Fixed Price Renewal Contract



Reference Instructional Document before completing



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF EDUCATION

333 MARKET STREET

HARRISBURG, PA 17126-0333

[www.education.pa.gov](http://www.education.pa.gov)

Food Service Management Company (FSMC)

Renewal Year FIXED PRICE Contract

**Warren County School District**

**10562830-2**

July 1, **2020** to June 30, **2021**

Any School Food Authority (SFA) selecting to renew a contract with their current FSMC must prepare a Renewal Year Contract utilizing this document which may not be re-typed or changed in any way. Addendums to the renewal year contract are not permitted. Should the SFA and FSMC enter into any addendum, the Division of Food and Nutrition (DFN) will not review the addendum and the language in this document prevails as binding.

Division of Food and Nutrition Final Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Agreement Page

The Pennsylvania Department of Education (PDE) provides this contract as a service to sponsors, therefore; PDE shall not be named as a party to this contract. The School Food Authority, hereafter referred to as the SFA, is the responsible authority, without recourse to PDE and/or the United States Department of Agriculture (USDA) regarding the settlement and satisfaction of all issues arising under this contract. This includes, but is not limited to, disputes, claims, protest of award or source evaluation.

The FSMC certifies that they shall operate in accordance with all applicable State and Federal regulations.

The FSMC certifies that all terms and conditions within the Bid Solicitation shall be considered a part of the contract as if incorporated therein.

This Agreement shall be in effect for one year starting **July 1, 2020** and may be renewed by agreement for up to additional one-year period(s).

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed by their duly authorized representative on the date signed.

|  |  |  |
| --- | --- | --- |
| **Warren County School District** |  | **The Nutrition Group** |
| SFA |  | FSMC |
|  |  |  |
| Signature (**in blue ink only**) of Authorized Representative |  | Signature (**in blue ink only**) of Authorized Representative |
| Donna L. Zariczny |  | Melissa Kingen |
| Printed Name of Authorized Representative |  | Printed Name of Authorized Representative |
| President, Warren County Board of School Directors |  | Regional Manager |
| Title |  | Title |
|  |  |  |
| Witness Signature (**in blue ink only**) |  | Witness Signature (**in blue ink only**) |
| Printed Name of Witness |  | Printed Name of Witness |
| Date Signed by SFA |  | Date Signed by FSMC |

Appendix A

SFA Renewal Certification of Acknowledgement

Initial below next to each statement certifying that you have read and fully understand the contents of this contract.

1. I certify that I, Donna L. Zariczny, on behalf of **Warren County School District**, have read and fully understand the contents of this contract. I understand that the SFA must maintain oversight of the food service operations and that these responsibilities will not be delegated to the FSMC. I also understand that the SFA is responsible for closely monitoring the FSMC contract and the FSMC’s daily activities.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that I, nor any employees (including School Board Members) of **Warren County School District,** will not solicit or accept donations, gratuities, nor favors from current or potential FSMCs (i.e. gifts, golf outings, meals, etc.).

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that the **Warren County School District** has a written Code of Conduct that addresses conflicts of interest and governing the performance of its employees engaged in the selection, award and administration of contracts, and will make sure all employees are aware of said standards.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I have read and understand what the allowable costs are for all of the applicable CN programs.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will be legally responsible for the conduct of the food service program, and shall supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Director of Business Services** will fulfill the SNP director responsibilities. The SNP director must be an employee of the SFA, meet the minimum Professional Standards requirements, and provide program oversight, including but not limited to, ensuring that the FSMC’s food service director and all food service staff meet the Professional Standards requirements. Every person identified as a director must meet the minimum hiring standards and accrue minimum training hours yearly. Directors must also accrue eight (8) hours of food safety training upon hire and every five (5) years thereafter.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** shall retain control of the CN programs’ food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS, or PrimeroEdge Student Eligibility System.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that the CN programs are the responsibility of **Warren County School District** and **Warren County School District** is responsible for all contractual agreements entered into in connection with the CN programs.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will be responsible for determining student eligibility for all applicable programs and that **The Nutrition Group** will not be involved in the process.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will retain all records for the current year plus the three additional years beyond the end of the contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will monitor **The Nutrition Group** in order to ensure compliance with USDA regulations.

Initial Here: **\_\_\_\_\_\_\_\_\_\_**

1. I certify that **Warren County School District** has created an advisory board composed of students, teachers, and parents to assist in menu planning.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will not delegate any of the above responsibilities to the FSMC.

