

OMB CONTROL NO. 0579-0313

DATE PREPARED 5/25/2021

TITLE OF INFORMATION COLLECTION REQUEST (ICR) Permanent, Privately Owned Horse Quarantine Facilities

Additional line for ICR Title if title is too long.

PART I - ICR INFORMATION, POINT OF CONTACT, FEDERAL REGISTER NOTICE INFORMATION**DATA SUMMARY**

TYPE OF REQUEST	Renewal and revision	TOTAL RESPONDENTS	17
POINT OF CONTACT (POC)	Dr. Iwona Popowski	TOTAL ANNUAL RESPONSES	231
POC TELEPHONE NO.	(301) 851-3358	% ELECTRONIC	75%
DATE PREPARED	5/25/2021	RESPONSES PER RESPONDENT	14
PUBLIC COMMENT DOCKET NO.	APHIS-2021-0042	TOTAL BURDEN HOURS	158
FEDERAL REGISTER NOTICE	Vol. 86, No. 223	HOURS PER RESPONSE	0.684
FEDERAL REGISTER DATE	11/23/2021	% SMALL ENTITIES	100%

PART II - SUMMARY OF ACTIVITIES

ACTIVITY DESCRIPTION	AUTHORITY (U.S.C., CFR, or MANUAL)	FORM NO.	FORMAT	TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	ESTIMATED ANNUAL NUMBER OF RESPONDENTS OR RECORDKEEPERS	ESTIMATED TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE OR ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
Environmental Certification	9 CFR 93.308(c)(5)	none	Paper	E	S2	x	I	3	3	2.000	6
Environmental Certification	9 CFR 93.308(c)(5)	none	Paper	E	P1		I	3	3	2.000	6
Application for Facility Approval	9 CFR 93.308(c)(1)(i)	none	Paper	E	P1		I	3	3	4.000	12
Service Agreement	9 CFR 93.308(c)(1)(i)(A)	none	Paper	E	P1		I	3	3	1.000	3
Letter Challenging Withdrawal of Facility Approval	9 CFR 93.308(c)(1)(iv)(A)	none	Paper	E	P1		I	1	1	0.500	1
Letter Notifying APHIS of Facility Closure	9 CFR 93.308(c)(1)(i)(B)	none	Paper	E	P1		I	1	1	0.500	1
Memorandum of Understanding/Compliance Agreement	9 CFR 93.308(c)(1)(iv)(C)(3); 93.308(c)(2)	none	Paper	E	P1	x	I	7	14	1.000	14
Security Instructions	9 CFR 93.308(c)(3)(iv)(C)	none	Paper	E	P1		I	1	1	0.080	1
Alarm Notification	9 CFR 93.308(c)(3)(iv)(C)	none	Paper	E	P1		I	1	1	0.080	1

 Instructions: If title is too long, continue entering in row 3.

 Instructions: Column L contains formulas and updates automatically as data is keyed starting in row 14.

OMB CONTROL NO.		0579-0313		DATE PREPARED		5/25/2021	
TITLE OF INFORMATION COLLECTION REQUEST (ICR)		Permanent, Privately Owned Horse Quarantine Facilities					
<i>Additional line for ICR Title if title is too long</i>							
	OPM PAY TABLE		OVERHEAD COST FACTOR			TOTAL FEDERAL GOVERNMENT COSTS	
	(A)	FRINGE BENEFITS	(C)				
Activity descriptions and calculations are below.		2022-DCB	0.613	0.139			\$5,837
ACTIVITY DESCRIPTION (incl form number)	TOTAL ANNUAL RESPONSES	AVG TIME PER RESPONSES	TOTAL HOURS PER YEAR	GRADE	WAGE (Step 4)	TOTAL COSTS	
	(D)	(E)	(F)	(G)	(H)	(1+B+C) x F x H	
Envrionmental Certification	3	2.000	6	13	\$56.30	\$592	
Application for Facility Approval	3	4.000	12	14	\$66.53	\$1,399	
Service Agreement	3	1.000	3	13	\$56.30	\$296	
Letter Challenging Withdrawal of Facility Approval	1	0.500	1	13	\$56.30	\$99	
Letter Notifying APHIS of Facility Closure	1	0.500	1	13	\$56.30	\$99	

Collection Number	0579-0313
Expiration Date	06/2022
Formula Check for Information Collections	
	Summary
A = Respondents (given)	17
B = Responses per Respondent	14
C = Annual Responses (given)	231
D = Total Burden Hours (given)	158
Estimate of Burden (hours/ response)	0.68398

Respondents	Total
FG, Foreign Govt	0
S1, State GovT	0
S2, Local Govt	3
S3, Tribal Govt	0
P1, Business	14
P2, Farm	0
P3, Non, Not-for-Profit	0
I, Individual or Household	0
	17

Formula Check for Information Collections	Foreign Govt	Reporting	Record Keeping	3rd Party
A = Respondents (given)	0			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	-			
E2 = Estimate Adjustments (Hours)	-			

Formula Check for Information Collections	State, Local, Tribal Gov't	Reporting	Record Keeping	3rd Party
A = Respondents (given)	3			
B = Responses per Respondent	1.00000			
C = Annual Responses (given)	3			
D = Total Burden Hours (given)	6	6	-	-
E1 = Estimate Adjustments (Responses)	3			
E2 = Estimate Adjustments (Hours)	6			

Formula Check for Information Collections	Private	Reporting	Record Keeping	3rd Party
A = Respondents (given)	14			
B = Responses per Respondent	16.28571			
C = Annual Responses (given)	228			
D = Total Burden Hours (given)	152	145	7	-
E1 = Estimate Adjustments (Responses)	225			
E2 = Estimate Adjustments (Hours)	149			

Formula Check for Information Collections	Individual	Reporting	Record Keeping	3rd Party
A = Respondents (given)	0			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	-			
E2 = Estimate Adjustments (Hours)	-			

OMB CONTROL NO. 0579-####

DATE PREPARED mm/dd/yyyy

TITLE OF INFORMATION COLLECTION
REQUEST (ICR)

Additional line for ICR Title if title is too long.

