# 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 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 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: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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/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 | | |
| **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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