

**UNITED STATES DEPARTMENT OF AGRICULTURE
COOPERATIVE STATE RESEARCH, EDUCATION AND EXTENSION SERVICE**

ORGANIZATIONAL INFORMATION

(Note: Identify attached information by the corresponding number and item of this form)

1. LEGAL NAME OF ORGANIZATION			CONGRESSIONAL DISTRICT
2. COMPLETE BUSINESS ADDRESS (Including zip code)			
3. KEY OFFICIAL	NAME	TITLE	TELEPHONE NUMBERS
a. Chief Executive			Office: _____ Fax: _____ E-mail: _____
b. Authorized Organizational Representative (AOR) (Individual authorized to commit the organization's resource to propose d projects. Award letters will be addressed to the Authorized Organizational Representative unless he/she specifies in writing another individual (such as the Chief Executive)			Office: _____ Fax: _____ E-mail: _____
c. Business Officer			Office: _____ Fax: _____ E-mail: _____
4. ORGANIZATIONAL TYPE			
<input type="checkbox"/> College/University <input type="checkbox"/> State or Local Government <input type="checkbox"/> Non-Profit (Subm it a copy of your current IRS tax exemption letter.) <input type="checkbox"/> Other (Specify):		<input type="checkbox"/> Commercial Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship (unincorporated) <input type="checkbox"/> Partnership	
5. ORGANIZATION AFFILIATIONS - On a separate sheet, describe any relationship of the organization to a parent organization or to subsidiaries of other affiliates. If the organization is a successor in interest to a predecessor or if changes in organizational affiliation are anticipated, describe briefly. If any key official is affiliated with another organization in any capacity, describe the relationship.			
6. STATEMENT OF PURPOSES AND POWERS - Attach an official published statement of the major purposes of the organization as to the powers which have been granted to it to enter into contractual relationships and/or to accept grants or other types of funding agreements, (e.g., article of incorporation, terms of reference, by-laws, etc.).			
7. FINANCIAL INFORMATION			
a. On a separate sheet, describe the policies and procedures of your organization for the administrative and financial management of the project for which USDA assistance is being requested. This should include details of your cost accounting system and auditing arrangements. (If necessary you may need to obtain advice from a Certified Public Accountant (CPA) in setting up your accounting system.) b. If your organization is other than a college or university or a State or local government, attach A certified statement of financial condition (e.g. balance sheet, income statement, etc.), usually prepared by a CPA, covering at least the preceding two years. Bank or other references, including contact person, telephone number and address. c. If indirect costs are requested under this proposal, submit a copy of your current negotiated rate agreement with a cognizant Federal audit agency. If your organization does not have a current negotiated rate with a cognizant Federal audit agency, an indirect cost rate proposal must be submitted for determination of a billing rate acceptable for this award only.			
8. Remarks:			

CERTIFICATION

1. I certify that _____ has legal authority to accept

(Name of organization)

Federal awards and has in place the requisite policies, procedures, and personnel to ensure stewardship of Federal Funds and management of Federally supported projects, specifically including standards for financial management, procurement, and property management, which meet those described in USDA regulations (7 CFR Part 3015, "Uniform Federal Assistance Regulations", 7 CFR Part 3016, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments", 7 CFR 3019, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations").

2. Each proposal submitted to the Cooperative State Research, Education, and Extension Service will be consistent with the procedures, policies, and goals of the named organization.

3. In the event that an award is made as a result of any such proposal, the above named organization will:

A. Make available the necessary facilities, equipment, services, and personnel to conduct the project funded under the award substantially as outlined in the proposal or such modifications thereof as may be mutually agreed upon by the above named organization and the Cooperative State Research, Education, and Extension Service.

B. Conduct such project oversight as may be appropriate, manage the Federal funding with probity and prudence, and comply with all the terms and conditions of the award.

C. Ensure that costs incurred under the award are reasonable, necessary, allocable, and allowable pursuant to the applicable program legislation, the purpose of the award, the terms and conditions of the award, and the following Federal cost principles applicable to the above organization as in effect at the time of award:

1) OMB Circular A-21, "Cost Principles for Educational Institutions."

2) OMB Circular A-122, "Cost Principles for Nonprofit Organizations."

3) OMB Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments."

4) 45 CFR Part 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals."

5) 48 CFR Part 31 (Federal Acquisition Regulations (FAR)), "Contract Cost Principles and Procedures."

D. Comply with all applicable laws and regulations.

TYPED NAME AND TITLE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

SIGNATURE

DATE

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0026. The time required to complete this information collection is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM CSREES-666 (reverse)