

State Agency Reporting

REPORTING

Respondent Category (Affected Public)	Type of respondents (optional)	Burden Activity	Forms/Instruments (Optional Column)	CFR Citation (Optional Column)	Estimated Number of Respondents	Responses per Respondent (Col. H/F)	Total Annual responses (Col. F x G)	Estimated Hours Per Response (Col. J/H)	Estimated Total Burden Hours (Col. H x I)	Base Hourly Wage Rate (See BLS)	Fully-Loaded Wage Rate (K+ (K*.33))	Fully-Loaded Wage Rate with 50% Reimbursement	Total Annualized Cost of Respondent Burden (J*K)	Annualized Cost to Respondent with 50% Reimbursement	Federal Share of 50% Reimbursement to State
State Government	State, Local, and Tribal Governments	Major Change	Major Changes Notification Template (Appendix C)	7 CFR 272.15(a)(3)	20	2	40	70	2,800	\$55.15	\$73.35	\$36.67	\$205,378.60	\$102,689.30	\$102,689.30
			Major Changes Quarterly Reporting Template (Appendix D)	7 CFR 272.15(b)(1)-(3)	20	7	132	75	9,900	\$55.15	\$73.35	\$36.67	\$726,160.05	\$363,080.03	\$363,080.03
			Major Changes Quarterly Reporting Template for Call Center Modifications (Appendix E)	7 CFR 272.15(b)(4)(iv)	8	4	32	50	1,600	\$55.15	\$73.35	\$36.67	\$117,359.20	\$58,679.60	\$58,679.60
				7 CFR 272.15(b)(4)	1	4	4	80	320	\$55.15	\$73.35	\$36.67	\$23,471.84	\$11,735.92	\$11,735.92
State Government Sub-Total	State Agency Subtotal Reporting				20	10.4000	208	70.2885	14,620	\$55.15	\$73.35	\$36.67	\$1,072,369.69	\$536,184.85	\$536,184.85

FNS SNAP ICR Federal Cost Estimate (OMB Control No. 0584-0579)

Activity	Estimated Total Annual Burden Hours	Estimated Hourly Wage Rate
Review of Information Collection		
Reviewing - National Office Program Analyst (GS 13/1)	30	\$57.78
Reviewing - National Office Branch Chief (14/1)	15	\$68.27
<i>Costs to Federal Workers</i>		
<i>Add 50% Federal Share of State Cost</i>		
Total Cost to Federal Government (Federal workers cost + 50% State Cost)		

Cost (US\$) (approx.)
\$1,733.40
\$1,024.05
\$2,757.45
\$536,184.85
\$538,942.30