INSTRUCTION	SE USE ALL World With a Burgeberton da quirements. The totals of the figures in c	THE SE WE SE WE SET ON COLLECTION DOCUMENT						Page 1 of 5				
cols. (D) &/or (I)	= 13a (respondent is only counted once)		s. H & K = 13c.	-1.	Farm and F	ood Worker	0581-NEW					
(K)Total/(I)Total NOTE: The colu		otal/(F)Total = (, 0							DATE PREPARED		
							Septen	nber 16, 2021				
IDENTIF	FICATION OF REPORTING OR RECORDKEEP			-			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)		(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(К)	
7 USC 1621 & 2 CFR 200	STANDARDIZED FORM GRANT PROGRAMS (Li represents totals only for 1				0.00		0.00			0.0		
	Request for Applications (R	RFA) (Reading)	None	40	1.0000	40.00	4.0000	160.00			0.0	
	Application for Federal Ass 4040-0004)	istance (OMB No.	SF 424	40	1.0000	40.00	1.0000	40.00			0.0	
	Notice of Award and Grant (approved under OMB No.		AMS 33	20	1.0000	20.00	0.5833	11.67				
	AMS General Terms and Counder OMB No. 0581-0240		None	20	1.0000	20.00	2.0000	40.00			0.0	
	Amendment Request (appro No. 0581-0240)	oved under OMB	None	20	2.0000	40.00	1.0000	40.00			0.0	
	Interim Performance Report (approved under OMB No.		None	20	2.0000	40.00	4.0000	160.00			0.0	
		SUBTOTAL		120	7	160.00	12	411.67	0.00		0.0	
	ТОТ	AL OF ALL PAGES		392	38	884.00	32	1685.66	40.00		40.0	
TO	TAL - COLUMNS "F" AND ' COLUMNS "H" AND					924.00		1,725.66				

REPRODUC	E LOCALLY. Include for	m number and da	te on all reprodu	ctions.		UMMARY OF I	NFORMATION C	OLLECTION				F	Page 2 of 5
												OMB NO.	
	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:								TITLE OF INFORMATION COLLECTION DOCUMENT				
cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.							Farm and Food Worker Relief (FFWR) Grant Program (NEW)						
(K)Total/(I)Total = NOTE: The colu		0 ()									RED		
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.										September 16, 2021			
IDENTIFI	IDENTIFICATION OF REPORTING OR RECORD KEEPING REQUIREMENT								AN	NUAL BURDEN			
				-		REPORTS				RECORDS			
													TOTAL
					FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF		DESCRIPTION	I		(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)	(К)
	Request for Advance or Reimbursement (OMB No. 4040-0012) Federal Financial Report (OMB No. 4040- 0014)				SF 270	20	10.0000	200.00	1.0000	200.00			0.00
					SF 425	20	3.0000	60.00	1.0000	60.00		/	0.00
	Final Performanc under OMB No. (pproved	None	20	1.0000	20.00	4.0000	80.00			0.00		
	Recordkeeping		None						20	2.000	40.00		
			SU	BTOTAL		40	11	220.00	5	280.00	20		40.00

REPRODUC	E LOCALLY.	Include form number and da	ate on all reprodu	ctions.	5	UMMARY OF I	NFORMATION C	OLLECTION				F	Page 3 of 5	
		n when a single informat					TITLE OF INFO	DRMATION COL	LECTION DO	CUMENT		OMB NO.		
	e totals of the figures in contract of the figures in contract of the figures in contract of the figures in the	n 13 of OMB-83- s. H & K = 13c.	1:	Farm and F	ood Worker	gram (NEW)	0581-NEW							
(K)Total/(I)Total =	(F)Total/(D)Total = (E)Average (H)T (K)Total/(I)Total = (J)Average											DATE PREPA	RED	
NOTE: The coluit years, list as "1/6"	mns will calcul & decimal will	ate automatically. If Col l display.	. E's response i	s something (other than annuall	y, i.e., 1/6						Septem	ber 16, 2021	
IDENTIFI	ICATION OF REP	ORTING OR RECORDKEEPI					AN	INUAL BURDEN		-				
								REPORTS				RECORDS		
													TOTAL	
					FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF		DESCRIPTION	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)			(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
7 USC 1621 & 2 CFR 200		NON-COMPETITIVE AMS GRANT PROGRAM: FFWR ONLY (NEW)						0.00		0.00			0.00	
	Peer Reviewer Application and Qualification FormPeer Reviewer Conflict of Interest and Confidentiality Worksheet (Previously AMS-34 AMS Conflict of Interest and Confidentiality Statement for Grant Reviewers)Peer Reviewer AMS Grant Programs Score Sheet (Previously "Consensus Scoresheet & Comments" and "Individual Reviewer Scoresheet")			None	24	1.0000	24.00	0.3333	8.00			0.00		
				AMS 34	24	1.0000	24.00	1.0000	24.00			0.00		
				None	24	9.0000	216.00	2.0000	432.00			0.00		
		rrative Submission cludes a Grant Adr			None	40	1.0000	40.00	10.0000	400.00			0.00	
	Negotiateo (NICRA)	d Indirect Cost Ra	te Agreeme	ent	None	40	1.0000	40.00	0.2500	10.00			0.00	
	Project Be	eneficiaries Questi	onnaire		None	40	1.0000	40.00	0.3333	13.33			0.00	

REPRODU	CE LOCALLY. Include form number and date on all reproductions.	SUMMARY	OF INF	FORMATION C	OLLECTION				I	Page 4 of 5
	SUBTOTAL		.92	14	384.00	14	887.33	0		0.00

REPRODUC	E LOCALLY.	Include form	number and da	te on all reproductions.	5	UMMARY OF I	NFORMATION C	OLLECTION				I	Page 5 of 5	
recordkeeping req	e figures in co	ion collection document inv ols. should be entered in iter	n 13 of OMB-83-	oorting and 1:	TITLE OF INFO	ORMATION COL		OMB NO.						
cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols					s. H & K = 13c.									
	(F)Total/(D)Total = (E)Average (H)T (K)Total/(I)Total = (J)Average NOTE: The columns will calculate automatically. If Col. E's response is something of					, 0						DATE PREPA	RED	
NOTE: The column years, list as "1/6"	mns will calcul & decimal wil	late automati l display.	cally. If Col.	E's response is something o	other than annuall	y, i.e., 1/6								
IDENTIFI	ICATION OF REP	ORTING OR R	ECORDKEEPI	NG REQUIREMENT		-			AN	NUAL BURDEN				
						-		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)	
							RESPONDENT					KEEPER		
(A)			(B)		(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
	Accounting System and Financial Capability Questionnaire AMS Grant Programs Worksheet along with SF 270 (Previously AMS Worksheet to Accompany each SF-270)			None	20	1.0000	20.00	0.3333	6.67			0.00		
				None	20	5.0000	100.00	1.0000	100.00			0.00		
				SUBTOTAL		40	6	120.00	1	106.67	Err:522		Err:522	