

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 in 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