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. 2. OMB CONTROL NUMBER 1. AGENCY/SUBAGENCY ORIGINATING REQUEST Department of Commerce/Census Bureau/Decennial Census Management Division and Geography Division a. 0607 - XXXX b. NONE 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) a. REGULAR SUBMISSION a. NEW COLLECTION **b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION** c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED X NO e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY **REQUESTED EXPIRATION DATE** APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE **EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL** NUMBER 7. TITLE 2020 Census New Construction Program 8. AGENCY FORM NUMBER(S) (if applicable) NC-F-100 (Registration Form) 9. KEYWORDS Census data. 10. ABSTRACT The U. S. Census Bureau confines the scope of the New Construction Program to the submission of addresses for newly constructed living quarters that began or will begin construction in the year leading up to the census. Between September and October 2019, tribal, state, and local governments identify addresses for housing units, group quarters, and transitory locations for which construction is in progress during or after March 1, 2018 that are expected to be closed to the elements (final roof, windows, and doors) and potentially inhabitable by Census Day, April 1, 2020. The Census Bureau collects city-style addresses for the newly built housing units in blocks where census questionnaires or mailing packages are delivered and households are expected to use a self-response mode to complete the census. 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") a. INDIVIDUALS OR HOUSEHOLDS d. FARMS X a. VOLUNTARY **b. REQUIRED TO OBTAIN OR RETAIN BENEFITS b. BUSINESS OR OTHER FOR-PROFIT** e. FEDERAL GOVERNMENT c. NOT-FOR-PROFIT INSTITUTIONS X f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS a. TOTAL CAPITAL/STARTUP COSTS 32,000 0.00 0.00 b. TOTAL ANNUAL RESPONSES 6,550 b. TOTAL ANNUAL COSTS (O&M) (1) Percentage of these responses collected electronically 100 % c. TOTAL ANNUALIZED COST REQUESTED c. TOTAL ANNUAL HOURS REQUESTED 339,850 d. CURRENT OMB INVENTORY **CURRENT OMB INVENTORY** e. DIFFERENCE (+, -) 339,850 DIFFERENCE (+, -) **EXPLANATION OF DIFFERENCE: EXPLANATION OF** (1) Program change (+, -) (1) Program change (+, -) **DIFFERENCE:** (2) Adustment (+, -) (2) Adustment (+, -) 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. RECORDKEEPING **b. THIRD PARTY DISCLOSURE** a. APPLICATION FOR BENEFITS X c. REPORTING: e. PROGRAM PLANNING **OR MANAGEMENT b. PROGRAM EVALUATION** (1) On Occasion (2) Weekly (3) Monthly f. RESEARCH c. GENERAL PURPOSE STATISTICS (6) Annually X (4) Quarterly (5) Semi-Annually g. REGULATORY OR (8) Other (Describe) Decennial d. AUDIT (7) Biennially 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this Does this information collection employ submission) statistical methods? a. NAME b. TELEPHONE NUMBER (Include area code) Pennington, Robin A 301-763-8132 NO

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(iii) Burden estimate;	on is being collected;	
	(voluntary, required for a benefit, or mandatory);	
(v) Nature and extent		
	rently valid OMB control number;	
(h) It was developed by an	office that has planned and allocated resources for the effici f the information to be collected (see note in Item 19 of the	ient and effective instructions);
(i) If applicable, it uses eff	ective and efficient statistical survey methodology; and	
(j) It makes appropriate us	e of information technology.	
If you are unable to certify reason in Item 18 of the S	compliance with any of these provisions, identify the item bupporting Statement.	elow and explain the
SENIOR OFFICIAL OR DESIGNEE O	ERTIFICATION	Date