

FORM NO. OR OTHER IDENTIFICATION (A)	TOTAL ANNUAL RESPONSES (B)	AVE. TIME PER RESPONSE (C)	TOTAL HOURS PER YEAR (B x C) (D)	ESTIMATED ANNUAL PROGRAM COSTS FOR COLLECTING, PROCESSING, ANALYZING, TABULATING AND/OR PUBLISHING THE INFORMATION COLLECTED (Do NOT include administrative costs such as printing, and mailing of forms, etc.)			OVERHEAD COSTS (Col. F times .139) (G)	TOTAL COSTS (F+G) (H)	REMARKS
				GRADE AND AVERAGE HOURLY RATE OF PROGRAM PERSON(S) INVOLVED IN THE INFORMATION COLLECTION (Include field AND headquarters personnel. Use step 4 for average hourly rate.) (E)	PROGRAM COSTS (D X E) (F)				
SWINE PRODUCTION HEALTH PLAN	200	2.000	400	GS- 14	\$ 49.45	\$ 19,780.00	\$	\$	
SWINE MOVEMENT REPORT	12,000	0.050	600	13	41.85	25,110.00			
						44,890.00		6,239.71	51,129.71