



**PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM**

RED Areas (\*) = required field

**TITLE OF COLLECTION\*:** 2020 Census Post-Enumeration Survey Independent Listing Operation

**OMB CONTROL NUMBER\*:** 0607-XXXX Note: For new collections, enter 0607-XXXX

**DIVISION/PROGRAM OFFICE\*:** DSSD

**Agency Contact\*:** Andreana Able

**PRA Liaison\*:** Robin A Pennington

**Alternate PRA Liaison:** Beth Clarke Tyszka

**TYPE OF INFORMATION COLLECTION REQUEST\*:**

New collection

**PURPOSE OF COLLECTION/OPSP SUMMARY\*:**

The Census Bureau requests authorization from the Office of Management and Budget (OMB) to conduct the 2020 Post-Enumeration Survey (PES) Independent Listing Operation. PES will be conducted for the 2020 Census to provide estimates of net coverage error and components of coverage (correct enumerations, erroneous enumerations, whole-person imputations, and omissions) for housing units and people in housing units to improve future censuses.

Enter abstract. The abstract should cover the agency's need for the information, uses to which it will be put, and a brief description of the respondents.

**PLANNING DATES:**

**Collection Frequency:**

decennial

**Planned 60-day FRN Publication Date:**

10/25/2018

**Planned ICR Submission to DOC Date:**

3/15/2019

**Planned ICR Submission to OMB Date:**

4/8/2019

**Request OMB Approval Date:**

5/31/2019

**Current Expiration Date:**

**Data Collection Start Date:**

1/16/2020

**Is this a ongoing collection?**

No  
 Yes

**REQUESTED OMB EXPIRATION DATE:**

Three years from approval date

**Other Date:**

**60-DAY FEDERAL REGISTER CITATION:**

Volume 83 FR 53849 Page Number

DATE PUBLISHED: 10/25/2018

**MANDATORY OR VOLUNTARY COLLECTION?**

Mandatory  Voluntary  N/A

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

Yes [Specify agency/entity: \_\_\_\_\_]

No

Shared Sponsorship [Specify agency/entity: \_\_\_\_\_]

**LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:**

Title 13, United States Code, Sections 141 and 193

Enter legal authority(ies). Please confirm with Legal and provide a list of all of the specific citation(s) for each statute and/or regulation mandating or authorizing the collection. Include authorities for Census and sponsoring agencies, as appropriate. Ensure these authorities are cited consistently throughout all documentation and respondent materials.

**Survey Information:**

What is the source of the sampling frame for this collection? none

What are the mode(s) for collection?  Computer Assisted Personal Interviewing (CAPI)

**Public Burden:**

Average Estimated Time per Response: 5  

Hours	Minutes

**ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:**

Number of Respondent:	650,000	Requested Annual Burden Hours:	54,167
Number of Responses:	650,000	Current Annual OMB Inventory:	0
		Difference (+, -)	54,167 (enter difference)

**Reason for Difference in Burden Hours:**

Program Change  Adjustment  No Difference

Explanation of Difference (if applicable):	This is a new collection.
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**PRIVACY ACT (PA):**

Is this collection a Privacy Act System of Records?  Check box for 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?  Check box for Yes

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015<sup>(1)</sup>?  Check box for Yes

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?  Check box for Yes

**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:

Reason/purpose for the information collection, including the way the information will be used. (Required by the Paperwork Reduction Act and the Privacy Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Other
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Other:  
Confidentiality Notice

For Reason/Purpose, Legal Authority that authorize the collection of information. (Required by the Paperwork Reduction Act and the Privacy Act)

	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>Whether responses are mandatory or voluntary (citing the authority)</b> (Required by the Paperwork Reduction Act and the Privacy Act)	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>The nature and extent of confidentiality to be provided (if any) citing authority</b> (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>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</b> (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>OMB control number</b> (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>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.</b> (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>Published routine use for which information is subject and citation to relevant SORN</b> (Required by the Privacy Act)	<input checked="" type="checkbox"/> Other
Other: Confidentiality Notice	
<b>The effects on the individual for not providing the requested information</b> (Required by the Privacy Act)	<input checked="" type="checkbox"/> Other

**Other:**

Confidentiality Notice

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**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).

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

Create PRA Package?      Yes

Create 60-Day FRN Template?      No

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