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## PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

**TITLE OF COLLECTION:** American Community Survey Methods Panel Tests  
**OMB CONTROL NUMBER:** 0607-0936  
**DIVISION/PROGRAM OFFICE:** American Community Survey Office  
**AGENCY CONTACT:** Robin A Pennington

### TYPE OF INFORMATION COLLECTION REQUEST:

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/>            | New collection  |                                       |
| <input checked="" type="checkbox"/> | Revision of a currently approved collection   | [current expiration date:           ] |
| <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 purpose of the American Community Survey (ACS) methods panel tests are to continue to research and test changes to the ACS questionnaire content and related data collection materials that could improve data quality, achieve survey cost efficiencies, increase response rates, or improve the respondent experience. Details for an upcoming Mail Materials Test are included in this package. That test is focused on ways to address respondent concerns about mandatory language in the mail materials while updating design features and other aspects of the mail materials to maintain or increase self-response rates.

**DATA COLLECTION START DATE:** 8/1/2018  
**REQUESTED OMB EXPIRATION DATE:**  Three years from approval date     Other date: [            ]  
**60-DAY FEDERAL REGISTER CITATION:** 82 FR 54317-54320 (FR Document: 2017-24943)    **DATE PUBLISHED:** 11/17/2017  
**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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The Census Bureau collects data for this survey under authority of Title 13, United States Code, Sections 141, 193, and 221. All data are afforded confidential treatment under Section 9 of that Title.

**SURVEY INFORMATION:**

What is the source of the sampling frame for this collection? **Census Bureau's Master Address File**

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: **0** Hours **40** Minutes

**ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:**

Number of Respondents **455,500**

Number of Responses **455,500**

Requested Annual Burden Hours **266,168**

Current Annual OMB Inventory **129,389**

Difference (+, -) **136,779**

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

Explanation of Difference (if applicable): **New tests are being proposed that require different hours of burden than the previous test proposals.**

**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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<p>Comments: <b>Because the purpose of the various tests proposed in this clearance package is to evaluate different approaches to the mail materials, positioning of the required statements may change.</b></p>								
<p><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).</p>								