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/(J)Total = (J)Average (T)Total/(J)Total = (E)Average (T)Total/(T)Total = (G)Average NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6

Organic and Transitional Education and Certification Program (OTECP)

TITLE OF INFORMATION COLLECTION DOCUMENT

OMB NO.

0560-NEW

DATE PREPARED

September 14, 2021

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN										
		REPORTS							RECORDS			RESPONDENT COST	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	(Col.	F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)	COST PER HOUR	TOTAL COST (Col. H x L)
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	EXEMPT	NON-EXEMPT	(1)	KEEPER (J)	(K)	(L)	(M)
a		Form FSA- 883	13,250	1	13,250	1.00		13,250				\$53.71	711,65
à	Customer Data Worksheet	AD-2047	9,200	1	9,200	1.00		9,200				\$53.71	494,13
ı	ACH Vendor/Miscellaneous Payment Enrollment Form (OMB control number 1530-0069)	SF-3881	9,200	1	9,200	0.25		2,300					
	SUBTOTAL				22,450		0	22,450			0.00		1,205,79
	TOTAL OF ALL PAGES				22,450		0	22,450			0.00		1,205,79
то	ΓAL - COLUMNS "F" AND "I" = OMB 83-I, 13b; COLUMNS "H" AND "K" = OMB 83-I, 13c				22,450			22,450					