

UNITED STATES DEPARTMENT OF AGRICULTURE
Regulatory Review Workplan

Workplan _____
OMB Review _____
Date _____

Agency Name

DESIGNATION OF SIGNIFICANCE: (Under/Asst. Secy)

- NON-SIGNIFICANT
- SIGNIFICANT
- ECONOMICALLY SIGNIFICANT
- MAJOR - (Public Law 103-354) - ORACBA
- MAJOR - (Public Law 104-121) - SBREFA

Special Handling Requirements

Cleared OMB:
Designation: _____ **Date:** _____

Signature: (Under/Asst. Secy)

Date

RIN #

Work Plan # **Date:** _____

Descriptive Title

Description of Proposed Action: *(Attach additional sheet if necessary)*

Justification for Proposed Action: (Market Failure or Other Problem Addressed, Objectives, Alternatives, Expected Results):

Schedule: *(Enter dates)*

Pre-Notice: _____ Proposed Rule: _____ Interim Final : _____ Final: _____

Significant/Economically Significant Guidance Document: _____ **Other:** _____

Additional Instructions from Under or Assistant Secretary:

(for use at the discretion of policy official)

Required Regulatory Analyses: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Cost/Benefit Analysis | <input type="checkbox"/> Regulatory Flexibility Analysis |
| <input type="checkbox"/> Peer Review (Attach peer review plan) | <input type="checkbox"/> Civil Rights Impact Analysis |
| <input type="checkbox"/> Family Impact Analysis | <input type="checkbox"/> Federalism Assessment |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Property Rights Assessment |
| <input type="checkbox"/> Unfunded Mandate Analysis and Consultation | <input type="checkbox"/> Energy Effects |
| | <input type="checkbox"/> Other (specify type) |

Agency Contact: *(Name, mailing address, phone)*

Agency Head Approval:

Signature: _____

Date: _____

Office of Budget and Program Analysis:

Signature: _____

Date: _____

Comments:

Regulatory Policy Officer:

Signature: _____

Date: _____

Comments: