



FARMERS MARKET PROMOTION PROGRAM OR LOCAL FOOD PROMOTION PROGRAM

2025 TURNKEY **MARKETING AND PROMOTION** PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is mandatory for all Turnkey Marketing and Promotion applications. Turnkey applications do NOT require the completion of the Farmers Market Promotion Program (FMPP) or Local Food Promotion Program (LFPP) Narrative Form. Thoroughly review the applicable FMPP or LFPP Request for Applications (RFA) before completing this form. This form must be converted to PDF and attached to the application package within Grants.gov.

Applicant Organization

Must match box 8 of the SF-424.

Name:

Email:

Phone:

Mailing Address:

1. Authorized Organization Representative (AOR)

This person is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:

Email:

Phone:

Mailing Address: Check if same as above

2. Project Coordinator or Director (PC/PD)

This cannot be the same person listed as the AOR.

Name:

Email:

Phone:

Mailing Address: Check if same as above

3. Applicant Entity Type

Select each applicable entity type as defined in Section 2.1 of the RFA. If your organization is a State Agency Regional Farmers Market Authority, you must provide the regulatory statute(s) that identify your agency as that entity type.

Agricultural Business or Cooperatives

Community Supported Agriculture (CSA) Network or Association

Economic Development Corporation

Food Council

Local Government

Nonprofit Corporation

Producer Network or Association

Public Benefit Corporation

Regional Farmers Market Authority

State Agency Regional Farmers Market Authority (Indicate Regulation Below):

 Tribal Government

Other (Specify Below):

4. Project Activity Category

Identify all the activity categories that fit your project. The Marketing and Promotion box should be checked for all Turnkey projects

Marketing and Promotion

5. Project Title (Provide a descriptive title. Must match box 15 of the SF-424.):

6. Grant Application Project Type (Only select one Program Project Type. Described in Section 3.3 of the RFA)

FMPP:

FMPP Turnkey Marketing and Promotion

LFPP:

LFPP Turnkey Marketing and Promotion

7. Requested Funds

Insert the total amount (\$) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.

\$

8. Cost Share Funds

Applicant must provide a 25% cost share on the total Federal portion of the grant. This must align with the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 2.4 of the RFA for more information.

\$

9. Does the proposal address the Low Income/Low Access (LI/LA) Priority Consideration as described in Section 3.4 of the RFA?

See instructions on how to determine priority eligibility at [Qualifying for Priority Consideration](#) at the end of this form.

Yes No

10. Project Implementation Physical Address

Enter up to three addresses where this project will be implemented. If you are requesting consideration as a priority area, enter the [Food Access Research Atlas](#) Low Income/Low Access (LI/LA) Census Tract number. For detailed instructions, see [Qualifying for Priority Consideration](#) at the end of this form.

#	Address	LI/LA	LI/LA Census Tract # (if applicable)
1			
2			
3			

EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project’s purpose; activities to be performed, deliverables and expected outcomes; intended beneficiaries; including subrecipients, key partners and collaborators (when applicable); and any other pertinent information. This summary will be made available to the public.

TECHNICAL MERIT

Work Plan

Describe the activities and timeline associated with each project objective selected for the turnkey project. The Turnkey project work plan includes five (5) prescribed objectives. There is flexibility in specific activities, budget, timeline and staffing for each objective. Fill out the table below to include the following information:

A list and description of each planned activity, anticipated date of completion; resource required; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors.

Reminder that the project must specifically benefit farm and ranch operations serving local markets, and must benefit more than one agricultural producer, vendor, or individual. To qualify for this Turnkey application, you must work on at least 3 of the objectives in the chart below. For those you will NOT be doing, please mark N/A in the second column for that objective. DO NOT modify this Project Narrative form. The only acceptable modification is to add additional rows to the tables.

Objective: <i>Include the objective this activity will be tied to</i>	List and describe each planned activity: <i>Include the scope of work and how it relates to the project objectives</i>	Anticipated completion date:	Required resources: <i>For completion of each activity</i>	Milestones: <i>For assessing progress and success of each activity</i>	Who will do the work? <i>Include collaborative arrangements or subcontractors</i>
	Sample Activity 1	October 20XX	Hire contractor Refrigerator equipment	Milestone 1: Complete XX assessment Milestone 2: Initiate XX equipment purchases	ABC Best Contracting Service XYZ Company’s Executive Director
Identify and analyze new or improved market opportunities.					
Develop or revise a marketing plan.					
Design or purchase marketing and promotion media.					
Implement a marketing plan.					

