

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency ED/FSA	OMB Control Number ← 1845-0007	
Enter only items that change Current Record		
Agency form number(s)		New Record
Annual reporting and record keeping 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 record keeping 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 change** The costs were incorrectly reported and are being zeroed out to the correct the error		
Signature of Senior Officer or designee: Kate Mullan	Date: 4/5/2013	For OIRA Use <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

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