

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:	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	Reimbursement Only
Cooperator Indirect Cost Rate (approved rate and rate charged to award): De minimis NICRA Rate:		
Program Income/Revenue: N Y	Master Agreement Number:	

Reporting Requirements		
Performance Report Frequency: Quarterly Semi-Annual Annual Other (Specific Conditions)	Financial Report Frequency: N/A Quarterly Semi-Annual Annual Other (Specific Cond.)	

ATTACHMENTS

The attachments listed below are hereby incorporated and made a part of this award.

REQUIRED FOR ALL INSTRUMENTS:

- Scope of Work / Narrative
- Budget/Financial Plan
- Provisions

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 (Forest Service Unit):

Signature	Forest Service Signatory Official (SO) Name and Title	Federal Award Date
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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 signer certifies that they are vested with the authority to enter into this arrangement.

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