

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

| | | |
|--|---|------------------------------------|
| Agency/subagency | OMB Control Number _____ - _____ | |
| <i>Enter only items that change</i> | | |
| | Current record | New record |
| Agency form number (s) | | |
| Annual reporting and recordkeeping hour burden | | |
| Number of respondents | | |
| Total annual responses | | |
| Percent of these responses collected electronically | % | % |
| Total annual hours | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |
| Annual reporting and recordkeeping cost burden (in thousands of dollars) | | |
| Total annualized Capital/Startup costs | | |
| Total annual costs (O&M) | | |
| Total annualized cost requested | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |
| Other changes** | | |
| Signature of Senior Official or designee: | Date: | For OIRA Use _____ _____ |

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