(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

ОМВ NO. 0581-0240

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	NUAL BURDEN			
					REPORTS				RECORDS	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)	(K)
7 USC 1621 & 7 USC 3001-3005; 2 CFR 200	FEDERAL-STATE MKTNG. IMPROVEMENT PROGRAM (FSMIP) (Previously 0581-0240)	(C)	(0)	(E)	0.00	(6)	0.00	()	(5)	0.00
	STANDARDIZED GRANT FORMS				0.00		0.00			0.00
	Request for Applications (NEW)	None	70	1.0000	70.00	4.0000	280.00			0.00
	Application Components (Previously "Proposal Components")	None	70	1.0000	70.00	10.0000	700.00			0.00
	Confirmation of Match (NEW)	None	70	2.0000	140.00	1.0000	140.00			0.00
	Accounting System & Financial Capability Questionnaire (NEW)	None	20	1.0000	20.00	1.0000	20.00			0.00
	SUBTOTAL				300.00		1,140.00	0.00		0.00
	TOTAL OF ALL PAGES				19,330.00		51,124.11	696.00		696.00
тот	AL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				20,026.00		51,820.11			

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

years, list as "1/6" & decimal will display.

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6

TITLE OF INFORMATION COLLECTION DOCUMENT омв но. 0581-0240

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS		RECORDS			
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Project Beneficiaries Questionnaire (NEW)	None	15	1.0000	15.00	0.5000	7.50			0.00
	Agreement Face Sheet (Grant Agreement & Award Terms & Conditions)	AMS-33	20	1.0000	20.00	2.0000	40.00			0.00
	Grant Terms & Conditions of Award (Reading)	None	20	1.0000	20.00	2.0000	40.00			0.00
	AMS Worksheet to Accompany each SF-270 Request (NEW)	None	20	2.0000	40.00	1.0000	40.00			0.00
	Request for Grant Amendment (narrative) (NEW) (not used previously, submitted for future use)	None	5	0.0000	0.00	0.0000	0.00			0.00
	Interim Performance Report (Previously "Progress Report")	None	20	2.0000	40.00	4.0000	160.00			0.00
	SUBTOTAL				135.00		287.50	0		0.00

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

0581-0240

омв но.

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
					REPORTS				RECORDS			
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)		
				RESPONDENT					KEEPER			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	Final Performance Report (Previously "Final Report")	None	20	1.0000	20.00	4.0000	80.00			0.00		
	Peer Reviewer Application & Qulification Form (NEW)	None	80	1.0000	80.00	0.2500	20.00			0.00		
	AMS Conflict of Interest & Confidentiality Statement for Grant Reviewers (NEW)	AMS-34	27	1.0000	27.00	1.0000	27.00			0.00		
	Consensus Scoresheet & Comments (NEW)	None	9	1.0000	9.00	0.5000	4.50			0.00		
	Individual Reviewer Scoresheet (Previously "Proposal Scoresheet for Reviewers")	None	24	8.0000	192.00	2.1667	416.01			0.00		
	Recordkeeping	None			0.00		0.00	20	1.000	20.00		
	SUBTOTAL				328.00		547.51	20		20.00		

0581-0240

омв но.

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

B 4 TE BBEB 4 BEB
DATE PREPARED

IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT	1				AN	INUAL BURDEN			
					REPORTS				RECORDS	
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	HUD Promise Zone Certification Form (OMB #2506-0209) (NEW)	HUD Form 50153	1	1.0000	1.00	0.5000	0.50			0.00
	Registration with SAM.gov (OMB # 3090-0290) (NEW)	None	210	1.0000	210.00	2.0000	420.00			0.00
	Common Formsburden submitted under OMB approved numbers				0.00					0.00
	Application for Federal Assistance (Discretionary) (OMB # 4040-0004)	SF-424	70	1.0000	70.00	1.0000	70.00			0.00
	Budget Information - Non-Construction Programs. (OMB# 4040-0006)	SF-424A	70	1.0000	70.00	1.8000	126.00			0.00
	Assurances - Non-Construction Programs (OMB 4040-0007)	SF-424B	70	1.0000	70.00	0.2500	17.50			0.00
	SUBTOTAL				211.00		420.50	0		0.00

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

0581-0240

омв но.

