

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-83-1: &/or (I) = 13a (response 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
Organic Certification Cost Share Program (OCCSP)

OMB NO. 0560-0289
DATE PREPARED
 March 17, 2026

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN									
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	REPORTS					RECORDS			RESPON	
			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)
							EXEMPT	NON-EXEMPT				
N/A	Grant Agreement Face sheets (State Agencies)	none	0	0	0	0.0000		0				\$0.00
N/A	Notice of Grant and Agreement Award (State Agencies)	ADS-093	30	1	30	1.0000		30				\$40.05
N/A	Request for Advance of Reimbursement (State Agencies) (OMB No. 4040-0012)	SF-270	30	2	60	1.0000	60					\$40.05
N/A	Application for Federal Assistance (State Agencies) (OMB No. 4040-0004)	SF-424	30	1	30	1.0000	30					\$40.05
N/A	Federal Financial Report (State Agencies) (OMB No 4040-0014)	SF-425	30	1	30	1.0000	30					\$40.05
N/A	Narrative Report (State Agencies)	none	30	1	30	1.0000		30				\$40.05
N/A	Spreadsheet of Operations Reimbursed (State Agencies)	none	30	1	30	2.0000		60				\$40.05
N/A	Request for Taxpayer ID and Cert. W-9	AD-2047 or W-9	0	0	0	0.0000		0				\$0.00
N/A	OCCSP Application (producers and handlers)	CCC-884	12,000	1	12,000	1.0000		12,000				\$60.63
N/A	Documentation - Copy of organic certification (producers and handlers)	Documentation	12,000	1	12,000	0.0835		1,002				\$60.63
N/A	Documentation - Itemized invoices of eligible expenses (producers and handlers)	Documentation	12,000	1	12,000	1.0000		12,000				\$60.63
N/A	Request for Taxpayer Identification Number and Certification (producers and handlers)	W-9	7,800	1	7,800	0.5000		3,900				\$60.63
N/A	Customer Data Worksheet (producers and handlers) (OMB No. 0560-0265)	AD-2047	180	1	180	0.0501		9				\$60.63

N/A	Direct Deposit Sign-up form (farms) OMB No. 1530-0006)	SF-1199A	0	0	0	0.0000			0				\$0.00
N/A	ACH Vendor/Miscellaneous Payment Enrollment Form (producers and handlers) (OMB No. 1530-0069)	SF-3881	600	1	600	0.2500		150					\$60.63
					44,790				29,031			0.00	
	TOTAL OF ALL PAGES				44,790				29,031			0.00	
	TOTAL - COLUMNS "F" AND "I" = OMB 83-I, 13b; COLUMNS "H" AND "K" = OMB 83-I, 13c				44,790				29,031				

IDENT COST

TOTAL COST (Col. H x L)
(M)
\$0.00
\$1,201.50
\$2,403.00
\$1,201.50
\$1,201.50
\$1,201.50
\$2,403.00
\$0.00
\$727,560
\$60,751
\$727,560
\$236,457
\$547

\$0
\$9,095
\$1,771,582
\$1,771,582