|  |  |  |
| --- | --- | --- |
| 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 Performance  Execution 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:  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

|  |  |  |
| --- | --- | --- |
| Cooperator Signature  Signature | 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 |

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 |

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

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

|  |  |  |
| --- | --- | --- |
| Cooperator Signature  Signature | Name and Title | Date |

|  |  |  |
| --- | --- | --- |
| Cooperator Signature  Signature | 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 |

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