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	NUAL BURDEN			
					REPORTS				RECORDS	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Federal Financial Report (OMB #4040-0014)	SF-425	20	3.0000	60.00	1.0000	60.00			0.00
	Request for Advance/Reimbursement (OMB #4040-0012)	SF-270	20	3.0000	60.00	1.0000	60.00			0.00
	ACH Vendor/Miscellaneous Payment Enrollment Form (OMB #1510-0056)	SF-3881	24	1.0000	24.00	0.2500	6.00			0.00
	Representation Regarding Felony Conviction & Tax Delinquent Status for Corporate Applicants (OMB # 0505-0025)	AD-3030	70	1.0000	70.00	0.2500	17.50			0.00
	Assurance Regarding Felony conviction or Tax Delinquent Status for Corporate Applicants (OMB # 0505-0025)	AD-3031	70	1.0000	70.00	0.0500	3.50			0.00
					0.00		0.00			0.00
	SUBTOTAL				0.00		0.00	0		0.00

years, list as "1/6" & decimal will display.

July 21, 2016

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (N)Total = (I)Average (I)Total = (I)Average (I)Total/(I)Total = (I)Average (

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT ANNUAL BURDEN REPORTS RECORDS TOTAL NO. OF HOURS FORMS NO (S) NO OF TOTAL ANNUAL TOTAL NO. OF ANNUAL RECORD-SECTION OF DESCRIPTION RESPONDENTS RESPONSES RESPONSES PER HOURS RECORD-HOURS PER (If "none" KEEPING HOURS PER RESPONSE KEEPERS RECORD-REGS. so state) (Col. D x E) (Col. F x G) (Col. I x J) RESPONDENT KEEPER (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) 7 USC 1621 FARMERS MARKET PROMOTION & 7 USC PROGRAM (FMPP) (Previously 0581-0.00 0.00 0.00 3001-3005; 2 0235) **CFR 200** STANDARDIZED GRANT FORMS 0.00 0.00 0.00 Request for Applications (NEW) None 750 1.0000 750.00 4.0000 3,000.00 0.00 Application Components (NEW) (same form for None 750 1.0000 750.00 10.0000 7,500.00 0.00 LFPP, burden shown under each program) Project Beneficiaries Questionnaire (NEW) None 200 1.0000 200.00 0.5000 100.00 0.00 Agreement Face Sheet (Grant Agreement & AMS-33 200 1.0000 200.00 2.0000 400.00 0.00 Award Terms & Conditions) SUBTOTAL 1,900.00 11,000.00 0.00 SUMMARY OF INFORMATION COLLECTION

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

	TITLE OF INFORMATION COLLECTION DOCUMENT	омв но.
	AMS GRANTS	0581-0240
ge		
		DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
				REPORTS						RECORDS		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)		
				RESPONDENT					KEEPER			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	Request for Grant Amendment (Narrative) (NEW)	None	200	2.0000	400.00	1.0000	400.00			0.00		
	Accounting System & financial Capability Questionnaire (NEW)	None	750	1.0000	750.00	1.0000	750.00			0.00		
	Grant Terms & Conditions of Award (Reading) (NEW)	None	200	1.0000	200.00	2.0000	400.00			0.00		
	Peer Reviewer Application & Qualification Form (NEW)	None	100	1.0000	100.00	0.2500	25.00			0.00		
	AMS Conflict of Interest & Confidentiality statement for Grant Reviewers (NEW)	AMS-34	150	1.0000	150.00	1.0000	150.00			0.00		
	Consensus scoresheet & Comments (NEW)	None	20	1.0000	20.00	0.5000	10.00			0.00		
	SUBTOTAL				1,620.00		1,735.00	0		0.00		

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average **NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

OMB NO.

