



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

RED Areas (*) = required field

TITLE OF COLLECTION*: The American Community Survey
OMB CONTROL NUMBER*: 0607-0810 Note: For new collections, enter 0607-XXXX
DIVISION/PROGRAM OFFICE*: ACSO
Agency Contact*: Donna M Daily
PRA Liaison*: Robin A Pennington **Alternate PRA Liaison:** Beth Clarke Tyszka
TYPE OF INFORMATION COLLECTION REQUEST*

Revision of a currently approved collection

PURPOSE OF COLLECTION/OPSP SUMMARY*

The U.S. Census Bureau requests authorization from the Office of Management and Budget (OMB) for revisions to the American Community Survey (ACS). The American Community Survey (ACS) is one of the Department of Commerce’s most valuable data products, used extensively by businesses, non-governmental organizations (NGOs), local governments, and many federal agencies. In conducting this survey, the Census Bureau’s top priority is respecting the time and privacy of the people providing information while preserving its value to the public.

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: Monthly **Planned 60-day FRN Publication Date:** 10/16/2018 **Planned ICR Submission to DOC Date:** 3/27/2019

Planned ICR Submission to OMB Date: 4/12/2019 **Request OMB Approval Date:** 6/14/2019 **Current Expiration Date:** 6/30/2021

Data Collection Start Date:

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 52189-52... Page Number
 DATE PUBLISHED: 10/16/2018

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 U.S.C. 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? Master Address File

What are the mode(s) for collection?

- Paper
- Internet
- Computer Assisted Personal Interviewing (CAPI)

Public Burden:

Average Estimated Time per Response: 40
Hours Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondent:	3,760,000	Requested Annual Burden Hours:	2,455,868
Number of Responses:	3,805,200	Current Annual OMB Inventory:	2,455,868
		Difference (+, -)	0 <small>(enter difference)</small>

Reason for Difference in Burden Hours:

Program Change Adjustment No Difference

Explanation of Difference (if applicable):

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⁽¹⁾? 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:

<p>Reason/purpose for the information collection, including the way the information will be used. (Required by the Paperwork Reduction Act and the Privacy Act)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Invitation letter <input checked="" type="checkbox"/> FAQs <input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
<p>Other:</p>	

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

Other:

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).

^[1]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

Print

