

# PAPERWORK REDUCTION ACT CHANGE WORKSHEET

|                                                                                                                                                                |       |                                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Agency/subagency                                                                                                                                               |       | OMB Control Number<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> |  |
| <i>Enter only items that change</i><br><div style="display: flex; justify-content: space-between;"> <span>Current record</span> <span>New record</span> </div> |       |                                                                                                                                                                                                               |  |
| 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                                                                                                                                                                                                  |  |
|                                                                                                                                                                |       |                                                                                                                                                                                                               |  |

\*\* This form cannot be used to extend an expiration date.