0581-0240

DATE PREPARED

IDENTIFIC	IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
										TOTAL
SECTION OF	DESCRIPTION	FORMS NO (S) (If "none"	NO. OF RESPONDENTS	NO OF RESPONSES	TOTAL ANNUAL RESPONSES	HOURS PER	TOTAL HOURS	NO. OF RECORD-	ANNUAL HOURS PER	RECORD-
REGS.	DESCRIPTION	so state)	RESPONDENTS	PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
INCOS.		30 state)		RESPONDENT	(601. 5 x 2)	KESI GIVSE	(001.1 7 0)	KEEF ERO	KEEPER	(66). 1 x 0)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Individual Reviewer Scoresheet (NEW)	None	75	8.0000	600.00	2.1667	1,300.02			0.00
	AMS Worksheet to Accompany each SF-270 Request (NEW)	None	300	5.0000	1,500.00	1.0000	1,500.00			0.00
	Interim Performance Report (Previously "Project Progress Report")	None	300	1.0000	300.00	4.0000	1,200.00			0.00
	Final Performance Report (Previously "Project Final Report")	None	300	1.0000	300.00	4.0000	1,200.00			0.00
	Recordkeeping	None			0.00		0.00	300	1.000	300.00
	Registration with SAM.gov (OMB 3090-0290) (NEW)	None	750	1.0000	750.00	2.0000	1,500.00			0.00
	SUBTOTAL				3,450.00		6,700.02	300		300.00

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

ОМВ NO. 0581-0240

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	HUD Promise Zone Certification Form (OMB # 2506-0209)	HUD Form 50153	25	1.0000	25.00	0.5000	12.50			0.00
	COMMON FORMS - BURDEN SUBMITTED UNDER OMB APPROVED NUMBERS				0.00		0.00			0.00
	Application for federal Assistance CF (OMB #4040-0004) (Discretionary)	SF-424	750	1.0000	750.00	1.0000	750.00			0.00
	Budget Information - Non-Construction Programs (OMB #4040-0006)	SF-424A	750	1.0000	750.00	1.8000	1,350.00			0.00
	Assurances - Non-Construction Program (OMB #4040-0007)	SF-424B	750	1.0000	750.00	0.2500	187.50			0.00
	Representations Regarding Felony Conviction & Tax Delinquent Status for Corporate Applicants (OMB #0505-0025)	AD-3030	750	1.0000	750.00	0.2500	187.50			0.00
	SUBTOTAL				25.00		12.50	0		0.00

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

0581-0240

омв но.

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN				
					REPORTS				RECORDS		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
	Assurances Regarding Felony Conviction or Tax Delinquent Status for Corporate Applicants (OMB #0505-0025)	AD-3031	750	1.0000	750.00	0.0500	37.50			0.00	
	Federal Financial Report (OMB #4040-0014)	SF-425	300	2.0000	600.00	1.0000	600.00			0.00	
	Request for Advance/Reimbursement (OMB #4040-0012)	SF-270	300	3.0000	900.00	1.0000	900.00			0.00	
	ACH Vendor/Miscellaneous Payment Enrollment Form (OMB #1510-0056)	SF-3881	75	1.0000	75.00	0.2500	18.75			0.00	
	Tangible Personal Property Report (OMB #4040-0018) (NEW)	SF-428	100	1.0000	100.00	2.7500	275.00			0.00	
					0.00	-	0.00			0.00	
	SUBTOTAL				0.00		0.00	0		0.00	

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c. TITLE OF INFORMATION COLLECTION DOCUMENT омв но. 0581-0240 AMS GRANTS (F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)AverageDATE PREPARED

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

J care, 220 20 27 2	a decimal win display.								July	21, 2016	
IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN				
					REPORTS				RECORDS		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	RECORD- KEEPING HOURS	
REGS.	SESSIM NEW	so state)	THE ST STEEL ST	PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
7 USC 1621 & 2 CFR 200	SPECIALTY CROP BLOCK GRANT PROGRAM - FARM BILL (SCBGP) (Previously 0581-0248)				0.00		0.00			0.00	
	STANDARDIZED GRANT FORMS				0.00		0.00			0.00	
	Interim Performance Report (Previously "Annual Performance Report")	None	56	2.0000	112.00	4.0000	448.00			0.00	
	Final Performance Report	None	56	1.0000	56.00	4.0000	224.00			0.00	
	Audit Report (Narrative)	None	56	1.0000	56.00	3.0000	168.00			0.00	
	Request for Grant amendment (Narrative)	None	56	2.0000	112.00	1.0000	112.00			0.00	
	SUBTOTAL				336.00		952.00	0		0.00	

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT	омв но.
AMS GRANTS	0581-0240

