

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency ED/OPE/IFLE	OMB Control Number 1840 - 0807	
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 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** <u>_____Text changes to the application are made to reflect that there are now two competitive preference priorities for the FLAS program.</u>		
Signature of Senior Officer or designee:	Date:	For OIRA Use
		<hr style="width: 100%;"/> <hr style="width: 100%;"/>

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