

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  (I)
				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)			
DC Health Certificate	100	0.16000	16	GS- 11	\$ 29.36	\$ 469.76	\$	
					469.76	65.30	535.06	