

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

| | | | |
|--|---|---|------------------------------------|
| Agency/subagency | | OMB Control Number _____ - _____ | |
| <i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </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: <i>John R. Ramsay, Jr.</i> | | Date: | For OIRA Use _____ _____ |

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