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## **<USER NOTES>** <Replace bracketed text with applicable text, and delete brackets.>

## **U.S. DEPARTMENT OF AGRICULTURE FOREST SERVICE**

LEASE FOR FOREST SERVICE ADMINISTRATIVE SITES

APPENDIX: F [current 4 digit fiscal year] CLAIM FOR IN-KIND CONSIDERATION COSTS  AUTHORITY:		
Section 8623 of the Agriculture Improvement Act of 2018, Pub. L. No. 115-334, 132 Stat. 4853, 16 U.S.C. 580d note <reference 2750="" fsm=""></reference>		
NATIONAL FOREST RANGER DISTRICT		
In-Kind Consideration:	Lessee's Fiscal Year:	
This Claim for In-Kind Consideration Costs (claim) corresponds (agreement) executed by [lessee name] (the lessee) and the U.Service, [forest name] National Forest (the Forest Service), on [8623 of the Agriculture Improvement Act of 2018, Pub. L. No. 13 clauses IV.C.2 and VI.E of the Lease for Forest Service Administerations (lease).	S. Department of Agriculture, United States Forest date agreement is fully executed], under section 15-334, 132 Stat. 4853, 16 U.S.C. 580d note, and	
All or part of the rent for the lease may be paid in-kind for appro- with the agreement and clauses VI.C.2 and VI.E of the lease, fo improvements in the lease area; Government maintenance, repair improvements in the lease area; and services relating to activitie under this claim shall be documented and determined by the Fo allowable, in accordance with the terms of the lease and the agr	r the construction of new facilities or air, improvement, or restoration of facilities or es that occur in the lease area. Costs submitted rest Service to be reasonable, allocable, and	
Approval of this claim is subject to all the provisions in the agree	ement.	
Salaries and Wages Materials and Supplies Subcontracts Other (please specify)	\$ \$ \$	
TOTAL COSTS CLAIMED AS IN-KIND CONSIDERATION	\$	
Itemize claimed costs by category, and attach schedules showir	ng the cost breakdown by category.	

Subject to the penalties prescribed in the False Statements Act, 18 U.S.C. 1001, the lessee certifies to the best of its knowledge that the representations in this claim and its supporting documentation are accurate and complete. The Forest Service reserves the right not to grant this claim if it contains any inaccurate or incomplete representations. Failure to sign the certification below shall vitiate this claim.

Signed:	Date:
Lessee Name, Preceded by Name and Title of	
Person Signing on Rehalf of Lessee, if Lessee is an Entity	

According to the Paperwork Reduction Act of 1995, no persons are 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 0596-0082. Response to this collection of information is mandatory. The authority to collect the information is the Organic Administration Act, 16 U.S.C. 551. Public reporting burden for collection of information, if requested, is estimated to average 1 hour per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to United States Department of Agriculture, Clearance Officer, OCIO, AG Box 7630, Washington D.C. 20250, and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0596-0082), Washington, D.C. 20503.

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