Objective: <i>Include the objective this activity will be tied to</i>	List and describe each planned activity: <i>Include the scope of work and how it relates to the project objectives</i>	Anticipated completion date:	Required resources: <i>For completion of each activity</i>	Milestones: <i>For assessing progress and success of each activity</i>	Who will do the work? <i>Include collaborative arrangements or subcontractors</i>
Evaluate marketing and promotion activities.					

Have you received a past FMPP or LFPP grant award?

Yes No

Have you submitted this project to another Federal grant program?

Yes No

Are you a current Regional Food System Partnership (RFSP) recipient?

Yes No

If yes to the above questions, please provide the information below. Provide AMS agreement number for grants received in the past 5 years. Describe how the project is/was different from previous grants or how it supplements the proposed activities; and the results of the current project (if applicable). Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this application to meet program goals effectively and successfully.

Year	Grant award Program Name, Type of Grant (if applicable) and/or AMS Grant Agreement Number (if applicable)	Description

ACHIEVABILITY

This section includes the outcome indicator evaluation plan.

Outcome Indicators

Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. Applicants must choose at least one Outcome and Indicator(s). If an outcome indicator does not apply, check N/A (Not Applicable). For additional information on how to collect data for these outcomes and indicators, refer to the [Performance Measures Data Collection Guide](#). The outcomes below are the FMPP and LFPP outcomes that are specific to the Marketing and Promotion Turnkey Application.

Outcome 1: Develop Business Plans and Feasibility Studies

Indicator	Description	Estimated number	N/A
1.1	Total number of supply chain analyses, market assessments, feasibility, or other relevant studies developed		<input type="checkbox"/>
1.2	Number of the following identified through needs assessment or feasibility studies:		
1.2a	New markets		<input type="checkbox"/>
1.2b	Unmet consumer needs		<input type="checkbox"/>
1.2c	Barriers to local foods		<input type="checkbox"/>
1.2d	Unserved populations		<input type="checkbox"/>
1.2e	Supply chain gaps		<input type="checkbox"/>
1.2f	Partnership opportunities		<input type="checkbox"/>
1.2g	Other identified needs		<input type="checkbox"/>
1.3	Number of projects:		
1.3a	Deemed viable after conducting feasibility study, or		<input type="checkbox"/>
1.3b	Deemed not viable after conducting feasibility study		<input type="checkbox"/>
1.4	Number of business development plans created		<input type="checkbox"/>

Outcome 3: Develop the Market for Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
3.1	Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing local/regional foods _____. Of those, the number that were:		<input checked="" type="checkbox"/>
3.1a	Farmers Markets		<input checked="" type="checkbox"/>
3.1b	Roadside Stands		<input checked="" type="checkbox"/>
3.1c	Agritourism		<input checked="" type="checkbox"/>
3.1d	Grocery stores		<input checked="" type="checkbox"/>
3.1e	Wholesale markets/buyers		<input checked="" type="checkbox"/>
3.1f	Restaurants		<input checked="" type="checkbox"/>
3.1g	Agricultural cooperatives		<input checked="" type="checkbox"/>
3.1h	Retailers		<input checked="" type="checkbox"/>
3.1i	Distributors		<input checked="" type="checkbox"/>
3.1j	Food hubs		<input checked="" type="checkbox"/>
3.1k	Shared-use kitchens		<input checked="" type="checkbox"/>
3.1l	School food programs		<input checked="" type="checkbox"/>
3.1m	Community supported agriculture (CSAs)		<input checked="" type="checkbox"/>
3.1n	Other		<input checked="" type="checkbox"/>
3.2	Total number of delivery systems/market access points that increased engagement with local/regional producers _____. Of those, the number that were:		<input type="checkbox"/>
3.2a	Farmers Markets		<input type="checkbox"/>
3.2b	Roadside Stands		<input type="checkbox"/>
3.2c	Agritourism		<input type="checkbox"/>

