

## **Grants & Agreements Cover Sheet**

<u>Cooperators</u>, when completing this form, provide information for the green shaded areas only. When completed, provide to the Forest Service program manager that is working with you on the proposed project.

<u>Forest Service</u> program managers, complete this cover sheet, attach the required documents in the first three items below, and provide entire package to appropriate G&A staff using the local proposal submission process.

Failure to provide the information requested below may result in rejection or delays of the proposed project.

Unit Area (Region/Station) \_\_\_\_\_

Person submitting request: Email Address: Telephone Number:	
I-Web Proposal ID No.	
Expected/Desired Start Date (for workload prioritization)	
Job Code and Funding Amount	
For Federal Financial Assistance Agreements (Grants and Cooperative Agreements), Please Attach: • SF-424	
<ul> <li>SF-424A or SF-424C</li> <li>SF-424B or SF-424D</li> <li>AD-1047 Certification Regarding Debarment</li> <li>AD-1049 (or AD-1052), Certification Regarding Drug-Free</li> <li>Certification Regarding Lobbying</li> </ul>	Attached 🗌

Cooperator DUNS Number

**USDA Forest Service** OMB 0596-0217

FS-1500-20 (FS \$ over \$100K) Cooperator delegation of signing authority Non-Competition Justification Letter (if over \$75,000 and not competed) Indirect Cost Rate Documentation (paperwork supporting the cooperators indirect cost rate may be called a NICRA) • Full project narrative including a project timeline Detailed project budget For All Other Agreements, Please Attach: Draft G&A template Statement of Work which describes proposed project Draft financial plan, when required For All Modifications, Please Attach: Draft Modification template Statement of Work, if applicable Financial Plan, if applicable For a Modification, Provide the Forest Service Agreement No. Cooperator's/Organization's Legal Name Cooperator Current Contact Name, Telephone No., and E-mail Cooperator's Complete "Physical" Mailing Address, Including County, Congressional District, and Zip +4 **Digits** Provide County Name(s) Where Project Activities Take Place Cooperator Tax ID No.

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	FS-1500-20
CCR Registered: "Yes" or "No"	Yes
If "no", vendors are required to register to receive payment. Please advise the Cooperator.	No:
For Interagency Agreements Only:	ALC:
Agency Location Code (ALC) and Treasury Account Symbol (TAS)	TAS:
Non-Employee Identity System (NEIS): Will Non-FS Employees require access to FS IT	Yes:
Systems and/or have unescorted access to a FS facility? If 'yes,' provide names on an attached sheet.	No
Project Title & Brief Description	
FS Program Manager Name and Email	
FS Budget Approver Name and Email	
FS Administrative Contact Name and Email	
FS Signature Official Name NOTE: The Signatory Official must be specifically authorized by FSM1580 or a current FY delegation of authority letter.	

## **Burden Statement**

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