

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-I: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.
 (F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average
 (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.

TITLE OF INFORMATION COLLECTION DOCUMENT
 Arapaho-Roosevelt National Forest Transportation System Alternatives Study

OMB NO.
 0596-New
DATE PREPARED
 April 8, 2013

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	REPORTS					RECORDS			RESPONSE COST PER HOUR (L)
			NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD-KEEPERS (I)	ANNUAL HOURS PER RECORD-KEEPER (J)	TOTAL RECORD-KEEPING HOURS (Col. I x J) (K)	
	<p>NOTE: The per response time for each of the following four site surveys includes approximately 1 minute to read initial contact script and 10 minutes to complete the survey.</p> <p>Brainard Lake Recreation Area</p> <p>Indian Peaks Wilderness</p> <p>Guanelia Pass</p> <p>Mount Evans Recreation Area</p> <p>Non-respondents is estimated at 125 for each location for a total of 500</p>	None	300	1.00	300.00	0.18	54.99			0.00	\$23.41
		None	300	1.00	300.00	0.18	54.99			0.00	\$23.41
		None	300	1.00	300.00	0.18	54.99			0.00	\$23.41
		None	300	1.00	300.00	0.18	54.99			0.00	\$23.41
		None	500	1.00	500.00	0.02	8.34			0.00	\$23.41
					0.00		0.00			0.00	
	SUBTOTAL				1,700.00		228.30	0.00		0.00	
	TOTAL OF ALL PAGES				1,700.00		228.30	0.00		0.00	
	TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				1,700.00		228.30				

IDENT COST
TOTAL COST (Col. H x L)
(M)
\$1,287.32
\$1,287.32
\$1,287.32
\$1,287.32
\$195.12
\$0.00
\$5,344.39
\$5,344.39