DATE PREPARED

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
										TOTAL
05051011.05	DECORPORTION.	FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF REGS.	DESCRIPTION	(If "none" so state)	RESPONDENTS	RESPONSES PER	RESPONSES (Col. D x E)	PER RESPONSE	HOURS (Col. F x G)	RECORD- KEEPERS	HOURS PER RECORD-	KEEPING HOURS (Col. I x J)
NEGS.		30 state)		RESPONDENT	(Coi. D X L)	INESI ONSE	(601.1 × 6)	KEEF EKS	KEEPER	(601.1 × 3)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Request for Applications (NEW)	None	56	1.0000	56.00	4.0000	224.00			0.00
	State Plan (Narrative)	None	56	1.0000	56.00	10.0000	560.00			0.00
	Agreement Face Sheet (Grant Agreement & Award Terms & Conditions)	AMS-33	56	1.0000	56.00	2.0000	112.00			0.00
	Registration with SAM.gov (OMB #3090-0290)	None	56	1.0000	56.00	2.0000	112.00			0.00
	Recordkeeping							56	1.000	56.00
	COMMON FORMS - BURDEN SUBMITTED UNDER OMB APPROVED NUMBERS				0.00		0.00			0.00
	Application for Federal Assistance CF (OMB # 4040-0004) (Discretionary)	SF-424	56	1.0000	56.00	1.0000	56.00			0.00
	SUBTOTAL				224.00		1,008.00	56		56.00

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

0581-0240

омв но.

DATE PREPARED

			July 21, 2010									
IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN					
					REPORTS				RECORDS			
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. l x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	Request for Advance/Reimbursement (OMB #4040-0012)	SF-270	56	3.0000	168.00	1.0000	168.00			0.00		
	Assurances - Non-Construction Program (OMB #4040-0007)	SF-424B	56	1.0000	56.00	0.2500	14.00			0.00		
	Federal Financial Report (OMB #4040-0014)	SF-425	56	1.5000	84.00	1.0000	84.00			0.00		
	Tangible Personal Propoert Report (OMB #4040-0018)	SF-428	56	1.0000	56.00	2.7500	154.00			0.00		
					0.00		0.00			0.00		
	LOCAL FOOD PROMOTION PROGRAM (LFPP) (Previously 0581- 0287)				0.00		0.00			0.00		
	SUBTOTAL				0.00		0.00	0		0.00		

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (K)Total/(I)Total = (J)Average (I)ITotal = (I)I

IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
(4)		(-)	(=)	(=)	()	(-)	()	(7	(-)	(19
	STANDARDIZED GRANT FORMS				0.00		0.00			0.00
	Request for Applications (Previously "LFPP Request for Applications announcement & Program Guidelines")	None	750	1.0000	750.00	4.0000	3,000.00			0.00
	Application Components (Previously "LFPP Grant Narrative & Instructions") (same form for FMPP, burden shown under each program)	None	750	1.0000	750.00	10.0000	7,500.00			0.00
	Project Beneficiaries Questionnaire (NEW)	None	200	1.0000	200.00	0.5000	100.00			0.00
	Agreement Face Sheet (Grant Agreement & Award Terms & Conditions)	AMS-33	200	2.0000	400.00	2.0000	800.00			0.00
	Request for Grant Amendment (Narrative) (NEW)	None	200	2.0000	400.00	1.0000	400.00			0.00
	SUBTOTAL				2,500.00		11,800.00	0		0.00

AMS GRANTS

TITLE OF INFORMATION COLLECTION DOCUMENT

0581-0240

OMB NO.

(K)Total/(I)Total = (J)Average

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

DATE PREPARED

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

years, list as 1/6	" & decimal will display.								July	21, 2016
IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD- KEEPER	(Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Accounting System & Financial Capability Questionnaire (NEW)	None	750	1.0000	750.00	1.0000	750.00			0.00
	Confirmation of Match (Previously "LFPP Verification Letter(s) of Matching Funds")	None	750	1.0000	750.00	1.0000	750.00			0.0
	Grant Terms & Conditions of Award (Reading) (Previously "LFPP Grant Program, General Terms & Conditions)	None	200	1.0000	200.00	2.0000	400.00			0.0
	Peer Reviewer Application & Qualification Form	None	100	1.0000	100.00	0.2500	25.00			0.0
	AMS Conflict of Interest & Confidentiality Statement for Grant Reviewers	AMS-34	150	1.0000	150.00	1.0000	150.00			0.00
	Consensus Scoresheet & Comments (NEW)	None	20	1.0000	20.00	0.5000	10.00			0.0
	SUBTOTAL				1,970.00		2,085.00	0		0.0

AMS GRANTS

TITLE OF INFORMATION COLLECTION DOCUMENT

0581-0240

DATE PREPARED

OMB NO.

