# US Forest Service LogoUNITED STATES DEPARTMENT OF AGRICULTURE – FOREST SERVICE

# Grant or Agreement Award Cover Sheet

FS-1500-100

 OMB Control No. 0596-0217

EXP DATE:

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| **GENERAL INFORMATION** |
| FAIN:      | Title:      |
| Cooperator Instrument #:      | Instrument Type:      |
| Assistance Listing (CFDA) Number and Title:      | Authority:      |
| Cooperator Unique Entity Identifier (UEI/DUNS):      | Period of PerformanceStart date:      | Expiration date:      |
| Cooperator (Legal Name and Address – must match SAM)Name:     Address:     City:     State:      Zip:      | Forest Service Unit AddressName:     Address:     City:     State:      Zip:      |
| Cooperator Program ManagerName:      Phone:       Email:       | Forest Service Program Manager Name:      Phone:       Email:        |
| Cooperator Administrative ContactName:      Phone:       Email:       | Forest Service G&A SpecialistName:      Phone:       Email:        |
| **FINANCIAL INFORMATION** |
| Cooperator Matching Funds:      | Federal Funding to Cooperator:      |
| Cooperator Match %:      | Payment Method:Advance & Reimbursement Payment Method: Advance and Reimbursement | Reimbursement Only Reimbursement Only |
| Cooperator Indirect Cost Rate (approved rate and rate charged to award):De minimis De Minimis NICRA NICRA Rate:      |  |
| Program Income/Revenue: N | Y | Master Agreement Number:      |

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| **REPORTING REQUIREMENTS** |
| **Performance Report Frequency:**Quarterly Quarterly Semi-Annual Semi Annual Annual Annual Other (Specific Conditions) Other (Specific Conditions) | **Financial Report Frequency:**N/A N/A Quarterly Quarterly Semi-Annual Semi Annual Annual Annual Other (Specific Cond.) Other(specific cond.) |
| **ATTACHMENTS** |
| **REQUIRED FOR ALL INSTRUMENTS:**Scope of Work/NarrativeBudget/Financial PlanProvisions | **REQUIRED DEPENDENT ON INSTRUMENT TYPE:**[ ]  Statement of Mutual Interest/Benefit[ ]  Federal Financial Assistance Forms[ ]  Assurances[ ]  Good Neighbor/Stewardship Attachments[ ]  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 Date      |

**The authority and format of this instrument has been reviewed and approved for signature**.

|  |  |  |
| --- | --- | --- |
| Signature      | G&A Specialist Name (if different than SO)      | Date      |

**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

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