

FORM NO. OR OTHER IDENTIFICATION (A)	TOTAL ANNUAL RESPONSES (B)	AVE. TIME PER RESPONSE (C)	TOTAL HOURS PER YEAR (B x C) (D)	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) (G)	TOTAL COSTS (F + G) (H)	REMARKS (I)
				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.) (E)	PROGRAM COSTS (D X E) (F)				
Declaration for Phytosanitary for Canary Islands & Israel	4,080	0.08300	338	GS- 11	\$ 32.14	\$ 10,863.32	\$	\$	
						10,863.32		1,510.00	12,373.32

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				GS-	\$	\$	\$	
					10,863.32	1,510.00	12,373.32	