OMB Control No.

Date

National Poultry Improvement Plan and Auxiliary Provisions		0579-0445							
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)
9 CFR 146 - Business	3	2.00	6	GS-11	\$34.08	\$204	\$28	\$233	
9 CFR 146 - State	3	0.50	2	GS-11	\$34.08	\$51	\$7	\$58	
9 CFR 147 - Business	4	1.00	4	GS-14	\$57.39	\$230	\$32	\$261	
			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	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
			0			\$0	\$0	\$0	
Totals			12			\$485	\$67	\$553	

APHIS FORM 79

*Includes field and headqarters personnel.

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