## Page 1

| Respondent<br>Category | Type of respondents (optional)   | Instruments                 | Number of<br>respondents | Frequency of response | Total Annual<br>responses | Hours per response | Annual<br>burden<br>(hours) | Hourly Wage<br>Rate | Total Annualized Cost<br>of Respondent Burden |  |
|------------------------|----------------------------------|-----------------------------|--------------------------|-----------------------|---------------------------|--------------------|-----------------------------|---------------------|---|--|
|                        |                                  |                             |                          |                       |                           |                    |                             |                     |   |  |
| State                  |                                  |                             |                          |                       |                           |                    |                             |                     |   |  |
| Government             | SNAP State Agency                | Waiver                      | 53                       | 24                    | 1272                      |                    | ,                           |                     |   |  |
|                        | SNAP State Agency                | FFCRA Reporting             | 53                       | 2                     | 106                       | 3                  | 318.00                      | \$ 17.53            | \$ 5,574.54                                   |  |
|                        |                                  | Weekly                      |                          |                       |                           |                    |                             |                     |   |  |
|                        | SNAP State Agency                | Oper.Update                 | 53                       | 52                    | 2756                      | 1                  | 2,756.00                    | \$ 17.53            | \$ 48,312.68                                  |  |
|                        | SNAP State Agency                | Continuing Resol<br>Options | 53                       | 2                     | 106                       | 0.33               | 34.98                       | \$ 17.53            | \$ 613.20                                     |  |
|                        | WIC State Program Staff          | Waiver                      | 89                       | 14                    | 1246                      |                    | 311.50                      |                     |   |  |
|                        |                                  |                             | 07                       | ± 1                   | 1240                      | 0.23               | 011.50                      | + 00.00             | + 10,710.00                                   |  |
|                        | WIC State Program Staff          | FFCRA Reporting             | 89                       | 1                     | 89                        | 2                  | 178.00                      | \$ 35.05            | \$ 6,238.90                                   |  |
|                        | WIC State Program Staff          | MIS Data Pull Form          | 89                       | 1                     | 89                        |                    | 133.50                      |                     |   |  |
|                        |                                  |                             |                          |                       |                           |                    |                             |                     |   |  |
|                        | FMNP State Program Staff         | Waiver                      | 49                       | 3                     | 147                       | 0.25               | 36.75                       | \$ 35.05            | \$ 1,288.09                                   |  |
|                        | FMNP State Program Staff         | FFCRA Reporting             | 49                       | 1                     | 49                        | 3                  | 147.00                      | \$ 35.05            | \$ 5,152.35                                   |  |
|                        | CN State Program Staff           | Form: FNS10                 | 56                       | 24                    | 1344                      | 0.25               | 336.00                      | \$ 35.05            | \$ 11,776.80                                  |  |
|                        |                                  | Form: FNS44                 | 57                       | 12                    | 684                       | 0.25               | 171.00                      | \$ 35.05            | \$ 5,993.55                                   |  |
|                        |                                  | Form: FNS418                | 53                       | 12                    | 636                       | 0.25               | 159.00                      | \$ 35.05            | \$ 5,572.95                                   |  |
|                        | Food Dist. State Program Staff   | Form: FNS292A               | 60                       | 52                    | 3120                      | 0.25               | 780.00                      | \$ 35.05            | \$ 27,339.00                                  |  |
|                        |                                  |                             |                          |                       |                           |                    |                             | \$ 35.05            |   |  |
| Local<br>Government    | WIC Local Agency Program Staff   | FFCRA Reporting             | 1808                     | 1                     | 1808                      | 1                  | 1,808.00                    | \$ 35.05            | \$ 63,370.40                                  |  |
| Respondent             | TOTAL                            |                             | 2,066                    | 6.511                 | 13,452                    | 1.479              | 19,889.73                   |                     | \$ 419,811.31                                 |  |
|                        |                                  |                             |                          |                       |                           |                    | Fully loaded                | (total * 1.33)=     | \$ 558,349.04                                 |  |
| ederal Cost            | SNAP Administrative Cost Sharing |                             |                          |                       |                           |                    |                             |                     | \$ 277,482.02                                 |  |
|                        | Federal Worker, GS13 Step 1      | Waiver Request              | 1                        |                       | 2,665                     | 0.25               | 666.25                      | \$ 65.42            | \$ 43,587.87                                  |  |
|                        | Federal Worker, GS13 Step 1      | FFCRA Reporting             | 1                        |                       | 4716                      | 3.0                | 14,148.00                   | \$ 65.42            | \$ 925,600.36                                 |  |
|                        | Federal Worker, GS13 Step 1      | Review FNS292A              | 1                        |                       | 3120                      | 0.25               | 780.00                      | \$ 65.42            | \$ 51,029.71                                  |  |
|                        | Total                            |                             |                          |                       |                           |                    |                             |                     | \$ 1,297,699.96                               |  |

| Total responses      | 13,452 |
|----------------------|--------|
| electronic responses | 6,198  |
| percent electronic   | 46.1%  |

