## UNITED STATES DEPARTMENT OF AGRICULTURE – FOREST SERVICE

Grant or Agreement Award Face Sheet

FAIN:	Title:	
Cooperator Instrument #:	Instrument Type:	
Assistance Listing (CFDA) Number and Title:	Authority:	
Cooperator Unique Entity Identifier (UEI/DUNS):	Period of Performance Start date: E:	xpiration date:
Cooperator (Legal Name and Address – must match SAM)	Forest Service Unit Address	Aprilia duc.
Name:	Name:	
Address: City:	Address: City:	
State: Zip:	State:	Zip:
Cooperator Program Manager	Forest Service Program Manager	F.
Name:	Name:	
Phone:	Phone:	
Email:	Email:	
Cooperator Administrative Contact	Forest Service G&A Specialist	
Name: Phone:	Name: Phone:	
Email:	Email:	
Linai.	Entair.	
Financial Information		
Cooperator Matching Funds:	Federal Funding to Cooperator:	
Cooperator Match %:	Payment Method: Advance & Reimbursement	Reimbursement Only
Cooperator Indirect Cost Rate (approved rate and rate charged to De minimis NICRA Rate:	award):	
Program Income/Revenue: N Y	Master Agreement Number:	
Reporting Requirements  Performance Report Frequency:	Financial Report Frequency:	
Performance Report Frequency:	Financial Report Frequency:	
Quarterly Semi-Annual Annual Other (Specific Con	nditions) N/A Quarterly Semi-Annual An	nnual Other (Specific Cond.)
The attachments listed below are hereby incorporated and made a <b>REQUIRED FOR ALL INSTRUMENTS:</b> Scope of Work / Narrative Budget/Financial Plan Provisions	ATTACHMENTS part of this award.	
REQUIRED DEPENDENT ON INSTRUMENT TYPE:  Statement of Mutual Interest/Benefit Federal Financial Assistance Forms Assurances Good Neighbor/Stewardship Attachments Conditional/optional provisions		
This instrument, subject to the provisions above, is executed by (F	orest Service Unit):	
Signature	Forest Service Signatory Official (SO) Name and Title	Federal Award Date
The authority and format of this instrument has been reviewed an	l approved for signature.	l
Signature	G&A Specialist Name (if different than SO)	Date
By signing this instrument, the signer certifies that they are vested	with the authority to enter into this arrangement.	-1
Cooperator Signature	Name and Title	Date
Cooperator Signature (Optional)	Name and Title	Date

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