## PAPERWORK REDUCTION ACT

## CHANGE WORKSHEET

| Agency/Subagency  |                     | OMB Control Number       |
|---|---------------------|--------------------------|
| Dept of ED/OII TQP  |                     | 1894-0006                |
| Enter only items that change  |                     |                          |
|   | Current Record      | New Record               |
| Agency form number(s)   | NA                  | NA                       |
|   |                     |                          |
| Annual reporting and record keeping hour burden   |                     |                          |
| Number of respondents   | 10,381              | 10,541                   |
| Total annual responses  | 10,381              | 10,541                   |
| Percent of these responses collected electronically   | 75%                 | 75%                      |
| Total annual hours  | 457,489             | 470,289                  |
| Difference  |                     | 12,800                   |
|   |                     |                          |
| Explanation of difference   |                     |                          |
| Program Change  |                     | 12,800                   |
|   |                     | 80 hours per application |
| Adjustment  |                     | NA                       |
| Annual reporting and record keeping cost burden (in thousands of dollars)   |                     |                          |
| Total annualized capital/startup costs  | NA                  | NA                       |
| Total annual costs (O&M)  | NA                  | NA                       |
| Total annualized cost requested   | NA                  | NA                       |
| Difference  |                     | NA                       |
|   |                     |                          |
| Explanation of difference   |                     |                          |
| Program Change  |                     | NA                       |
| Adjustment  |                     | NA                       |
| Other change**  |                     |                          |
| The purpose of this change request is to add OII TQP program CFDA 84.336S to the Departmental generic application OMB control number 1894-0006. |                     |                          |
| Signature of Senior Officer or designee:  | Date:<br>06/13/2014 | For OIRA Use             |
| SS on file  | ,                   |                          |

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

OMB 83-C