

**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
OBLIGATING DOCUMENT FOR AWARDS/AMENDMENTS**

See Reverse for Instructions and  
Paperwork Burden Disclosure

O.M.B. No 1660-0025  
Expires November 30, 2007

1. AGREEMENT NO.	2. AMENDMENT NO.	4. TYPE OF ACTION <input type="checkbox"/> GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> CA <input type="checkbox"/> AMENDMENT			5. CONTROL NO.
6. RECEIPT NAME AND ADDRESS		7. ISSUING FEMA OFFICE AND ADDRESS		8. PAYMENT OFFICE AND ADDRESS	
9. NAME OF RECEIPT PROJECT OFFICER		9A. PHONE NO.	10. NAME OF FEMA PROJECT OFFICER		10A. PHONE NO.
11. EFFECTIVE DATE OF THIS ACTION	12. METHOD OF PAYMENT <input type="checkbox"/> HHS, SMARTLINK <input type="checkbox"/> SF 270 <input type="checkbox"/> OTHER		13. ASISTANCE ARRANGEMENT <input type="checkbox"/> COST REIMBURSEMENT <input type="checkbox"/> COST SHARING <input type="checkbox"/> OTHER		14. PERFORMANCE PERIOD FROM: _____ TO: _____ BUDGET PERIOD: FROM: _____ TO: _____

**15. DESCRIPTION OF ACTION a. (Indicate funding data fro awards or financial changes)**

PROGRAM NAME ABBREVIATION	CFDA NO.	ACCOUNTING DATA (ACCS CODE) XXXX-XXX-XXXXXX-XXXXX-XXXX-XXXX-X	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + or (-)	CURRENT TOTAL AWARD	CUMULATIVE NON-FEDERAL COMMITMENT
<b>TOTALS</b>						

b. To describe changes other than funding data or finaicial changes, attach schedule and check here

16a. FOR NON-DISASTER PROGRAMS: RECEIPT IS REQUIRED TO SIGN AND RETURN THERR (3) COPIES OF THIS DOCUMENT TO  YES  NO  
FEMA (See Block 7 for address)

16B. FOR DISASTER PROGRAMS: RECEIPIENT IS NOT REQUIRED TO SIGN

This assistance is subject to the terms and conditions attached to this award notice or incorporated by reference in program lesgislation or regulation cited above.

17. RECEIPIENT SIGNATORY OFFICIAL (Name and Title)	17a. DATE
18. FEMA SIGNATORY OFFICIAL (Name and Title)	17a. DATE

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.2 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

### INSTRUCTIONS

1. Enter the agreement number.
2. Enter the amendment number, if applicable.
3. Enter the recipient number, if applicable. This may be an identifying number used by the recipient.
4. Check the appropriate box.
5. Enter the control number. This number may come from FF 40-1 or it may be an internal control number.
6. Enter the name and address of the recipient.
7. Enter the FEMA office and address issuing the award.
8. Enter the FEMA office and address that will make the payment.
9. Enter the name and telephone number of the individual at the recipient organization who will be primarily responsible for providing information on the award.
10. Enter the name and telephone number if the individual at FEMA who will be primarily responsible for providing information on the award.
11. Enter the effective date of the award.
12. Check the appropriate box.
13. Check the appropriate box.
14. **PERFORMANCE PERIOD:** Enter the period of performance for the assistance agreement.  
**BUDGET PERIOD:** Enter the budget period of the assistance agreement. This may be different than the period of performance.
15. **DESCRIPTION OF ACTION.**  
**PROGRAM NAME ACRONYM.** Enter the acronym of the program being funded.  
**CFDA NO.** Enter the corresponding Catalog of Federal Domestic Assistance number.  
**ACCOUNTING DATA.** Enter the accounting code.  
**PRIOR TOTAL AWARD.** This column should be blank on the initial award. On subsequent amendments, it must reflect the amount under "Current Total Award" of the previous Grant/Cooperative Agreement Award for the specified fiscal year.  
**AMOUNT AWARDED THIS ACTION (+ or -).** This column is used to record the initial award to the State or amendment amount, either increasing or decreasing funds. For decreases, the amount will be indicated in brackets ().  
**CUMULATIVE NON-FEDERAL COMMITMENT.** This column records the sum of all non-Federal amounts committed to the efforts to fulfill Federal matching requirements and including commitments beyond the required match. The non-Federal matching amounts expressed may be allowable monetary or in-kind contributions valued in dollars.
- 15b. If additional space is needed to describe changes other than funding data or financial change, attach a schedule and check the box.
- 16a. Check appropriate box.
- 16b. For disaster programs, the recipient is not required to sign the FEMA Form 76-10A.
17. Enter the name and title of recipient signatory official. Enter the date signed.
18. Enter the name and title of the FEMA signatory official. Enter the date signed.

An award is an amount of FEMA funds obligated to the State and legally available for its use.