(K)Total/(I)Total = (J)Average

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

									July	21, 2010
IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN			
					REPORTS				RECORDS	
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Individual Reviewer Scoresheet (NEW)	None	75	8.0000	600.00	2.1667	1,300.02			0.00
	AMS Worksheet to Accompany each SF-270 Request (NEW)	None	300	5.0000	1,500.00	1.0000	1,500.00			0.00
	Interim Performance Report (Previously "LFPP Interim Performance Report")	None	300	1.0000	300.00	4.0000	1,200.00			0.00
	Final Performance Report (Previously "LFPP Final Performance Report")	None	300	1.0000	300.00	4.0000	1,200.00			0.00
	Registration with SAM.gov (OMB #3090-0290)	None	750	1.0000	750.00	2.0000	1,500.00			0.00
	HUD Promise Zone Certification Form (OMB #2506-0209)	HUD Form 50153	25	1.0000	25.00	0.5000	12.50			0.00
	SUBTOTAL				3,475.00		6,712.52	0		0.00

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and TITLE OF INFORMATION COLLECTION DOCUMENT recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; AMS GRANTS (F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

0581-0240

DATE PREPARED

OMB NO.

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

years, list as "1/6	" & decimal will display.	1							July	21, 2016	
IDENTIF	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT	_				AN	INUAL BURDEN				
					REPORTS				RECORDS		
										TOTAL	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
	Recordkeeping	None			0.00		0.00	300	1.000	300.00	
					0.00		0.00			0.0	
	Common Forms - burden submitted under OMB approved numbers				0.00		0.00			0.00	
	Application for Federal Assistance CF (OMB #4040-0004) (Discretionary)	SF-424	750	1.0000	750.00	1.0000	750.00			0.00	
	Budget Information - Non-Construction Programs (OMB #4040-0006)	SF-424A	750	1.0000	750.00	1.8000	1,350.00			0.00	
	Assurances - Non-Construction Program (OMB #4040-0007)	SF-424B	750	1.0000	750.00	0.2500	187.50			0.00	
	SUBTOTAL				0.00		0.00	300		300.00	

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

_		
	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
	AMS GRANTS	0581-0240
ge		DATE PREPARED
		July 21, 2016

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN		•		
				REPORTS					RECORDS		
										TOTAL	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
	Representations Regarding Felong Conviction & Tax Delinquent Status for Corporate Applicants (OMB #0505-0025)	AD-3030	750	1.0000	750.00	0.2500	187.50			0.00	
	Assurances Regarding Felong Conviction or Tax Delinquent Status for Corporate Applicants (OMB #0505-0025)	AD-3031	750	1.0000	750.00	0.0500	37.50			0.00	
	Federal Financial Report (OMB #4040-0014)	SF-425	300	2.0000	600.00	1.0000	600.00			0.00	
	Request for Advance/Reimbursement (OMB #4040-0012)	SF-270	300	3.0000	900.00	1.0000	900.00			0.00	
	ACH Vendor/Miscellaneous Payment Enrollment form (OMB #1510-0056)	SF-3881	75	1.0000	75.00	0.2500	18.75			0.00	
	Tangible Personal Property Report (OMB #4040-0018) (NEW)	SF-428	100	1.0000	100.00	2.7500	275.00			0.00	
	SUBTOTAL				0.00		0.00	0		0.00	

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

DATE PREPARED

DATE PREPARED

July 21, 2016

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN									
					REPORTS				RECORDS				
										TOTAL			
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-			
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS			
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)			
				RESPONDENT					KEEPER				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)			
	SPECIALTY CROP MULTI-STATE PROGRAM (SCMP) (NEW PROGRAM)				0.00		0.00			0.00			
	STANDARDIZED GRANT FORMS				0.00		0.00			0.00			
	Request for Applications	None	240	1.0000	240.00	4.0000	960.00			0.00			
	Application Components	None	80	1.0000	80.00	10.0000	800.00			0.00			
	Application Screening Checklist	None	25	3.0000	75.00	1.0000	75.00			0.00			
	Registration with SAM.gov (OMB #3090-0290)	None	240	1.0000	240.00	2.0000	480.00			0.00			
	SUBTOTAL				635.00		2,315.00	0		0.00			

