

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

Agency/Subagency	OMB control number -----
-------------------------	--

Enter only items that change

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: <i>Christina A. Walsh</i>	Date:	For OIRA Use _____
---	--------------	----------------------------------

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