OMB Control No. 0579-0298

Form No. professional part Form No. profe								0579-0298		
No. No.	or Other		Per		Persons Informati	Involved in the on Collection*	Program Costs	Overhead Costs	Total Costs	Remarks
C		·	·	(B x C)						
PPQ Form 816	(A)	(B)	(C)							(I)
0 50 50 50 50 50 50 50			. ,			,				
	PPQ Form 816	15	0.25	4	GS-12	\$40.26	\$151	\$21	\$172	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
O				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
O				0			\$0	\$0	\$0	
O				0			\$0	\$0	\$0	
				0			\$0	\$0	\$0	
O				0			\$0	\$0	\$0	
Solution				0			\$0	\$0	\$0	
0 \$0				0			\$0	\$0	\$0	
O				0			\$0	\$0	\$0	
SO				0			\$0	\$0	\$0	
0 \$0				0			\$0	\$0	\$0	
0 50 50 50 0 50 50 50 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td>				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 0				0			\$0	\$0	\$0	
0 \$0 \$0 \$0 0				0			\$0	\$0	\$0	
0 \$0 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td>				0			\$0	\$0	\$0	
0 \$0 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td>				0			\$0	\$0	\$0	
0 \$0 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td>				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 \$0				0			\$0	\$0	\$0	
0 \$0 \$0 \$0				0			\$0	\$0	\$0	
				0	_		\$0	\$0	\$0	
Totals 4 \$151 \$21 \$172				0			\$0	\$0	\$0	
	Totals			4			\$151	\$21	\$172	

OMB Control No. 0579-0298

Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year		Involved in the ion Collection*	Program Costs	Overhead Costs	Total Costs	Remarks
			(B x C)	Grade (GS)	Avg. Hourly Rate	(D x (E.2))	(F x 0.139)	(F + G)	
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)

APHIS FORM 79

^{*}Includes field and headqarters personnel.