

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 <div style="margin-left: 20px;">Number of respondents</div> <div style="margin-left: 20px;">Total annual responses</div> <div style="margin-left: 40px;">Percent of these responses collected electronically</div> <div style="margin-left: 20px;">Total annual hours</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change Adjustment</div> | | | |
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| Annual reporting and recordkeeping cost burden (in thousands of dollars) <div style="margin-left: 20px;">Total annualized Capital/Startup costs</div> <div style="margin-left: 20px;">Total annual costs (O&M)</div> <div style="margin-left: 20px;">Total annualized cost requested</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change Adjustment</div> | | | |
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| Other changes** | | | |
| Signature of Senior Official or designee: | | Date: | For OIRA Use _____ _____ |

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