

TUBERCULOSIS; REQUIRE APPROVED HERD PLANS PRIOR TO PAYMENT OF INDEMNITY

Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year	Persons Involved in the Information Collection*		Program Costs	Overhead Costs	Total Costs	Remarks
				Grade (GS)	Avg. Hourly Rate				
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)
Approved Herd Plan	20	2.00	40	12	\$35.19	\$1,408	\$196	\$1,603	
	20	2.00	40	13	\$41.85	\$1,674	\$233	\$1,907	
	20	2.00	40	14	\$49.45	\$1,978	\$275	\$2,253	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
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			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
Totals			120			\$5,060	\$703	\$5,763	
