This form is available electronically.FSA-85-1U.S. De(03-26-03)	1	OMB No	o. 0560-0165	2. Title of Clearance 7 CFR 785 Certified State Mediation Program							
Reporting and Recordkeeping Requirements											
3.		5.	6.	7.				Annual Burden on the Public ol. 8 x 9=10 and Col. 10 x 11=12)			
Description (Title of Form, Report or Record)	Report	Record	Form No.	Regulation Part/Sec.	8.	3.	9.	10.	11.	12. Total Burden Hours	
					No. of Re	spondents	No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt
Request for Certification	1		None	CFR 785.3(a)	3	32	1	32	4		128
Re-verification of Approval	1		None	CFR 785.3(b)	3	32	1	32	2		64
Eligibility Criteria for Amount of Grant Requested	1		None	CFR 785.4(b)	3	32	1	32	2		64
Reporting Requirements	1		None	CFR 785.8(a)	3	32	1	32	8		256
Audit Report	1		None	CFR 785.8(b)	3	32	1	32	16		512
Application for Federal Assistance	1		SF 424 OMB#0348-0044	CFR 785.4(b)							
Assurances-Non-Construction	1		SF 424-B OMB#0348-0040	CFR 785.4							
Financial Status Report	1		SF 269A OMB#0348-0039	CFR785.4							
Disclosure of Lobbying Activities	1		SF LLL OMB#0348-0046	CFR 785.4							
Request for Advance or Reimbursement	1		SF 270 OMB#0348-0004	CFR 785.4							

TOTALS	32	5	160		Θ	1024
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