INSTRUCTION	SCEUSOGALLOY m	n ^I whele formg	Hemberoand d	ଖୈଳ ୧୪.୩୫୧ମେଟନ ସାର୍ଟରେମ୍ପାରିକା tim ols. should be entered in ite	volves multiple re	UMMARY OF I	MTPRMOFINE(NAME TON COL		омв No. Page 1 of 4					
					ls. H & K = 13c.	-1:		oultry Inters	ion	0581-NEW					
			(F)Total/(D)Total = (E)Average (H)Total/(F)Total =	= (G)Average	Readiness 1	Program (IS							
(K)Total/(I)Total NOTE: The colu	= (J)Average mns will calcula	ite automatica	ally. If Col.	E's response is something	other than annual	lv. i.e., 1/6						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.												April 26, 2021			
IDENTIFIC	CATION OF REPOR	RTING OR REC	CORDKEEPIN	IG REQUIREMENT					AN	INUAL BURDEN					
								REPORTS				RECORDS			
					FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL RECORD-		
SECTION OF		DI	ESCRIPTION		(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)		
7 USC 1621 & 2 CFR 200	GRANT P	PROGRA	MS (Lii	S FOR ALL AMS ne entry SIRP) (NEW)											
	Request for Applications (RFA) (Reading)Application for Federal Assistance (approved under OMB No. 4040-0004)Notice of Award and Grant Agreement (approved under OMB No. 0581-0240)			FA) (Reading)	None	400	1.0000	400.00	4.0000	1,600.00			0.00		
				SF 424	400	1.0000	400.00	1.1000	440.00			0.00			
				AMS 33	280	1.0000	280.00	0.5833	163.32			0.00			
				onditions (<i>Reading</i>) 0581-0240)	None	280	1.0000	280.00	2.0000	560.00			0.00		
	Amendmer No. 0581-0		t (approv	ved under OMB	None	280	2.0000	560.00	1.0000	560.00			0.00		
	Interim Per (approved)			Template)581-0240)	None	280	2.0000	560.00	4.0000	2,240.00			0.00		
				SUBTOTAL		1,520	7	2,080.00	12	5,123.32	0.00		0.00		
			ТОТА	L OF ALL PAGES		4,350	29	7,070.00	33	15083.17	280.00		280.00		
тот				" = OMB 831, 13 b; K" = OMB 831, 13c				7,350.00		15,363.17					

REPRODU	CE LOCALL	I. Include form	n number and d	ate on all repro	ductions.		SUMMARY OF I	NFORMATION C	OLLECTION				P	age 2 of 4
INSTRUCTIONS	• Use this for	rm when a si	ngle informati	ion collection	document in	volves multiple re	porting and		ORMATION COL				OMB NO.	
recordkeeping requ	NSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and ecordkeeping 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.								oultry Inters	ion	Requect Narrative			
(K)Total/(I)Total = NOTE: The colum		ılate automati	., .		0	H)Total/(F)Total		Readiness l	Program (IS	IRP) (NEV	V)		DATE PREPA	RED
years, list as "1/6"	& decimal wi	ill display.	5				1						April	26, 2021
IDENTIFIC	ATION OF REP	PORTING OR R	ECORDKEEPIN		INT					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)	Request for Advance or Reimbursement in ezFedGrants (approved under OMB No. 4040- 0012)					(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
					SF 270	280	10.0000	2,800.00	1.0000	2,800.00			0.00	
					SF 425	280	3.0000	840.00	1.0000	840.00			0.00	
	Tangible Personal Property Report Disposition Request/Report (approved under OMB No. 4040-0018)					SF 428 C	280	1.0000	280.00	1.0000	280.00			0.00
			Report Te 581-0240)		approved	None	280	1.0000	280.00	4.0000	1,120.00			0.00
	Tangible Personal Property Final Report (approved under OMB No. 4040-0018)				SF 428 B	280	1.0000	280.00	1.0000	280.00			0.00	
	Recordke	eping				None						280.00	1.000	280.00
7 USC 1621 & 2 CFR 200			AMS GR RP ONLY											
				SU	BTOTAL		280	1	280.00	4	1,120.00	280.00		280.00

REPRODU	CE LOCALLY	Y. Include form	number and d	ate on all repro	ductions.		SUMMARY OF I	NFORMATION C	OLLECTION				P	age 3 of 4	
INSTRUCTIONS								TITLE OF INF	ORMATION COI	LECTION DO	CUMENT		OMB NO.		
recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 c cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H &)-1.	Meat and P	oultry Inters	tion	0581-NEW				
			(F)Total/(D)Total = (E)	Average (H)Total/(F)Total :	= (G)Average		Program (IS						
(K)Total/(I)Total = NOTE: The colum					0 (U X		,		DATE PREPA	RED	
years, list as "1/6" a			ically. If Col.	. E s response	is something		ily, i.e., 1/0						Anri	26, 2021	
IDENTIFIC	ATION OF REF		ECORDKEEPIN		ENT		-			AN	INUAL BURDEN		ripii	20, 2021	
				_											
									REPORTS				RECORDS		
														TOTAL	
						FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF			DESCRIPTION	1		(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)	
(1)			(-)			(2)	(-)	RESPONDENT	((2)			KEEPER		
(A)	(B)					(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
	ISIRP Specific Terms and Conditions (<i>Reading</i>)				None	280	1.0000	280.00	2.0000	560.00			0.00		
	Peer Rev Form	iewer App	plication a	and Qualif	ication	None	130	1.0000	130.00	0.3333	43.33			0.00	
	Confidentiality Worksheet Peer Reviewer AMS Grant Programs Score Sheet Grant Application into Grants.gov (may include any of the following: Project Narrative; Fiscal Plan and					AMS 34	130	1.0000	130.00	1.0000	130.00			0.00	
						None	130	9.0000	1,170.00	2.0000	2,340.00			0.00	
						None	400	1.0000	400.00	10.0000	4,000.00			0.00	
	Negotiate (NICRA)	ed Indirec)	t Cost Rat	te Agreem	lent	None	400	1.0000	400.00	0.2500	100.00			0.00	
				SU	BTOTAL		1,470	14	2,510.00	16	7,173.33	0		0.00	

REPRODU	UCE LOCALL	Y. Include for	m number and	date on all repr	oductions.		SUMMARY OF I	NFORMATION C	OLLECTION				P	age 4 of 4
INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting 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 INFO		OMB NO.				
								Meat and F	ion	0581-NEW				
			(F)Total	/(D)Total = (E)Average (H)Total/(F)Total =	= (G)Average		Program (IS					
(K)Total/(I)Total NOTE: The colu			tically If Co	F's response	is something	other than annual	lvie 1/6						DATE PREPA	RED
years, list as "1/6"	" & decimal w	vill display.	ilcuity. If Co	n. E s response	is something	ouler than annual	19, 1.C., 1/0						Apri	l 26, 2021
IDENTIFI	ICATION OF RE	PORTING OR F	RECORDKEEP	ING REQUIREM	ENT		-	1		AN	INUAL BURDEN			
							-		REPORTS		RECORDS			
														TOTAL
						FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF			DESCRIPTIO	N		(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)					(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	Project E	Beneficiari	ies Questi	ionnaire			400	1.0000	400.00	0.3333	133.32			0.00
		Accounting System and Financial Capability Questionnaire AMS Grant Programs Worksheet						1.0000	400.00	0.3330	133.20			0.00
	AMS Gr							5.0000	1,400.00	1.0000	1,400.00			0.00
	SUBTOTAL						1,080	7	2,200.00	2	1,666.52	Err:522		Err:522