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## PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

**TITLE OF COLLECTION:** Boundary and Annexation Survey & Boundary Validation Program  
**OMB CONTROL NUMBER:** 0607-0151  
**DIVISION/PROGRAM OFFICE:** Geography Division  
**AGENCY CONTACT:** Robin Pennington

### TYPE OF INFORMATION COLLECTION REQUEST:

- |                                     |                                                                                                   |                                              |
|-------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/>            | New collection                                                                                    |                                              |
| <input checked="" type="checkbox"/> | Revision of a currently approved collection                                                       | [current expiration date: <b>3/31/2019</b> ] |
| <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 BAS annually to collect boundary updates and information about selected legally defined geographic areas, including counties (and equivalent areas), incorporated places, minor civil divisions (MCDs), as well as federally recognized American Indian reservations (AIRs), off-reservation trust lands (ORTLs) and tribal subdivisions.

**DATA COLLECTION START DATE:** 10/31/2018

**REQUESTED OMB EXPIRATION DATE:**  Three years from approval date  Other date: [ ]

**60-DAY FEDERAL REGISTER**

83 FR 9475

**DATE PUBLISHED:** 3/7/2018

**CITATION:**

**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:

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Title 13 U.S.C. Section 6.

**SURVEY INFORMATION:**

What is the source of the sampling frame for this collection? **MAF/TIGER**

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

Computer Assisted Telephone Interviewing (CATI)  Other

**PUBLIC BURDEN:**

Average Estimated Time per Response: **52** Hours Minutes

**ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:**

Number of Respondents **132,465 governments**

Number of Responses **132,465 governments**

Requested Annual Burden Hours **265,590**

Current Annual OMB Inventory **174,697**

Difference (+, -) **90,893**

Reason for Difference in Burden Hours:  Program Change  Adjustment  No Difference

Explanation of Difference (if applicable): **Burden hours increase with the addition of the Boundary Validation Program**

**PRIVACY ACT (PA):**

Is this collection a Privacy Act System of Records?  No  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?  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

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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).								