Indicator	Description	Estimated number	N/A
3.2d	Grocery stores		<input type="checkbox"/>
3.2e	Wholesale markets/buyers		<input type="checkbox"/>
3.2f	Restaurants		<input type="checkbox"/>
3.2g	Agricultural cooperatives		<input type="checkbox"/>
3.2h	Retailers		<input type="checkbox"/>
3.2i	Distributors		<input type="checkbox"/>
3.2j	Food hubs		<input type="checkbox"/>
3.2k	Shared-use kitchens		<input type="checkbox"/>
3.2l	School food programs		<input type="checkbox"/>
3.2m	Community supported agriculture (CSAs)		<input type="checkbox"/>
3.2n	Other		<input type="checkbox"/>
3.3	Number of new tools/ technologies developed to improve local/regional food processing, distribution, aggregation, or storage ____.		<input checked="" type="checkbox"/>
3.3a	Number of stakeholders trained to use new tools/technologies		<input checked="" type="checkbox"/>
3.4	Number of delivery systems/market access points that reported increased or improved:		<input checked="" type="checkbox"/>
3.4a	Processing		<input checked="" type="checkbox"/>
3.4b	Distribution		<input checked="" type="checkbox"/>
3.4c	Storage		<input checked="" type="checkbox"/>
3.4d	Aggregation of locally/ regionally produced agricultural products		<input checked="" type="checkbox"/>
3.5	Total number of delivery systems/market access points that established and/or expanded local/regional agricultural product or service offerings____. Of those, the number that were:		<input type="checkbox"/>
3.5a	Farmers Markets		<input type="checkbox"/>
3.5b	Roadside Stands		
3.5c	Agritourism		<input type="checkbox"/>
3.5d	Grocery stores		<input type="checkbox"/>
3.5e	Wholesale markets/buyers		<input type="checkbox"/>
3.5f	Restaurants		<input type="checkbox"/>
3.5g	Agricultural cooperatives		<input type="checkbox"/>
3.5h	Retailers		<input type="checkbox"/>
3.5i	Distributors		<input type="checkbox"/>
3.5j	Food hubs		<input type="checkbox"/>
3.5k	Shared-use kitchens		<input type="checkbox"/>
3.5l	School food programs		<input type="checkbox"/>
3.5m	Community supported agriculture (CSAs)		<input type="checkbox"/>
3.5n	Other		<input type="checkbox"/>
3.6	Number of delivery systems/market access points that reported increased:		<input type="checkbox"/>
3.6a	Revenue		<input type="checkbox"/>
3.6b	Sales		<input type="checkbox"/>
3.6c	Cost savings		<input type="checkbox"/>

Outcome 4: Increase Viability of Local/Regional Producers and Processors

Indicator	Description	Estimated number	N/A
4.1	Number of producers/processors who gained knowledge about new market opportunities		<input type="checkbox"/>
4.2	Number of producer/processors that reported increased engagement with new delivery systems or market access points		<input type="checkbox"/>
4.3	Number of producers/processors that implemented new or improved operational methods		<input type="checkbox"/>
4.4	Number of value-added agricultural products developed		<input type="checkbox"/>
4.5	Number of producers/processors that reported selling new local/regional food products		<input type="checkbox"/>
4.5a	Number that reported selling new value-added products		<input type="checkbox"/>
4.6	Number of producers/processors that reported a reduction in on-farm food waste through new business opportunities and marketing		<input type="checkbox"/>
4.7	Number of producers/ processors that reported increased:		<input type="checkbox"/>
4.7a	Revenue		<input type="checkbox"/>
4.7b	Sales and/or		<input type="checkbox"/>
4.7c	Cost savings due to local/regional food, operational, and/or value-added product activities		<input type="checkbox"/>
4.8	Number of local/regional agricultural jobs		<input type="checkbox"/>
4.8a	Created		<input type="checkbox"/>
4.8b	Maintained		<input type="checkbox"/>
4.9	Total number of new producers who went into local/regional food production ____. Of those, number who are:		<input type="checkbox"/>
4.9a	Beginning farmers/ranchers		<input type="checkbox"/>
4.9b	Veteran farmers/ranchers		<input type="checkbox"/>

