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/(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.

TITLE OF INFORMATION COLLECTION DOCUMENT

Certified Mediation Program

OMB NO. 0560-0165

DATE PREPARED June 11, 2026

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN									
			REPORTS						RECORDS			RESPON
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL BURDEN HOURS (Col. F x G) (H)		NO. OF RECORD-KEEPERS	ANNUAL HOURS PER RECORD-KEEPER	TOTAL RECORD-KEEPING HOURS (Col. I x J)	COST PER HOUR
							EXEMPT	NON-EXEMPT				
(A)	(B)	(C)	(D)	(E)	(F)	(G)			(I)	(J)	(K)	(L)
N/A	Request for Advance of Reimbursement (State Agencies) (OMB No. 4040-0012)	SF-270	46	4	184	1.0000	184					$67.29
N/A	Application for Federal Assistance (State Agencies) (OMB No. 4040-0004)	SF-424	46	2	92	1.0000	92					$67.29
N/A	Federal Financial Report (State Agencies) (OMB No 4040-0014)	SF-425	46	1	46	2.0000	30					$67.29
N/A	Assurances - Non-Construction Programs (State Agencies) (OMB No. 4040-0007)	SF-424B	46	1	46	1.0000	46					$67.29
N/A	Budget Information - Non-Construction Programs (State Agencies) (OMB 4040-0006)	SF-424A	46	1	46	2.0000	92					$67.29
785.3(b)	Recertification	Narrative	46	1	46	8.0000		368				$67.29
785.5(a)	Annual Report	Narrative	46	1	46	13.0000		598				$67.29
785.8(b)	Mid-Year Report	Narrative	46	1	46	8.0000		368				$67.29
					552			1,334			0.00	
	TOTAL OF ALL PAGES				552			1,334			0.00	
	TOTAL - COLUMNS "F" AND "I" = OMB 83-I, 13b; COLUMNS "H" AND "K" = OMB 83-I, 13c				**552**			**1,334**				

NDENT COST
TOTAL COST (Col. H x L) (M)
$12,381.36
$6,190.68
$2,018.70
$3,095.34
$6,190.68
$24,762.72
$40,239
$24,763
$119,642
$119,642