This form is available electronically.

TOTALS [

FSA-85-1 U.S. Department of Agriculture (03-26-03) Farm Service Agency					1. OMB N	1. OMB No. 0560-0165 2. Title of Clearance 7 CFR 785 Certified State Mediation Program				
Reporting and Recordkeeping Requirements										
3.	4.	5.	6.	7.	Annual Burden on the Public (Col. 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.	9.	10.	11.		12. Irden Hours
					No. of Respondents	No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt
Recertification		Х	None Budget analyst	785.3(b)	36*	1	36	2		72
Annual Report	Х		None Sec./adm.assist	1	36	1	36	4		144
Mid-year report	X		None Sec./adm.assist	785.8(b)	36	1	36	1		36
Request for Advance or Reimbursement		X	SF 270 OMB#0348-0004 Budget analyst	785.4	36	3	108	1		108
Application for Federal Assistance**		Х	SF 424 OMB#4040-0004	785.4(b)						
Budget Information non- construction+		Х	SF-424A OMB#4040-0006	785.4						
Assurances-Non-Construction**		Х	SF 424-B OMB#4040-0007	785.4						
Financial Status Report***		Х	SF 425 OMB#0348-0061	785.4						
*Denotes unduplicated respondents										
**Collection is included in recertification request										
***Collection is included in annual report										
+Collection included in annual report and recertification										