



U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

WORKSHEET  
**GUS-1** (04-17-2020)

# 2021 Government Units Survey Census of Governments

OMB No. 0607-0930: Approval Expires 12/31/2022

**DUE DATE:**

**April 1, 2021**

**Need help or have questions?**

- **Visit**  
respond.census.gov/gus
- **Call**  
1-888-369-3613 weekdays,  
8AM to 5PM ET
- **Email**  
esmd.gus.psfcb@census.gov

**WORKSHEET**

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Return to [respond.census.gov/gus](https://respond.census.gov/gus) when you are ready to report online.

Report Online - Do Not Return

Title 13, United States Code, Sections 161 and 193 authorizes the Census Bureau to conduct this collection and to request your voluntary assistance. These data are subject to provisions of Title 13, United States Code, Section 9(b) exempting data that are customarily provided in public records from rules of confidentiality.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0930 and appears at the upper right of this page. Without this approval we could not conduct this voluntary survey.

We estimate the Government Units Survey will take an average of 15 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing survey responses prior to submission.

**1 Is the addressee title/department and mailing address the same as shown in the address label?**

Mark "X" only one box.

Yes – Go to **2**

No – Enter correct information below

Addressee Title or Department

ATTN:

Street 1

Street 2

City

State

Zip Code

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**PART 1 – BACKGROUND INFORMATION**

**2** Was this agency in existence on February 1, 2021? (For all questions in this survey, "This Agency" refers to the unit of government identified in the address label above.)

Yes – Go to **3**

No – Enter date when agency ceased operating or officially dissolved, then go to **10**

(MM) (DD) (YYYY)

Input fields for date: MM, DD, YYYY

**3** Did this agency form within the past 5 years?

Yes – Provide the year when this agency formed (enter 4-digit year), then go to **4**

Input fields for year: YYYY

No – Go to **4**

**4** Does this agency control its own budget? (For example, this agency determines its own budget, can levy taxes, can set rates or charges, or can issue bonded debt.)

Yes – Go to **5**


No – Select one checkbox for the unit that determines or authorizes your budget, then go to **5**

State determined

County determined

City determined

Township determined

Joint determined – specify 

Text input field for specifying joint determination

**5** What are the primary functions of this agency? (For example, does this agency provide Fire Protection and Water Supply, Sewage and Water Supply, Utility, etc. services.)

A.

B.

C.

D.

E.

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**PART 1 – BACKGROUND INFORMATION - Continued**

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Report Online - Do Not Return

**6** Is this school district planning to merge or combine with at least one other school district within the next two years?

Yes – Provide the name(s) of the district(s) this agency plans to merge or combine with, then go to **7**

Specify:

No – Go to **7**

**7** What grade level(s) does this school district serve?

Select one checkbox.

Elementary Only - (Pre-Kindergarten through Grade 5.)


Secondary Only - (Grade 6 through Grade 12.)

Elementary and Secondary - (Pre-Kindergarten through Grade 12.)

Post-Secondary - (2-year, 4-year and Post-graduate college/universities, plus other training beyond the high school level including Adult Education.)

Special or Vocational Education - (A district that primarily provides career, technical, and vocational education programs.)

Non-Operating or Administrative Agency - (A school system that exists for administrative purposes only and does not operate its own schools.)

Other – specify 

**8** The Census Bureau classifies your district as an Educational Service Agency. Does this classification generally describe your agency's role?

**Educational service agency (ESA):** An agency that provides a specialized service for one or more school systems, such as a special education cooperative.

Example of ESA's:

- Area vocational districts
- Cooperative service agencies
- Educational cooperatives
- Educational joint powers agencies
- Inter-local agreements between school districts
- Regional educational service centers (RESC)
- Regional resource centers
- Special education

Yes – The ESA classification is accurate.

No – Specify agency's role 

**PART 2 – EMPLOYEES**

**9 Does this agency have paid employees and/or paid officials?**

**Include:**

- Part-time or Full-time employees and officials
- Current employees in paid leave status
- All elected or appointed officials paid any amount of pay or stipend (even small amounts of \$25 per meeting or \$100 annually) or paid on salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semi-annually, or annually
- Temporary or seasonal employees

Yes

No

**PART 3 – REMARKS**

**10 Use this space for any explanations that may be essential in understanding data or information reported for this survey.**

**Include**

- Any significant changes occurring within the last year
- Any difficulties you encountered in completing this survey
- Any corrections to prelisted information such as organization name
- Clarification of the agency's function

**PART 4 – CONTACT INFORMATION**

**11 Who should be contacted to answer questions about data reported on this survey?**

Name of contact person – Please print

Title of contact person – Please print

Area code and phone number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Extension

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Email Address – Please print

Date form was completed

(MM) (DD) (YYYY)

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