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: | Date: | For OIRA Use |
| | | |
| | | |

OMB 83-C 10/95

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