Initial Here: **\_\_\_\_\_\_\_\_\_\_**

1. I hereby certify that neither **Warren County School District** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here: **\_\_\_\_\_\_\_\_\_\_**

1. I further certify that neither **Warren County School District** nor any of its principals/authorized representatives has a reported criminal background that would affect the receipt of Federal funds.

Initial Here: **\_\_\_\_\_\_\_\_\_\_**

1. I certify that **The Nutrition Group** is not a paid consultant or contractor with **Warren County School District** in any other capacity than for this contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of **Warren County School District**, I hereby agree to comply with all state and federal laws and regulations governing the CN programs administered by the state agency. In accordance with Federal law and USDA policy, **Warren County School District** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

|  |  |
| --- | --- |
| Name of Authorized Representative | Donna L. Zariczny |
| Title of Authorized Representative | President, Warren County Board of School Directors |
| Signature of Authorized Representative (**in blue ink only**) |  |
| Date Signed |  |

Appendix B

FSMC Certification of Acknowledgement

Initial below next to each statement certifying that you have read and fully understand the contents of this contract.

1. I certify that I, Melissa Kingen, on behalf of **The Nutrition Group**, have read and fully understand the contents of this contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that I, nor any of the employees of **The Nutrition Group**, have not received any solicitations from any **Warren County School District** employee. In addition, I certify that no gifts, donations, or anything of monetary value (i.e. golf outings, meals, etc.) have been provided.

Initial Here: **\_\_\_\_\_\_\_\_\_\_**

1. I certify that employees of **The Nutrition Group** will be trained to understand and comply with all necessary trainings including the current written Code of Conduct authored by **Warren County School District**.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that all of **The Nutrition Group** food service employees meet the minimum Professional Standards requirements.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will be legally responsible for the conduct of the food service program, and shall have access to all necessary documents, which will be maintained onsite, including but not limited to all contracts with vendors so that they may supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **The Nutrition Group** will not have control of the CN programs’ food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS, or the PrimeroEdge Student Eligibility System.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **Warren County School District** will be responsible for determining student eligibility for all applicable programs and that **The Nutrition Group** will have no involvement in the process.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I hereby certify that neither **The Nutrition Group** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **The Nutrition Group** will comply with all applicable standards, orders, or requirements issued under the Clean Air Act and the Federal Water Pollution Control Act and will report violations to the Federal awarding agency and the Regional Office of the Environmental Protection Agency.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I further certify that neither **The Nutrition Group** nor any of its principals/authorized representatives has a reported criminal background that would affect the receipt of this Federal Award.

Initial Here: \_\_\_\_\_\_\_\_\_\_

1. I certify that **The Nutrition Group** is not a paid consultant or contractor with **Warren County School District** in any other capacity than for this contract.

Initial Here: \_\_\_\_\_\_\_\_\_\_

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the SFA any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of **The Nutrition Group**, I hereby agree to comply with all state and federal laws and regulations governing the CN programs administered by the state agency. In accordance with Federal law and USDA policy, **The Nutrition Group** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

|  |  |
| --- | --- |
| Name of Authorized Representative | Melissa Kingen |
| Title of Authorized Representative | Regional Manager |
| Signature of Authorized Representative (**in blue ink only**) |  |
| Date Signed |  |

Appendix C

Acknowledgement of Personnel Relationships

[ ]  Yes[x]  No (choose one), the **Warren County School District** employs the same person/people that is/ are employee(s) of the **The Nutrition Group**.

If **Yes,** we the undersigned certify that the employee(s):

* Does/will not have a real or apparent conflict of interest.
* Does/will not participate in the selection, award, or administration of the contract.
* Does/will not have access to or control of the food service financial account.
* Does/will not be involved in the establishment of the selling prices for all reimbursable and non-reimbursable meals, a la carte items, adult meals, catering, or vending items.
* Does/will not have access to CN PEARS, COMPASS, or the PrimeroEdge Student Eligibility System.
* Does/will not be involved in the completion, distribution or collection of the parent letters and household applications for free and reduced price meals.
* Does/will not be involved in the determination or verification of eligibility for free and reduced price meals.

