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.

TITLE OF INFORMATION COLLECTION DOCUMENT Community Wildfire Defense Grant Program

OMB NO. 0596-0253

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average

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.

DATE PREPARED

December 19, 2022

December 19, 2022									Jei 13, 2022		
IDENTIF	EICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS			RESPO
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	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)	COST PER HOUR
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)	(K)	(L)
, y	Community Wildfire Defense Grant Program Project Narrative Form (FS-1500-0045) - Public	FS-1500- 0045	500	1.00	500.00			300		900.00	25.58
	Community Wildfire Defense Grant Program Project Narrative Form (FS-1500-0045)- Tribal	FS-1500- 0045	100	1.00	100.00	1.250	125.00	60	3.000	180.00	25.58
	Community Wildfire Defense Grant Program SAM Screenshot - Public	None	400	1.00	400.00	1.000	400.00	0	0.000	0.00	20.91
	Community Wildfire Defense Grant Program SAM Screenshot - Tribal	None	80	1.00	80.00	1.000	80.00	0	0.000	0.00	20.91
	Community Wildfire Defense Grant Program Audit Requirements - Public	None	300	1.00	300.00	24.000	7,200.00	300	8.000	2,400.00	44.10
	Community Wildfire Defense Grant Program Audit Requirements - Tribal	None	60	1.00	60.00	24.000	1,440.00	60	8.000	480.00	44.10
	SUBTOTAL				1,440.00		9,870.00	720.00		3,960.00	
	TOTAL OF ALL PAGES				1,440.00		9,870.00	720.00		3,960.00	
тот	FAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				2,160.00		13,830.00				

NDENT COST

TOTAL COST (Col. H x L)

(M)

\$15,987.50

\$3,197.50

\$8,364.00

\$1,672.80

\$317,520.00

\$63,504.00

\$410,245.80

\$410,245.80