Totals

OMB Control No.

\$0

\$3,868,472

\$0

\$537,717

\$0

\$4,406,189

tions for Payment of Highly Pathogenic Avian Influenza Indemnity Claims		OMB Control No. 0579-XXXX							
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
			(B x C)		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)
Statement on Biosecurity Implementation	5,937	0.25	1,484	12	\$40.84	\$60,617	\$8,426	\$69,043	
Agreement on APHIS Fair Market Value and split payment	6,268	0.25	1,567	12	\$40.84	\$63,996	\$8,895	\$72,892	
Reviewing received contracts for payment of indemnty	6,268	10.00	62,680	14	\$57.39	\$3,597,205	\$500,012	\$4,097,217	
VS 1-23 and 1-23a	6,268	0.50	3,134	12	\$40.84	\$126,175	\$17,538	\$143,713	
Reviewing indemnity worksheets	6,268	0.08	501	12	\$40.84	\$20,479	\$2,847	\$23,325	
			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	
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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 69,367

Conditions for Payment of Highly Pathogenic Avian Influenza Indemnity Claims						OM	B Control No. 0579-XXXX		
Form No. or Other Identification	Total Annual Responses	Avg. Time Per Responses	Total Hours Per Year		Involved in the on 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.

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