|  |  |  |
| --- | --- | --- |
| Employee Name | SFA Position Title and Job Duties | FSMC Position Title and Job Duties |
| Enter Name Here | Enter Job Title and Duties Here | Enter Job Title and Duties Here |
| Enter Name Here | Enter Job Title and Duties Here | Enter Job Title and Duties Here |
| Enter Name Here | Enter Job Title and Duties Here | Enter Job Title and Duties Here |
| Enter Name Here | Enter Job Title and Duties Here | Enter Job Title and Duties Here |

|  |  |  |
| --- | --- | --- |
| **Warren County School District** |  | **The Nutrition Group** |
| SFA |  | FSMC |
|  |  |  |
| Signature (**in blue ink only**) of Authorized Representative |  | Signature (**in blue ink only**) of Authorized Representative |
| Donna L. Zariczny |  | Melissa Kingen |
| Printed Name of Authorized Representative |  | Printed Name of Authorized Representative |
| President, Warren County Board of School Directors |  | Regional Manager |
| Title |  | Title |
|  |  |  |
| Date Signed |  | Date Signed |

Appendix D

Certification Regarding Debarment and Suspension

This certification is required by the regulations implementing Executive Order 12549 and 12689, “Debarment and Suspension” (Title 2 CFR Part 180). These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

(1) The prospective participant certifies, by submission of this proposal, that neither it nor its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

|  |  |
| --- | --- |
| Name of FSMC | **The Nutrition Group** |
| Name of Authorized Representative | Melissa Kingen |
| Title of Authorized Representative | Regional Manager |
| Signature of Authorized Representative (**in blue ink only**) |  |
| Date Signed |  |

Appendix E

Certification Regarding Lobbying

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding $100,000 in Federal Funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding $100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

|  |  |
| --- | --- |
| Name of FSMC | **The Nutrition Group** |
| Name of Authorized Representative | Melissa Kingen |
| Title of Authorized Representative | Regional Manager |
| Signature of Authorized Representative (**in blue ink only**) |  |
| Date Signed |  |

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

[ ]  Applicable [x]  Not Applicable

(This form must be signed regardless of Applicability)

|  |  |  |
| --- | --- | --- |
| 1. Type of Federal Action: \_\_\_\_\_a. contractb. grantc. cooperative agreementd. loane. loan guaranteef. loan insurance | 2. Status of Federal Action: \_\_\_\_\_a. bid/offer/ applicationb. initial awardc. post-award | 3. Report Type: \_\_\_\_\_ a. initial filing b. material changeFor Material Change Only: Year \_\_\_\_\_ Quarter \_\_\_\_\_  Date of Last Report \_\_\_\_\_\_\_\_\_ |
| 4. Name and Address of Reporting Entity:Prime  SubawardeeTier, if known:Congressional District, if known: | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:Congressional District, if known: |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description:CFDA Number, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Federal Action Number, if known:  | 9. Award Amount, if known: $ |
| 10. a. Name and Address of Lobbying Entity: 10. b. Individuals Performing Services (including address if different from  (last name, first name, MI) No. 10,a.) (Attach Continuation Sheet(s) SF-LLL-A If Necessary) (if individual, last name, first name, middle) |
| 11. Amount of Payment (check all that apply): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Planned | 13. Type of payment (check all that apply):\_\_\_ a. retainer\_\_\_ b. one-time fee\_\_\_ c. commission\_\_\_ d. contingent fee \_\_\_ e. deferred \_\_\_ f. other; specify:  |
| 12. Form of Payment (check all that apply):\_\_\_ a. cash\_\_\_ b. in-kind; specify: Nature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for Payment indicated in Item 11:(Attach Continuation Sheet(s) SF-LLL-A, if necessary) |
| 15. Are Continuation Sheet(s) SF-LLL-A Attached:  |  Yes\_\_\_\_\_ (Number \_\_\_\_\_\_\_\_) |  No \_\_\_\_\_ |
| 16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. | Signature: (**in blue ink only**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: Melissa KingenTitle: Regional ManagerTelephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Disclosure of Lobbying Activities

|  |
| --- |
| Reporting Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ |

Continuation Sheet SF-LLL-A

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use of SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) Number, Invitation for Bid (IFB) Number; grant announcement number; the contract, grant or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

1. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
2. Check all that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
3. Check all that apply. If other, specify nature.
4. Provide a specific and detailed description of the services that the lobbyist has performed or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
5. Check whether a SF-LLL-A Continuation Sheet(s) is attached. List number of sheets, if yes.
6. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

|  |
| --- |
| Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (0348-00046), Washington, DC 20503. |