**PAPERWORK REDUCTION ACT**

**CHANGE WORKSHEET**

|  |  |  |
| --- | --- | --- |
| **Agency/Subagency**  **OESE/AITQ** | | **OMB Control Number**  **1810-0691** |
| **Enter only items that change**  **Current Record New Record** | | |
| **Agency form number(s)** | **1810-0691** | **1810-0691** |
| **Annual reporting and record keeping**  **hour burden** |  | |
| **Number of respondents** | **10** | **10** |
| **Total annual responses** | **10** | **10** |
| **Percent of these responses**  **collected electronically** | **0%** | **0%** |
| **Total annual hours** | **10** | **10** |
| **Difference** |  | **0** |
| **Explanation of difference** Program Change |  |  |
| **Adjustment** |  |  |
| **Annual reporting and record keeping cost burden (in thousands of dollars)** |  | |
| **Total annualized capital/startup**  **costs** | **0** | **0** |
| **Total annual costs (O&M)** | **0** | **0** |
| **Total annualized cost requested** | **0** | **0** |
| **Difference** |  | **0** |
| **Explanation of difference**  **Program Change** |  |  |
| **Adjustment** |  |  |
| **Other change\*\***  Updates have been made to the Guidance on the Maintenance-of-Effort Requirements in the State Fiscal Stabilization Fund Program document. Minor revisions have been made in order to clarify the original guidance and to make the current document consistent with ongoing guidance provided to applicants. There are no anticipated changes to burden associated with the updated guidance. | | |
| **Signature of Senior Officer or**  **designee:** | **Date:** | **For OIRA Use** |

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

**OMB 83-C**