



**UNITED STATES DEPARTMENT OF AGRICULTURE – FOREST SERVICE
Grant or Agreement Award Cover Sheet**

FS-1500-100
OMB Control No.
0596-0217
EXP DATE:

GENERAL INFORMATION	
FAIN:	Title:
Cooperator Instrument #:	Instrument Type:
Assistance Listing (CFDA) Number and Title:	Authority:
Cooperator Unique Entity Identifier (UEI/DUNS):	Period of Performance Start date: _____ Expiration date: _____
Cooperator (Legal Name and Address – must match SAM) Name: Address: City: State: _____ Zip: _____	Forest Service Unit Address Name: Address: City: _____ State: _____ Zip: _____
Cooperator Program Manager Name: _____ Phone: _____ Email: _____	Forest Service Program Manager Name: _____ Phone: _____ Email: _____
Cooperator Administrative Contact Name: _____ Phone: _____ Email: _____	Forest Service G&A Specialist Name: _____ Phone: _____ Email: _____

FINANCIAL INFORMATION	
Cooperator Matching Funds:	Federal Funding to Cooperator:
Cooperator Match %:	Payment Method: Advance & Reimbursement <input type="radio"/> Reimbursement Only <input type="radio"/>
Cooperator Indirect Cost Rate (approved rate and rate charged to award): De minimis <input type="radio"/> NICRA <input type="radio"/> Rate: _____	
Program Income/Revenue: N _____ Y _____	Master Agreement Number:

REPORTING REQUIREMENTS	
Performance Report Frequency: Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual <input type="radio"/> Other (Specific Conditions) <input type="radio"/>	Financial Report Frequency: N/A <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual <input type="radio"/> Other (Specific Cond.) <input type="radio"/>

ATTACHMENTS	
REQUIRED FOR ALL INSTRUMENTS: Scope of Work/Narrative Budget/Financial Plan Provisions	REQUIRED DEPENDENT ON INSTRUMENT TYPE: <input type="checkbox"/> Statement of Mutual Interest/Benefit <input type="checkbox"/> Federal Financial Assistance Forms <input type="checkbox"/> Assurances <input type="checkbox"/> Good Neighbor/Stewardship Attachments <input type="checkbox"/> Conditional/Optional Provisions

ACKNOWLEDGEMENTS:

This instrument, subject to the provisions above, is executed by: Forest Service Authorized Representative:

Signature	Forest Service Signatory Official (SO) Name and Title	Federal Award D
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The authority and format of this instrument has been reviewed and approved for signature.

Signature	G&A Specialist Name (if different than SO)	Date
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By signing this instrument, the signatory below certifies and attests, they are granted the authority to enter this binding contract on behalf of their respective parties.

Cooperator Signature	Name and Title	Date
Cooperator Signature (Optional)	Name and Title	Date

File Code: 1500

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 0596-0217. The time required to complete this information collection is estimated to average 30 minutes 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. Responses to this collection of information are mandatory (2 C.F.R. §200). You may send comments regarding the USFS's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the, **USDA Forest Service Information Collections Officer, Business Operations, Directives & Regulations Branch, 1400 Independence Avenue SW, Washington, DC 20250-1108.** Please include the OMB Control No. in any correspondence. Send only comments to this address.