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| --- | --- |
| Federal Award Identification Number (FAIN):      | Title:      |
| Cooperator Instrument #:      | Instrument Type:      New: [ ]  Modification:[ ]  |
| Assistance Listing (CFDA) Number and Title:      | Authority:      |
| Cooperator Unique Entity Identifier (UEI/DUNS):      | Period of PerformanceExecution 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:No Funds [ ]  Advance [ ]  Reimbursable [ ]  |
| Cooperator Indirect Cost Rate (approved rate and rate charged to award):De minimis [ ]  Supported [ ]  NICRA [ ]  Rate:      | Master [ ]  Stand-Alone [ ]  SPA [ ]   |
| Program Income/Revenue: No [ ]  Yes[ ]  | Master Agreement Number if SPA:     Master Agreement Expiration Date:      *(SPA cannot exceed Master)* |
|  |  |
| **Reporting Requirements** |
| Performance Report Frequency:Quarterly [ ]  Semi-Annual [ ]  Annual [ ]  N/A or Other (Specific Cond)[ ]   | Financial Report Frequency:Quarterly [ ]  Semi-Annual [ ]  Annual [ ]  N/A or Other (Specific Cond)[ ]  |

## **ATTACHMENTS**

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

# REQUIRED FOR ALL INSTRUMENTS:

[ ] Provision Pages

[ ] Scope of Work Narrative

[ ] Budget/Financial Plan

# REQUIRED DEPENDENT ON INSTRUMENT TYPE:

[ ] Statement of Mutual Benefit and Interest

[ ] Federal Financial Assistance Forms/Assurances

[ ] Good Neighbor/Stewardship

By signing this instrument, the signer certifies that they are vested with the authority to enter into this arrangement

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| --- | --- | --- |
| Cooperator SignatureSignature      | Name and Title      | Date      |

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| --- | --- | --- |
| This instrument, subject to the provisions above, is executed by | (U.S. Forest Service Authorized Signatory): |  |
| Signature      | U.S. Forest Service Signatory Official (SO) Name and Title      | Date      |

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

|  |  |  |
| --- | --- | --- |
| Signature      | U.S. Forest Service G&A Specialist Name (if different than SO)      | Date      |

File Code: 1500 Page: 1

|  |  |
| --- | --- |
| Cooperator Program ManagerName:      Phone:       Email:       | Forest Service Program Manager Name:      Phone:       Email:        |
| Cooperator Program ManagerName:      Phone:       Email:       | Forest Service Program ManagerName:      Phone:       Email:        |

By signing this instrument, the signer certifies that they are vested with the authority to enter into this arrangement

|  |  |  |
| --- | --- | --- |
| Cooperator SignatureSignature      | Name and Title      | Date      |

|  |  |  |
| --- | --- | --- |
| Cooperator SignatureSignature      | Name and Title      | Date      |

|  |  |  |
| --- | --- | --- |
| This instrument, subject to the provisions above, is executed by | (U.S. Forest Service Authorized Signatory): |  |
| Signature      | U.S. Forest Service Signatory Official (SO) Name and Title      | Date      |

|  |  |  |
| --- | --- | --- |
| Signature      | U.S. Forest Service Signatory Official (SO) Name and Title      | Date      |

Burden Statement

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 0596-0217Response to this collection of information is Mandatory (Title VIII of IIJA).The time required to complete this information collection is estimated to average 3 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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