

This form is available electronically.

<b>FSA-85-1</b> (03-26-03)	<b>U.S. Department of Agriculture</b> Farm Service Agency	1. OMB No. 0560-0252		2. Title of Clearance Dairy Disaster Assistance Payment (DDAP-III) Program
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**Reporting and Recordkeeping Requirements**

3. Description (Title of Form, Report or Record)	4. Report	5. Record	6. Form No.	7. Regulation Part/Sec.	Annual Burden on the Public (Col. 8 x 9=10 and Col. 10 x 11=12)					
					8. No. of Respondents	9. No. of Reports Filed Per Person	10. Total Annual Responses	11. Average Time to Respond	12. Total Burden Hours	
									Exempt	Non-Exempt
Dairy Disaster Assistance Payment Program Application	X		FSA-747	7 CFR Part 786	40,000	1	40,000	.25 hr		10,000
Supporting Documentation	X		None	7 CFR Part 786	40,000	1	40,000	.08 hr		3,200
Travel time to County Office			None		22,050	1	22,050	1		22,050
<b>TOTALS</b>					40,000	1	40,000			35,250

