

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average
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.

Assignments of Payments and Joint Payment Authorization; Request for Waiver

DATE PREPARED
September 5, 2024

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT		FORMS NO (S) (If "none" so state)	ANNUAL BURDEN										
SECTION OF REGS.	DESCRIPTION		REPORTS							RECORDS			RESPON
			NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL BURDEN HOURS (Col. F x G) (H)		NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)	COST PER HOUR	
EXEMPT	NON-EXEMPT												
(A)	(B)	(C)	(D)	(E)	(F)	(G)			(I)	(J)	(K)	(L)	
7 CFR 1404.4	Assignment of Payments	CCC-36 or CCC-36 (SP)		6		0.17		46,522				\$57.76	
	Joint Payment Authorization	CCC-37 or CCC- 37 (SP)	46,522		279,132								
None			3,162	2	6,324	0.17		1,054				\$57.76	
31 CFR Part 208	Request For FSA Payment of Federal Benefits by Check	FPAC-FM- 12	152,928	1	152,928	0.17		25,386				\$57.82	

IDENT COST
TOTAL COST (Col. H x L)
(M)
2,687,100
60,877
1,467,821
4,215,798
4,215,798