PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number	
ED/OPE/IFLE		<u>1840</u>	- <u>0796</u>
Enter only items that change Current Record New Record			
Agency form number(s)			
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 Cha <u>n</u> ge			
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** ——Changes to the application include corrections and clarifications only, primarily to the instructions for			
evaluation planning. There is no change in burden.			
Signature of Senior Officer or designee:	Date:	Fc	or OIRA Use

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