

Appendix H: Burden Table

| Respondents | Form | Estimated Number of Respondents | Responses Annually Per Respondent |
|---|-------------|--|--|
| State, Territory, and Indian Tribal Government Agencies (Respondent types: WIC - 89; FMNP - 50; SFMNP - 55) | FNS-339 | 132 | 1 |
| State, Territory, and Indian Tribal Government Agencies (Respondent types: WIC - 89; FMNP - 50; SFMNP - 55) | FNS-339 | 132 | 1 |
| Total Reporting and Recordkeeping Burden | | 132* | 2 |

Attachment C - Federal-State Supplemental Nutrition Programs Agreement (FNS-339) is an unduplicated count of respondents that are responsible for the operation of 88 WIC Programs. 17 State agencies solely operate WIC, 3 State agencies solely operate FMNP ; 24 State agencies solely operate SFMNP; 17 State agencies operate both WIC and FMNP; 17 State agencies operate both FMNP and SFMNP; and 15 State agencies operate both WIC and SFMNP.

| Total Annual Responses | Estimated Average Number of Hours Per Response | Estimated Total Annual Burden Hours | <i>Previous Submission: Total Burden Hours</i> |
|-------------------------------|---|--|--|
|-------------------------------|---|--|--|

Reporting Burden

| | | | |
|-----|-------|------|--------|
| 132 | 0.125 | 16.5 | 15.875 |
|-----|-------|------|--------|

Recordkeeping Burden

| | | | |
|-----|-------|-------|--------|
| 132 | 0.125 | 16.5 | 15.875 |
| 264 | 0.125 | 33.00 | 31.75 |

339) Burden Table *The total number of respondents includes programs, 50 FMNP Programs, and 56 SFMNP Programs: 58 agencies solely operate SFMNP ; 15 State agencies operate both agencies operate WIC, FMNP, and SFMNP.

| Difference due to Program Changes | Difference Due to Program Adjustments | Total Difference | Explanation of Difference | Hourly Wage Rate |
|-----------------------------------|---------------------------------------|------------------|---------------------------|-------------------------|
|-----------------------------------|---------------------------------------|------------------|---------------------------|-------------------------|

| | | | | |
|---|-------|-------|---|---------|
| 0 | 0.625 | 0.625 | Increase in number of State agencies submitting form. | \$50.85 |
|---|-------|-------|---|---------|

| | | | | |
|------|-------|-------|---|---------|
| 0 | 0.625 | 0.625 | Increase in number of State agencies submitting form. | \$50.85 |
| 0.00 | 1.25 | 1.25 | | |

**Total Annualized Cost
of Respondent Burden**

\$839.03

\$839.03

\$1,678.05