

Appendix I - FNS Forms 292A/292B Recordkeeping Burden Estimate (OMB Control No. 0584-0037)

Respondent Category	Type of respondents (optional)	CFR Citation	Form/Instrument	Number of respondents	Frequency of response	Total Annual responses	Hours per response	Annual burden (hours)	Hourly Wage Rate (Fully-loaded)	Federal Share of Administrative Expenses	Total Annualized Cost of Respondent Burden
State Government	Food Distribution State Agency Staff	7 CFR 250.19 (a)(b)	Commodity Distribution Form FNS-292A	55	1	55	0.125	6.875	\$ 46.61	0%	\$ 320.44
State Government	SNAP State Agency Staff	7 CFR 272.1(f)	D-SNAP Benefit Issuance Form FNS 292-B	53	1	53	0.125	6.625	\$ 46.61	50%	\$ 154.40
	TOTAL			108	1.000	108	0.1250	14			\$ 474.84