INSTRUCTIONS: Use this form when a single information collection docume		TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.	
recordkeeping requirements. The totals of the figures in cols. should be entered cols. (D) $\&/or$ (I) = 13a (respondent is only counted once); cols. F & I = 13b;		Community Outroach and Assistance Portnarchin Program	0563-0066	
$COIS. (D) \otimes OI (1) = 15a (respondent is only counted once), cois. F & 1 = 15b,$	Cols. H & K - 15C.	Community Outreach and Assistance Partnership Program	0202-0000	
(F)Total/(D)Total = (E)Average	(H)Total/(F)Total = (G)Average			
(K)Total/(I)Total = (J)Average			DATE PREPARED	

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT	ANNUAL BURDEN								
		1			REPORTS				RECORDS	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Narrative Title Page	None	120	1.00	120.00	0.3300	39.60			0.00
	Narrative	None	120	1.00	120.00	2.1600	259.20			0.00
	Delivery Plan	None	120	1.00	120.00	2.1600	259.20			0.00
	Statement of Work	None	120	1.00	120.00	4.0000	480.00			0.00
	Budget Narrative	None	120	1.00	120.00	1.0000	120.00			0.00
	Certification Regarding Debarment, Suspension, and other Responsibility Matters - Primary Covered Transactions	AD-1047	120	1.00	120.00	0.1600	19.20			
	Certification Regarding Drug-Free Workplace Requirements (Grants)	AD-1049	120	1.00	120.00	0.1600	19.20			
	Disclosure of Lobbying Activities (form approved under 0348-0046)	SF-LLL	120	1.00	120.00	0.1600	19.20			
	SUBTOTAL				960.00		1,215.60	0.00		0.00
	TOTAL OF ALL PAGES				960.00		1,215.60	0.00		0.00
тот	TAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				960.00		1,215.60			

December 5, 2011

INSTRUCTIONS: Use this form when a single information collection docum		TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
recordkeeping requirements. The totals of the figures in cols. should be entered cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b;	cols. H & K = 13c.	Community Outreach and Assistance Partnership Program	0563-0066
(F)Total/(D)Total = (E)Average	(H)Total/(F)Total = (G)Average		
(K)Total/(I)Total = (J)Average			DATE PREPARED

(K)Total/(I)Total = (J)Average **NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

										iser 3, 1 011	
IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
				REPORTS				RECORDS			
										TOTAL	
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
	Forms & burden approved under other OMB numbers				0.00		0.00			0.00	
	Application for Federal Assistance (4040- 0004)	SF 424	120	1.0000	120.00	1.5000	180.00			0.00	
	Budget Information Non-Construction Programs (4040-0006)	SF 424A	120	1.0000	120.00	6.0000	720.00			0.00	
	Assurances Non-Construction Programs (4040-0007)	SF 424B	120	1.0000	120.00	0.2500	30.00			0.00	
					0.00		0.00			0.00	
					0.00		0.00			0.00	
	SUBTOTAL				360.00		930.00	0		0.00	

December 5, 2011