

Grants & Agreement Cover Page

Program Staff

Area: _____

Name of Contact Person: _____

Contact Person Telephone Number: _____

FS Agreement No. OR FS IWeb Proposal ID No.	
Cooperator Tax ID No. (i.e., EIN, TIN, or SSN)	
Cooperator's Complete Mailing Address, Including Name of Contact Person, and for FFA, Congressional District	
Cooperator's Telephone No.	
Organization's Legal Name	
DUN & Bradstreet No. (DUNS)	
For Interagency Agreements only: Agency Locator Code (ALC)/Treasury Account Symbol (TAS)	
CCR Registered: "Yes" or "No" If "no", vendors are required to register to receive payment. Please advise the Cooperator.	
Non-FS Access Tracking System (NATS): Will Non-FS Employees require access to FS IT Systems under this agreement?	
Project Title & Description	
Program Manager Name	
Budget Approver Name	
Administrative Contact Name	
Signature Official Name	

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