



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.

Date

0579-0338

1-Nov-13

JOHNES DISEASE INTERSTATE MOVEMENT

D.GOELDNER/K.JARRED

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

\*Includes field and headquarters personnel.

