

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average
 (K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT
 Food Stamp Nutrition Connection Recipe Submission and Review Form

OMB NO.
 0518-0043

DATE PREPARED

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		FORMS NO (S) (If "none" so state)	ANNUAL BURDEN							
SECTION OF REGS. (A)	DESCRIPTION (B)		REPORTS					RECORDS		
			NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)
	Individual or Households	none	50	1.0000	50.00	0.1200	6.00			
	Private Sector	None	50	1.0000	50.00	0.1200	6.00			
	State, Local or Tribal Government	None	150	1.0000	150.00	0.1200	18.00			
SUBTOTAL					250.00		30.00			