

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements.
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

Certified State Mediation Program

OMB NO.

0560-165

DATE PREPARED

September 5, 2023

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN										
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	REPORTS					RECORDS			RESPONDENT COST		
			NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL BURDEN 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)	COST PER HOUR (L)	TOTAL COST (Col. H x L) (M)
							EXEMPT	NON-EXEMPT					
785.3(b)	Recertification	None	42	3	126	7.00		882				\$105.00	6,174
785.8(a)	Annual Report	None	42	3	126	10.00		1,260				\$105.00	132,300
785.8(b)	Mid-Year Report	None	42	3	126	5.00		630				\$105.00	66,150
785.4	Request for Advance or Reimbursement (OMB # 4040-0012)	SF-270	42										
785.4(b)	Application for Federal Assistance** (OMB#4040-0020)	SF-424	42										
785.4	Budget Information for Non-Construction*** (OMB #4040-0006)	SF-424A	42										
785.4	Assurances Non-Construction** (OMB #4040-0007)	SF-424B	42										
785.4	Federal Financial Report*** (OMB #4040-0014)	SF-425	42										
	**Collection is included in Recertification Request												
	***Collection is included in the Annual Report												
					378			2,772			0.00		204,624
	TOTAL OF ALL PAGES				378			2,772			0.00		204,624

TOTAL - COLUMNS "F" AND "I" = OMB 83-I, 13b;
COLUMNS "H" AND "K" = OMB 83-I, 13c

378

2,772