



**Grant or Agreement Award Face Sheet**

Federal Award Identification Number (FAIN):	Title:
Cooperator Instrument #:	Instrument Type: New: <input type="checkbox"/> Modification: <input type="checkbox"/>
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: _____
<b>Financial Information</b>	
Cooperator Matching Funds:	Federal Funding to Cooperator:
Cooperator Match %:	Payment Method: No Funds <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursable <input type="checkbox"/>
Cooperator Indirect Cost Rate (approved rate and rate charged to award): De minimis <input type="checkbox"/> Supported <input type="checkbox"/> NICRA <input type="checkbox"/> Rate: _____	Master <input type="checkbox"/> Stand-Alone <input type="checkbox"/> SPA <input type="checkbox"/>
Program Income/Revenue: No <input type="checkbox"/> Yes <input type="checkbox"/>	Master Agreement Number if SPA: Master Agreement Expiration Date: _____ (SPA cannot exceed Master)
<b>Reporting Requirements</b>	
Performance Report Frequency: Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> N/A or Other (Specific Cond) <input type="checkbox"/>	Financial Report Frequency: Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> N/A or Other (Specific Cond) <input type="checkbox"/>

**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
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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
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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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**Grant or Agreement Award Face Sheet**

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
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Cooperator Signature Signature	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
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Signature	U.S. Forest Service Signatory Official (SO) Name and Title	Date
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**Burden Statement**

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