PART I - ICR INFORMATION, POINT OF CONTACT, FEDERAL REGISTER NOTICE INFORMATION

DATA SUMMARY

TYPE OF REQUEST	TOTAL RESPONDENTS	17
POINT OF CONTACT (POC)	TOTAL ANNUAL RESPONSES	231
POC TELEPHONE NO.	% ELECTRONIC	0%
DATE PREPARED	RESPONSES PER RESPONDENT	14
PUBLIC COMMENT DOCKET NO.	TOTAL BURDEN HOURS	158
FEDERAL REGISTER NOTICE	HOURS PER RESPONSE	0.684
FEDERAL REGISTER DATE	% SMALL ENTITIES	98%

PART II - SUMMARY OF ACTIVITIES

ACTIVITY DESCRIPTION	AUTHORITY (U.S.C., CFR, or MANUAL)	FORM NO.	FORMAT	TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	ESTIMATED ANNUAL NUMBER OF RESPONDENTS OR RECORDKEEPERS	ESTIMATED TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE OR ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
Envrionmental Certification	9 CFR 93.308(c)(5)	none	Paper	E	S2	x	I	3	3	2.000	6
Envrionmental Certification	9 CFR 93.308(c)(5)	none	Paper	E	P1		I	3	3	2.000	6
Application for Facility Approval	9 CFR 93.308(c)(1)(i)	none	Paper	E	P1		I	3	3	4.000	12
Service Agreement	9 CFR 93.308(c)(1)(i)(A)	none	Paper	E	P1		I	3	3	1.000	3
Letter Challenging Withdrawal of Facility Approval	9 CFR 93.308(c)(1)(iv)(A)	none	Paper	E	P1		I	1	1	0.500	1
Letter Notifying APHIS of Facility Closure	9 CFR 93.308(c)(1)(i)(B)	none	Paper	E	P1		I	1	1	0.500	1
Memorandum of Understanding	9 CFR 93.308(c)(1)(iv)(C)(3); 93.308(c)(2)	none	Paper	D	P1	x	I	7	14	1.000	14
Security Instructions	9 CFR 93.308(c)(3)(iv)(C)	none	Paper	E	P1		I	1	1	0.080	1
Alarm Notification	9 CFR 93.308(c)(3)(iv)(C)	none	Paper	E	P1		I	1	1	0.080	1
Security Breach	9 CFR 93.308(c)(3)(iv)(C)	none	Paper	E	P1		I	1	1	0.080	1
List of Personnel	9 CFR 93.308(c)(4)(ii)(B)	none	Paper	E	P1		I	3	3	1.000	3
Signed Statements	9 CFR 93.308(c)(4)(ii)(C)	none	Paper	E	P1		I	3	3	0.500	2

Authorized Access Affidavits	9 CFR 93.308(c)(4)(ii)(C)	none	Paper	D	P1		I	3	3	1.000	3
Daily Log	9 CFR 93.308(c)(4)(vi)	none	Paper	E	P1		I	7	175	0.500	88
Daily Log	9 CFR 93.308(c)(4)(vi)	none	Paper	E	P1	x	R	7	7	1.000	7
Request for Variance	9 CFR 93.308(c)(6)	none	Paper	E	P1		I	2	2	1.000	2
Standard Operating Procedures	9 CFR 93.308(c)(4)	none	Paper	E	P1		I	7	7	1.000	7
											0
											0
											0
											0
											0
											0
											0
											0
ROWS TOTAL									231		158
COLUMNS TOTAL											

Instructions: This sheet is utilized by IMB only.

DELTA				PREVIOUS RENEWAL			
EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS	EST ANNUAL # OF RESP/RCDKPRS	EST TOTAL ANNUAL RESPONSES	EST HOURS PER RESPONSE OR ANN HRS PER RCDKPR	EST TOTAL ANNUAL BURDEN HOURS
1	1	1	4	2	2	1	2
1	1	1	4	2	2	1	2
1	1	3	10	2	2	1	2
1	1	0.5	2	2	2	0.5	1
0	0	0	0	1	1	0.5	1
0	0	0	0	1	1	0.5	1
6	12	0.5	13	1	2	0.5	1
0	0	0	0	1	1	0.08	1
0	0	0	0	1	1	0.08	1
0	0	0	0	1	1	0.08	1
2	2	0.95	2	1	1	0.05	1
2	-1	0.34	1	1	4	0.16	1

3	3	1	3				
3	75	0.485	87	4	100	0.015	1
7	6	0	5		1	1	2
1	1	0	0	1	1	1	2
7	7	1	7				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
	109		138		122		20
109		138					