This form is available electronically.

SA-85-1 U.S. Department of Agriculture 3-26-03) Farm Service Agency						1. OMB No. 0560-0165		2. Title of Clearance 7FR 785 Certified State Mediation Program			
Reporting and	Record	keepin	g 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.		.2. den Hours
					No. of R	espondents	No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt
Recertification		Х	None Budget analyst	785.3(b)	2	10*	1	40	2.5		100
Annual Report	Х		None Sec./adm.assist	785.8(a)	40		1	40	5		200
Mid-Year report	Х		None Sec./adm.assist	785.8(b)		40	1	40	2		80
		X									
Request for Advance or Reimbursement Budget analyst		X	SF 270 OMB#4040-0012	785.4							
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 424B OMB#4040-0007	785.4							
Federal Financial Report***		Х	SF 425 OMB#0348-0061	785.4							
*Denotes unduplicated respondent	S										
** Collection is included in recertification request											
*** Collection is included in annual report											
+ Collection included in annual report and recertification											
TOTALS []						40	1.5	60			380