**Please complete this document one time for EACH form/instrument (one time per line item in your burden table). Highlight your response.**

1. **Title for this form/instrument**: Application Cover Letter (Initial)
2. **What is the obligation to respond to this document (select one only)**:
	1. Voluntary – *when the response is entirely discretionary and has no direct effect on any benefit or privilege*.
	2. Required to obtain or retain benefits – *when the response is elective but is required to obtain or retain a benefit.*
	3. Mandatory – *when the respondent must reply or face civil or criminal sanctions.*
3. **Frequency of reporting on this document** (this should reflect the number in the burden table under the “Responses per Respondent” column):
4. Hourly
5. Daily
6. Weekly
7. Monthly
8. Yearly
9. Every Decade
10. Quarterly
11. Semi-annually
12. Biennially (every other year)
13. Once
14. Occasionally
15. **What are the electronic capabilities to this document (select one only)**:
16. Paper only
17. Printable only
18. Fillable & printable
19. Fillable & can submit electronically (fileable)
20. **What is the document type (select one only)**:
21. Form & instruction
22. Form
23. Instruction
24. Other
25. **Number of small entity respondents for this form/instrument**:

*A small entity may be (1) a small business which is deemed to be one that is independently owned and operated and that is not dominant it its field of operation; (2) a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field; (3) a small government jurisdiction which is a government of a city, county, town, township, school district, or special district with a population of less than 50,000.* None

1. **Estimated percent of respondents who can submit electronically**: 60 children’s hospitals
2. **Affected Public** (*who are the respondents to this form/instrument*) **Select ONE only**:
	1. Individuals or households
	2. State, Local, or Tribal Governments
	3. Federal Government
	4. Private Sector (If Private Sector, please specify: business or other for-profits, not-for-profit institutions, farms)

	Both for-profits and not-for-profit hospitals