

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.)

OMB Control No.  
0579-0146

TUBERCULOSIS

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)
	TB Management Plan	4	100.00	400	13	\$45.82	\$18,328	\$2,548	\$20,876	
	Request for Zone Status	4	100.00	400	14	\$54.14	\$21,656	\$3,010	\$24,666	
	Epidmiological Review of Zone Testing	48	5.00	240	13	\$45.82	\$10,997	\$1,529	\$12,525	
	Annual Report to Qualify for Renewal of Status	23	10.00	230	14	\$54.14	\$8	\$1	\$9	
	Certificate for Movement	252	0.17	42	12	\$38.53	\$1,621	\$225	\$1,847	
				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	
<b>Totals</b>				1,312			\$52,611	\$7,313	\$59,923	

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(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)
			(B x C)			(D x (E.2))	(F x 0.139)	(F + G)	

APHIS FORM 79

\*Includes field and headquarters personnel.

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