

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency  Department of Education - FSA	OMB Control Number  1845-0045v. 42	
<b>Enter only items that change</b>		
	<b>Current Record</b>	<b>New Record</b>
Agency form number(s)	NA	NA
<b>Annual reporting and record keeping hour burden</b>		
Number of respondents	15,300	15,300
Total annual responses	15,300	15,300
Percent of these responses collected electronically	100%	100%
Total annual hours	8,400	8,400
Difference		
Explanation of difference	NA	
Program Change		
Adjustment	NA	
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>		
Total annualized capital/startup costs	NA	NA
Total annual costs (O&M)	NA	NA
Total annualized cost requested	NA	NA
Difference		
Explanation of difference	NA	
Program Change		
Adjustment	NA	
<b>Other change**</b> This survey is updated to add additional choices for the respondents based on feedback of the survey previously approved. There is also one additional question. This collection does not increase the burden on the general public, as prior OMB approval has been received under the master plan for customer surveys. This survey falls under the master plan guidelines. The burden for this individual survey will not change based on the minor changes to this version.		
Signature of Senior Officer or designee:	Date:  04/14/2010	For OIRA Use  _____  _____

\*\*This form cannot be used to extend an expiration date  
OMB 83-C