



<p><b>INSTRUCTIONS:</b> 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-83-1: cols. (D) &amp;/or (I) = 13a (respondent is only counted once); cols. F &amp; I = 13b; cols. H &amp; K = 13c.</p> <p>(F)Total/(D)Total = (E)Average (H)Total/(I)Total = (G)Average</p> <p>(K)Total/(I)Total = (J)Average</p> <p><b>NOTE:</b> The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" &amp; decimal will display.</p>											<p><b>TITLE OF INFORMATION COLLECTION DOCUMENT</b></p> <p>Pandemic Response and Safety Program (PRS) (NEW)</p>			<p><b>OMB NO.</b></p> <p>0581-NEW</p>		<p><b>DATE PREPARED</b></p> <p>June 11, 2021</p>	
<b>IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT</b>				<b>ANNUAL BURDEN</b>													
				<b>REPORTS</b>				<b>RECORDS</b>									
				FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL					
SECTION OF				(if "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	RECORD-					
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)					
	Request for Advance or Reimbursement in ezFedGrants (approved under OMB No. 4040-0012)			SF 270	200,000	1.0000	200,000.00	1.0000	200,000.00			0.00					
	Federal Financial Report (approved under OMB No. 4040-0014)			SF 425	200,000	1.0000	200,000.00	1.0000	200,000.00			0.00					
	Recordkeeping			None						200000.00	1.000	200,000.00					
<b>7 USC 1621 &amp; 2 CFR 200</b>	<b>COMPETITIVE AMS GRANT PROGRAM: PRS ONLY (NEW)</b>																
<b>SUBTOTAL</b>					400,000	0	400,000.00	0	400,000.00	200000.00	1.00	200000.00					

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Pandemic Response and Safety Program (PRS) (NEW)	0581-NEW								
<b>DATE PREPARED</b>									
June 11, 2021									

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT						ANNUAL BURDEN								
						REPORTS			RECORDS					
						FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	TOTAL
SECTION OF REGS.						(if "none" so state)	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-KEEPERS	HOURS PER	RECORD-KEEPER
(A)	(B)					(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
								PER RESPONDENT	(Col. D x E)	RESPONSE	(Col. F x G)			(Col. I x J)
	PRS Specific Terms and Conditions ( <i>Reading</i> )					None	200,000	1.0000	200,000.00	1.0000	200,000.00			0.00
	PRS Specific Checklist					None	200,000	1.0000	200,000.00	1.0000	200,000.00			0.00
<b>SUBTOTAL</b>							400,000	2	400,000.00	2	400,000.00	0		0.00

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<b>SECTION OF</b>						so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
<b>REGS.</b>								RESPONDENT				KEEPER			
(A)	(B)					(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
	N/A														
<b>SUBTOTAL</b>							0	0	0.00	0	0.00	0		0.00	