="0"/> e. DIFFERENCE (+, -) <input style="width: 80px; text-align: right;" type="text" value="55,886"/> f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <input style="width: 80px; text-align: right;" type="text" value="55,886"/> (2) Adjustment (+, -)	<b>14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)</b> a. TOTAL CAPITAL/STARTUP COSTS <input style="width: 80px; text-align: right;" type="text" value="0.00"/> b. TOTAL ANNUAL COSTS (O&M) <input style="width: 80px; text-align: right;" type="text" value="0.00"/> c. TOTAL ANNUALIZED COST REQUESTED <input style="width: 80px; text-align: right;" type="text" value="0.00"/> d. CURRENT OMB INVENTORY <input style="width: 80px; text-align: right;" type="text" value="0"/> e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) <input style="width: 80px; text-align: right;" type="text" value="0.00"/> (2) Adjustment (+, -)
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<b>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</b> <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input checked="" type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input checked="" type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/> d. AUDIT	<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</b> <input type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input 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 type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (Describe) one time <input checked="" type="checkbox"/>
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<b>17. STATISTICAL METHODS</b> Does this information collection employ statistical methods? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)</b> a. NAME Robin A. Pennington b. TELEPHONE NUMBER (Include area code) 301-763-8132
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OMB CONTROL NUMBER 0607 -	TITLE 2018 End-to-End Census Test - Peak Operations
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

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

Type name Ron Jarmin, Acting Census Bureau Director	Date 7/5/17
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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
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