|      |                       | OMB #     |
|------|-----------------------|-----------|
| SNAP | Waiver Requests       | 0584-0083 |
|      |                       |           |
|      |                       |           |
|      | Evaluation Data       | 0584-0654 |
|      |                       |           |
|      |                       |           |
|      |                       |           |
|      | Weekly Operational    | 0584-0083 |
|      | Update                |           |
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|      | Continuing Res.       | 0584-0654 |
|      | Options               | 0504 0054 |
|      |                       |           |
| WIC  | Waiver Requests       | 0584-0654 |
|      |                       |           |
|      |                       |           |
|      | Evaluation Data       | 0584-0654 |
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|      |                       |           |
|      | * State form          |           |
|      | * State MIS data pull |           |
|      | * Local form          |           |
| FMNP | Waiver Requests       | 0584-0654 |
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|      | Evaluation Data       | 0584-0654 |
|      |                       |           |
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| CN   | Waiver Requests       | ??        |
|      |                       |           |
|      | Evaluation Data       | 0584-0594 |
|      |                       |           |
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|      | •                     | ·         |

|    | * FNS-10                     |           |
|----|------------------------------|-----------|
|    | * FNS-44                     |           |
|    | * FNS-4xx                    |           |
| FD | Commodities Use<br>(FNS292A) | 0584-0594 |

| Type of Request   | How submitted     |
|---|-------------------|
| This information is approved under the reference IC; We are asking for additional burden to cover the COVID-related waiver requests.  | email             |
| This information was approved in the Emergency IC package referenced. This request extends this collection with additional burden hours to cover a longer time period.  | email             |
| This information is approved under the referenced IC; States are required to submit this information in their State Plans and are required to update FNS of any changes. Because COVID is rapidly changing, FNS is seeking additional burden so states can report up to weekly, as needed, of any changes to their state plans due to COVID (i.e., SNAP applications; office closures; staff reductions). Note this is an estimate of the maximum burden FNS might needs for States; it could be less because the reporting is based on the level of changes, which varies based on the COVID data and need in a state at a given time. | email             |
| The CR adjusted how states can apply for a waiver. Instead of applying, they can simply inform FNS that they are using it within 5 days of adoption.  | online form       |
| This information was approved in the Emergency IC package referenced. This request extends this collection with additional burden hours to cover a longer time period.  | online form       |
| This information was approved in the Emergency IC package referenced. This request<br>extends this collection with additional burden hours to cover a longer time period. Note<br>that in the Emergency IC FNS was trying to collect the data via State Plans but<br>determined for reducing burden on states and improving FNS's ability to analyze the<br>data, FNS has moved to a State and Local agency survey.   | online form       |
|   |                   |
|   |                   |
| This information was approved in the Emergency IC package referenced. This request extends this collection with additional burden hours to cover a longer time period.  | ?                 |
| This information was approved in the Emergency IC package referenced. This request<br>extends this collection with additional burden hours to cover a longer time period. Note<br>that in the Emergency IC FNS was trying to collect the data via State Plans but<br>determined for reducing burden on states and improving FNS's ability to analyze the<br>data, FNS has moved to a State and Local agency survey.   |                   |
| This activitiy is covered in the referenced IC and falls within existing burden approvals;<br>FNS is not seeking anything related to CN waivers in this IC request.   |                   |
| These three forms are covered under the referenced IC. FNS is seeking additional burden for the burden associated with adding the requested information to the remarks section of these three forms.  | FNS FPRS reportin |

|   | FPRS  |
|---|-------|
|   | FPRS  |
|   | FPRS  |
| This form is covered under the referenced IC. FNS is seeking additional burden associated with changing from a one-time report to a weekly report during COVID. | email |

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| Responde<br>nt<br>Category | Type of<br>responden<br>ts<br>(optional) | Instrumen<br>ts       | Number of<br>responden<br>ts |
|----------------------------|--|-----------------------|------------------------------|
| State<br>Governme<br>nt    | SNAP State<br>Agency                     | Waiver                | 53                           |
|                            | WIC State<br>Program<br>Staff            | Waiver                | 89                           |
|                            | WIC State<br>Program<br>Staff            | MIS Data<br>Pull Form | 89                           |
|                            | WIC State<br>Program<br>Staff            | Instruction<br>s      | 89                           |
|                            | FMNP<br>State<br>Program<br>Staff        | Waiver                | 49                           |
|                            | FMNP<br>State<br>Program<br>Staff        | Evaluation<br>Data    | 49                           |
|                            | CN State<br>Program<br>Staff             | Form:<br>FNS10        | 56                           |
|                            |  | Form:<br>FNS44        | 57                           |
|                            |  | Form:<br>FNS418       | 53                           |
|                            | Food Dist.<br>State<br>Program<br>Staff  | Form:<br>FNS292A      | 60                           |
| Local<br>Governme<br>nt    | WIC Local<br>Agency<br>Program<br>Staff  | Evaluation<br>Survey  | 1808                         |
| Responde<br>nt             | TOTAL                                    |                       | 2,066                        |