Attachment B

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OMB #: 0584-0339

Reporting								
Respondent Category	Type of respondents (optional)	Number of respondents	Frequency of response	Total Annual responses	Hours per response	Annual burden (hours)	Hourly Wage Rate, incl fringe benefits	Total Annualized Cost of Respondent Burden
State Government	State Program Staff	18	1	18	1	18.0	\$ 25.06	\$ 451.03
	TOTAL Reporting	18	1.000	18	1.000	18		\$ 451.03

Recordkeeping									
Respondent Category	Type of respondents (optional)	Number of respondents	Frequency of response	Total Annual responses	Hours per response	Annual burden (hours)	Hourly Wage Rate, incl fringe benefits	Total Annualized Cost of Respondent Burden	
State Government									
	State Program Staff	18	1	18	0.137	2.47	\$ 25.06	\$ 61.79	
State Government	State Program Staff	53	4	212	0.137	29.04	\$ 25.06	\$ 727.76	
	TOTAL Recordkeeping	53	4.340	230	0.137	31.51		\$ 789.55	

Total All Burdens Summary

Summary		Est. No. of Respondents				Est. Total Burden	Est. Total Annualized Cost of Respondent Burden	
	Reporting	18	1	18	1.000	18.00	\$	451.03
	Recordkeeping	53	4.340	230	0.1370	31.51	\$	789.55
	Total	53	4.679	248	0.1996	49.51	\$	1,240.58