DATE PREPARED

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

years, not as 170	ex decimal will display.								July	21, 2016	
IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	NUAL BURDEN				
					REPORTS				RECORDS		
										TOTAL	
05051011.05	DECORPORTION.	FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF REGS.	DESCRIPTION	(If "none" so state)	RESPONDENTS	RESPONSES PER	RESPONSES (Col. D x E)	PER RESPONSE	HOURS (Col. F x G)	RECORD- KEEPERS	HOURS PER RECORD-	(Col. I x J)	
REGG.		30 31416)		RESPONDENT	(Coi. D X L)	INLOF ONSE	(601.1 × 6)	KEEF ERS	KEEPER	(601.1 × 3)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
	Accounting system & Financial Capability Questionnaire	None	21	1.0000	21.00	1.0000	21.00			0.00	
	Project Beneficiaries Questionnaire (Voluntary)	None	5	1.0000	5.00	0.5000	2.50			0.00	
	Agreement Face Sheet (Grant Agreement & Award Terms & Conditions)	AMS-33	5	1.0000	5.00	2.0000	10.00			0.00	
	Interim Performance Report	None	5	2.0000	10.00	4.0000	40.00			0.00	
	Final Performance Report	None	5	1.0000	5.00	4.0000	20.00			0.00	
	Request for Grant Amendment (Narrative)	None	5	1.0000	5.00	1.0000	5.00			0.00	
	SUBTOTAL				51.00		98.50	0		0.00	

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT AMS GRANTS

OMB NO.
0581-0240

DATE PREPARED

July 21, 2016

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT					AN	INUAL BURDEN		,	21, 2010
					REPORTS				RECORDS	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	AMS Worksheet to Accompany each SF-270 Request	None	20	3.0000	60.00	1.0000	60.00			0.00
	Peer Reviewer Application & Qualification Form	None	80	1.0000	80.00	0.2500	20.00			0.00
	AMS Conflict of Interest & Confidentiality Statement for Grant Reviewers	AMS-34	30	1.0000	30.00	1.0000	30.00			0.00
	Consensus Scoresheet & Comments	None	80	1.0000	80.00	0.5000	40.00			0.00
	Individeual Reviewer Scoresheet	None	240	8.0000	1,920.00	2.1667	4,160.06			0.00
	Recordkeeping	None			0.00		0.00	20	1.000	20.00
	SUBTOTAL				2,170.00		4,310.06	20		20.00

AMS GRANTS

TITLE OF INFORMATION COLLECTION DOCUMENT

0581-0240

DATE PREPARED

OMB NO.

(K)Total/(I)Total = (J)Average

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

/ears, list as "1/6" & decimal will display.									July 21, 2016	
IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
			REPORTS					RECORDS		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
		,		RESPONDENT	, ,		,		KEEPER	, , ,
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	COMMON FORMS - BURDEN SUBMITTED UNDER OMB APPROVED NUMBERS				0.00		0.00			0.00
	Application for Federal Assistance CF (OMB #4040-0004) (Discretionary)	SF-424	80	1.0000	80.00	1.0000	80.00			0.00
	Budget Information - Non-Construction Programs (OMB #4040-0006)	SF-424A	80	1.0000	80.00	1.8000	144.00			0.00
	Assurances - Non-Construction Program (OMB #4040-0007)	SF-424B	25	1.0000	25.00	0.2500	6.25			0.00
	Federal Financial Report (OMB #4040-0014)	SF-425	20	3.0000	60.00	1.0000	60.00			0.00
	Tangible Personal Property Report (OMB #4040-0018)	SF-428	2	1.0000	2.00	2.7500	5.50			0.0
	SUBTOTAL				0.00		0.00	0		0.00

July 21, 2016

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

In the OF INFORMATION COLLECTION DOCUMENT

AMS GRANTS

OMB NO.

0581-0240

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							,
	,	-	REPORTS				RECORDS			
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	ACH Vendor/Miscellaneous Payment Enrollment Form (OMB #1510-0056)	SF-3881	24	1.0000	24.00	0.2500	6.00			0.00
	Request for Advance/Reimbursement (OMB # 4040-0012)	SF-270	20	3.0000	60.00	1.0000	60.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
	SUBTOTAL				0.00		0.00	0		0.00