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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Accounting Code:**  XXXXXXXXXX | | **2. Vendor I.D. (EIN):**  XX-XXXXXX | | | **3. DUNS Number:**  XX-XX-XXXX | | |
| **4. Agreement Number:**  12-25-X-XXXX | **Amendment Number:** | **5. Type of Instrument:**  Grant | | | **6. CFDA Number:**  10.XXX | | |
| **7. Title of Agreement:** | | | | | | | |
| **8. Objective:** | | | | | | | |
| **9. Statement of Work:**  This agreement shall be carried out by the organizational units or officials of the Federal Agency and the Grantee in the manner and subject to the conditions provided in the \_\_ Terms and Conditions attached hereto and made a part of this agreement. | | | | | | | |
| **10. Legal Authority:** | | | | | | | |
| **11. Federal Agency (Name and Address):**  Agricultural Marketing Service  United States Department of Agriculture  Washington, DC 20250 | | | | **12. Grantee:** | | | |
| **13. Federal Agency Project Manager:**  , Project Manager  Telephone: (XXX) XXX-XXXX  Email: | | | | **14. Grantee Project Coordinator:**    Telephone: (XXX) XXX-XXX  Email: | | | |
| **15. Period of Performance:**  ##/##/#### through ##/##/#### | | | | **16. Federal Agency Funding Amount:**  $XXX,XXX.XX | | **Non-Federal Matching Amount: $0** | |
| **PROVISIONS** | | | | | | | |
| **This Grant Award incorporates the following:** | | | | | | | |
| **FOR THE UNITED STATES DEPARTMENT OF AGRICULTURE**  This agreement, subject to the provisions above, shall constitute an obligation of funds on behalf of the Government, unless amended or terminated by mutual consent of the parties in writing, or terminated by either party upon 60 days notice in writing. | | | | | | | |
| **17. Federal Agency Representative Approval:**  Associate Administrator  Agricultural Marketing Service | | | | **18. Grantee Representative Approval (Please Print):**  Name:  Title: | | | |
| **19. Federal Agency Representative Approval Signature:** | | | **Date:** | **20. Grantee Representative Approval 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 0581-NEW  The time required to complete this information collection is estimated to average 2 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.*

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