Outcome 6: Increase Consumption and Consumer Purchasing of Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
6.1	Total number of consumers who gained knowledge about local/regional agricultural products ____. Of those, the number of:		<input type="checkbox"/>
6.1a	Adults		<input type="checkbox"/>
6.1b	Children		<input type="checkbox"/>
6.2	Total number of consumers who purchased more local/regional agricultural products ____. Of those, the number of:		<input type="checkbox"/>
6.2a	Adults		<input type="checkbox"/>
6.2b	Children		<input type="checkbox"/>
6.3	Number of additional local/regional agricultural product customers counted		<input type="checkbox"/>
6.4	Number of additional business transactions executed for local/regional agricultural products		<input type="checkbox"/>

Indicator	Description	Estimated number	N/A
6.5	Increased sales measured in:		<input type="checkbox"/>
6.5a	Dollars		<input type="checkbox"/>
6.5b	Percent change		<input type="checkbox"/>
6.5c	Combination of volume and average price as a result of enhanced marketing activities		<input type="checkbox"/>

EXPERTISE AND PARTNERS

List key staff, including applicant personnel and external project partners and collaborators (see section 2.2 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.8 in the RFA). If needed, add additional rows.

Key staff <i>Name and Title</i>	Role	Relevant experience and past successes

PROJECT MANAGEMENT PLAN

Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel **and** external partners and collaborators.

FISCAL PLAN AND RESOURCES

Please complete the Budget and Justification below and ensure that you have included Critical Resources and Infrastructure letters to support the application information (see section 4.9 in the RFA). If needed, add additional rows to the tables. You must fill the SF-424 A Budget Information Non – Construction Programs Form along with this section.

Budget Summary

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred.

Refer to RFA Section 3.6 Allowable and Unallowable Costs and Activities for more information on allowable and unallowable expenses.

Expense category	Federal funds	Cost Share applicant and 3 rd parties
Personnel		
Fringe benefits		
Travel		
Supplies		
Contractual		
Other (specify)		
Direct costs subtotal		
Indirect costs		
Total budget (direct + indirect)		

PERSONNEL

List each person who has a substantive role in the project and the amount of the request and/or the value of his or her cost share. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities. For annual salary please provide the salary for each year.

#	Personnel Name/Title	Level of effort (# of hours OR % FTE)	Annual Salary	Total Runds Requested	Cost Share Value	Cost Share Type
1				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Personnel total funds requested subtotal: \$

Personnel cost share value subtotal: \$

PERSONNEL JUSTIFICATION

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur.

Personnel 1: Justification

Personnel 2: Justification

Personnel 3: Justification

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.

#	Fringe Benefits Name/Title	Fringe Benefit rate	Funds Requested	Cost Share Value	Cost Share Type
1			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Fringe benefits funds requested subtotal: \$

Fringe benefits cost share value subtotal \$

TRAVEL

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

Trip #	Trip Destination	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	# of units	Cost per unit	Travelers Claiming Expense (#)	Funds Requested	Cost Share Value	Cost Share Type
1							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Travel funds requested subtotal: \$

Travel cost share value subtotal: \$

CONFORMING WITH YOUR TRAVEL POLICY

By checking this box, I affirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](#) or [48 CFR subpart 31.2](#), as applicable.

TRAVEL JUSTIFICATION

For each trip listed in the above table, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur.

Trip 1: (Approximate Date of Travel MM/YYYY), justification

Trip 2: (Approximate Date of Travel MM/YYYY), justification

Trip 3: (Approximate Date of Travel MM/YYYY), justification

SUPPLIES

List the materials, supplies, and fabricated parts costing less than \$10,000 per unit and describe how they will support the purpose and goal of the proposal.

Item #	Item description	Cost Per-unit	# of units/pieces purchased	Acquire when?	Funds requested	Cost Share value	Cost Share type
					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Supplies funds requested subtotal: \$

Supplies cost share value subtotal: \$

SUPPLIES JUSTIFICATION

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

Supply 1: Justification

Supply 2: Justification

Supply 3: Justification

Contractual

The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non-federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant or subaward, each must be described separately.

Type	Contractual Name / Organization	Hourly Rate	Funds Requested	Cost Share value	Cost Share type
1 <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2 <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3 <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Contractual funds requested subtotal: \$

Contractual cost share value subtotal: \$

CONFORMING WITH YOUR PROCUREMENT STANDARDS

By checking this box, I affirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR §200.317 through §200.327](#), as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that my organization will follow the same requirements.

CONTRACTUAL JUSTIFICATION

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. If awarded, copies of the contractual agreements will be required.

