Narrative of Changes

The purpose of the Narrative of Changes is to clearly indicate changes to a collection since the previous approval.

Collection Title: Federal Hotel and Motel Fire Safety Declaration Form OMB Control No.: 1660-0068

Current Expiration Date: 6/30/2015

Collection Instruments: FEMA Form 516-0-1

The following are the changes to the collection:

Supporting Statement:

Question 8a – Updated to reflect FRN publication information.

Question 10 – Updated to reflect current privacy information.

Question 12 – Number of forms respondents. See Question 15 for explanation.

Question 14 – Costs to the Federal Government updated.

Question 15 – Burden hour explained.

Estimated Annualized Burden Hours and Costs											
Type of Responden t	Form Name / Form Number	No. of Respon -dents	No. of Respon -ses per Respon -dent	Total No. of Response s	Avg. Burden per Respons e (in hours)	Total Annual Burde n (in hours)	Avg. Hourl y Wage Rate	Total Annual Responden t Cost			
Business or other For- Profit	Federal Hotel and Motel Fire Safety Declaratio n Form / FEMA Form 516- 0-1	2,275	1	2,275	0.25 (15 mins.)	569	\$52.79	\$30,038			
State, local or Tribal Government	Review of FEMA Form 516- 0-1	19	20	380	0.333 (20 mins.)	127	\$39.10	\$4,966			
Total		2,294		2,655		696		\$35,004			

[•] Note: The "Avg. Hourly Wage Rate" for each respondent includes a 1.4 multiplier to reflect a fully-loaded wage rate.

Question 15 – See explanation below.

Itemized Changes in Annual Burden Hours											
Data collection Activity/Instrument	Program Change (hours currently on OMB Inventory)	Program Change (New)	Difference	Adjustment (hours currently on OMB Inventory)	Adjustment (New)	Difference					
FEMA Form 516-0-1				696	696	0					
Total(s)				696	696	0					

Explain:

There are no changes to the annual hour burden and there has been no change to the information being collected.