TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.	DATE PREPARED	PREPARED BY	PAGE
Self Certification Statement	0579- 0196	3-19-2008	Lynn Kent	1 .... OF 1

FORM NO. OR OTHER IDENTIFICATION	TOTAL ANNUAL RESPONSES	AVE. TIME PER RESPONSE	TOTAL HOURS PER YEAR (B x C)	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)	TOTAL COSTS (F + G)	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.)		PROGRAM COSTS (D X E)			
(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	(I)
MRP-5	600	0.16700	100	GS- 11	$ 30.68	$ 3,068.00	$	$	
						3,068.00	426.45	3,494.45	