- Contractual 1: Justification
- Contractual 2: Justification
- Contractual 3: Justification

Other

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

Item #	Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquisition Date	Funds Requested	Cost Share Value	Cost Share Type
1					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Other funds requested subtotal: \$

Other cost share value subtotal: \$

OTHER JUSTIFICATION

Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s).

- Other 1: Justification
- Other 2: Justification
- Other 3: Justification

Indirect

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.1](#)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 3.7 - of the RFA.

Indirect Cost Rate Requested (%)	Funds Requested	Cost Share Value	Cost Share Type
	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Indirect funds requested subtotal: \$

Indirect cost share value subtotal: \$

QUALIFYING FOR PRIORITY CONSIDERATION

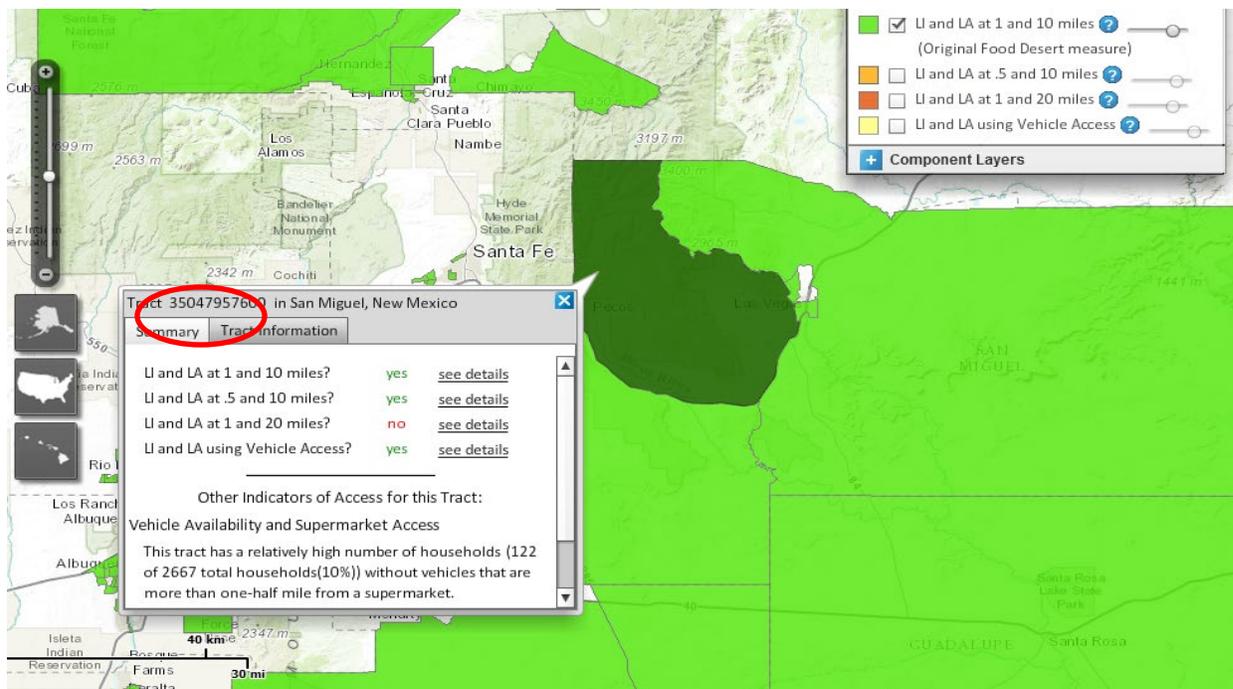
Food Access Research Atlas (Atlas) <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx>

Once you enter the Atlas, check one of the four the map layer(s) that applies to the proposal's targeted community.

Low Income(LI) and Low Access(LA) Layers

- LI and LA at 1 and 10 miles ? (Original Food Desert measure)
- LI and LA at .5 and 10 miles ?
- LI and LA at 1 and 20 miles ?
- LI and LA using Vehicle Access ?

Zoom in on the map to identify your community. Clicking on your targeted area will produce the census tract and additional information about the locale. In the example below, the dark green area qualifies as low income and low access, and the census tract would be 35047957600.



EQUAL OPPORTUNITY STATEMENT

USDA is an equal opportunity provider, employer, and lender.

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995 ([44 U.S.C. 3501](https://www.uscourts.gov/44-u-s-c-3501)), an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.