



Grants & Agreements Cover Sheet

Cooperators, 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.

Forest Service 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: <ul style="list-style-type: none"> • SF-424 • SF-424A or SF-424C • SF-424B or SF-424D • AD-1047 Certification Regarding Debarment... • AD-1049 (or AD-1052), Certification Regarding Drug-Free... • Certification Regarding Lobbying 	Attached <input type="checkbox"/>



(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

OR-----

For All Other Agreements, Please Attach:

- Draft G&A template
- Statement of Work which describes proposed project
- Draft financial plan, when required

OR-----

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.

Cooperator DUNS Number

Empty table cells for data entry.



USDA Forest Service

OMB 0596-0217
FS-1500-20

CCR Registered: "Yes" or "No" If "no", vendors are required to register to receive payment. Please advise the Cooperator.	Yes
	No:
For Interagency Agreements <u>Only</u> : Agency Location Code (ALC) and Treasury Account Symbol (TAS)	ALC:
	TAS:
Non-Employee Identity System (NEIS): Will Non-FS Employees require access to FS IT Systems and/or have unescorted access to a FS facility? If 'yes,' provide names on an attached sheet.	Yes:
	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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