**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<br>Start date: Expiration date: |
| Cooperator (Legal Name and Address – must match SAM)<br>Name:<br>Address:<br>City:<br>State: Zip: | Forest Service Unit Address<br>Name:<br>Address:<br>City: State: Zip: |
| Cooperator Program Manager<br>Name: Phone:<br>Email: | Forest Service Program Manager<br>Name: Phone:<br>Email: |
| Cooperator Administrative Contact<br>Name: Phone: Email: | Forest Service G&A Specialist<br>Name: Phone: Email: |
| **FINANCIAL INFORMATION** | |
| Cooperator Matching Funds: | Federal Funding to Cooperator: |
| Cooperator Match %: | Payment Method:<br>Advance & Reimbursement ○ Reimbursement Only ○ |
| Cooperator Indirect Cost Rate (approved rate and rate charged to award):<br>De minimis ○ NICRA ○ Rate: | |
| Program Income/Revenue: N Y | Master Agreement Number: |

| REPORTING REQUIREMENTS | |
|---|---|
| **Performance Report Frequency:**<br>Quarterly ○ Semi-Annual ○ Annual ○ Other (Specific Conditions) ○ | **Financial Report Frequency:**<br>N/A ○ Quarterly ○ Semi-Annual ○ Annual ○ Other (Specific Cond.) ○ |
| **ATTACHMENTS** | |
| **REQUIRED FOR ALL INSTRUMENTS:**<br>Scope of Work/Narrative<br>Budget/Financial Plan<br>Provisions | **REQUIRED DEPENDENT ON INSTRUMENT TYPE:**<br>☐ Statement of Mutual Interest/Benefit<br>☐ Federal Financial Assistance Forms<br>☐ Assurances<br>☐ Good Neighbor/Stewardship Attachments<br>☐ 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 |
|---|---|---|

**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<br>(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.