	Title of Infor	Title of Information Document					OMB No.	
SUMMARY OF INF	FORMATION COLLECTION		2501 Program Survey ANNUAL BURDEN				0503-XXXX Date Prepared 07/19/22	
IDENTIFICATION OF REPORTI	NG AND RECORDKEEPPING REQUIREMENTS					BURDEN		
		FORM	FORM RESPONSES					
		NO(s)	NO. OF	NO. OF	TOTAL	HOURS	TOTAL	NO. OF
SECTION OF		(If "none"	RESPONDENTS	RESPONSES	ANNUAL	PER	HOURS	NON-RESPONDENTS
REGULATIONS	DESCRIPTION	so state)		PER	RESPONSES		(Col. f & g)	
				RESPONDENT	(Col. d & e)	(Minutes)		
				DENT				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(d)
7 CFR Part 2500 250	01 Survey on Program Delivery	none	175	L L	175	5	15	75
			175	1	175	5	15	7.

	NON-RESPONSES			
	TOTAL			
NO. OF	TOTAL	HOURS	TOTAL	BURDEN
RESPONSES	ANNUAL	PER	HOURS	HOURS
PER	NON-RESPONSES	NON-RESPONSE	(Col. f & g)	
NON-RESPONDENT	(Col. d & e)	(Minutes)		
(e)	(f)	(g)	(h)	
1	75	2	3	18
1	75	2	3	18