PAPERWORK REDUCTION ACT		
	CHANGE WORKSHEET	
Agency/Subagency		OMB control number
		_
	Enter only ite Current record	ms that change New record
Agency form number(s)	Our circle record	New record
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
-		
**This form cannot be used to extend an expiration	l date.	

OMB FORM 83-C, 10/95 Adobe Professional 7.0