

0232			TITLE OF INFORMATION COLLECTION DOCUMENT						OMB NO. 0560-0229					
			Nomination Form for County Farm Service Agency (FSA) Committee Election						DATE PREPARED April 1, 2024					
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN											
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	REPORTS					TOTAL BURDEN HOURS (Col. F x G) (H)		RECORDS			RESPONDENT COST	
			NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	EXEMPT	NON-EXEMPT	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)	
7 CFR 1708.1-2	Nomination Form for County FSA Committee Election	FSA-669, FSA-669A, FSA-669A-1 FSA-669A-2 FSA-669A-3	10,500	1	10,500	0.25		2,625				\$66.48	174,510	
	SUBTOTAL				10,500			0	2,625			0.00	174,510	
	TOTAL OF ALL PAGES				10,500			0	2,625			0.00	174,510	
TOTAL - COLUMNS "F" AND "I" = OMB 83-I, 13b; COLUMNS "H" AND "K" = OMB 83-I, 13c					10,500				2,625					