

PAPERWORK REDUCTION ACT

CHANGE WORKSHEET

Agency/Subagency <u>U.S. Department of Education, OSERS</u> <u>Title I State Plan for Vocational Rehabilitation Services and Title VI-Part B Supplement for Supported Employment Services</u>		OMB Control Number 1845-0045v. 26 <u>1820-0500</u>
Enter only items that change Current Record New Record		
Agency form number(s)	<u>NA</u>	<u>NA</u>
Annual reporting and record keeping hour burden		
Number of respondents	12,000 <u>80</u>	12,000 <u>80</u>
Total annual responses	12,000 <u>80</u>	12,000 <u>80</u>
Percent of these responses collected electronically	100 <u>95%</u>	100 <u>95%</u>
Total annual hours	1,002,000 <u>2,900</u>	1,002,000 <u>2,900</u>
Difference		<u>NA 0</u>
Explanation of difference		<u>ONA</u>
Program Change		<u>ONA</u>
Adjustment		<u>ONA</u>
Annual reporting and record keeping cost burden (in thousands of dollars)		
Total annualized capital/startup costs	<u>ONA</u>	<u>ONA</u>
Total annual costs (O&M)	<u>ONA</u>	<u>ONA</u>
Total annualized cost requested	NA <u>0A</u>	<u>ONA</u>
Difference		<u>ONA</u>
Explanation of difference		<u>NA 0</u>
Program Change		<u>ONA</u>
Adjustment		<u>ONA</u>
Other change** <u>The current state plan (form 1820-0500) form has already been approved to allow the form to be submitted electronically each year by all state agencies. Attached is the current approved form used to submit the state plan (form 1820-0500) with the necessary instructions and the suggested modifications (which have been highlighted in screen 2 of 18). Sometimes it is necessary for a state agency to submit an assurance with its state plan before the plan can be approved. We are currently trying to This change will allow a state agency to notify RSA if an assurance is being submitted and a brief description of the necessary assurance. Since the form is now available on the RSA's MIS website, a html page has been created to assist visualize this change. move this form to our web site so the form can be submitted electronically each year. You can find this form at the following link http://rsamis.qa.ed.gov. Since this is your first time connecting to this link.</u>		
Signature of Senior Officer or designee:	Date: <u>December 5</u> , 2005	For OIRA Use _____ _____

****This form cannot be used to extend an expiration date**

