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 and Reconciliation)
2. **What is the obligation to respond to this document (select one only)**:
    a. Voluntary – *when the response is entirely discretionary and has no direct effect on any benefit or privilege*.
    b. Required to obtain or retain benefits – *when the response is elective but is required to obtain or retain a benefit.*
    c. 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):
    a. Hourly
    b. Daily
    c. Weekly
    d. Monthly
    e. Yearly
    f. Every Decade
    g. Quarterly
    h. Semi-annually
    i. Biennially (every other year)
    j. Once
    k. Occasionally
4. **What are the electronic capabilities to this document (select one only)**:
    a. Paper only
    b. Printable only
    c. Fillable & printable
    d. Fillable & can submit electronically (fileable)
5. **What is the document type (select one only)**:
    a. Form & instruction
    b. Form
    c. Instruction
    d. Other
6. **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
7. **Estimated percent of respondents who can submit electronically**: 60 children's hospitals
8. **Affected Public** (*who are the respondents to this form/instrument*) **Select ONE only**:
    a. Individuals or households
    b. State, Local, or Tribal Governments

c. Federal Government
d. 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