

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							RESPONDENT COST			
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL BURDEN HOURS (Col. F x G) (H)		NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)	COST PER HOUR (L)	TOTAL COST (Col. H x L) (M)
							EXEMPT	NON-EXEMPT					
7 CFR 1708.1-2	Nomination Form for County FSA Committee Election	FSA-669, FSA-669A, FSA-669A-3	10,500	1	10,500	0.25		2,625				\$53.71	140,989
SUBTOTAL					10,500		0	2,625		0.00		140,989	
TOTAL OF ALL PAGES					10,500		0	2,625		0.00		140,989	
TOTAL - COLUMNS "F" AND "I" = OMB 83-I, 13b; COLUMNS "H" AND "K" = OMB 83-I, 13c					10,500			2,625					

0232

TITLE OF INFORMATION COLLECTION DOCUMENT

Nomination Form for County Farm Service Agency (FSA) Committee Election

OMB NO. 0560-0229

DATE PREPARED

October 8, 2020