

**UNITED STATES DEPARTMENT OF AGRICULTURE  
 Food and Nutrition Service  
 GRANT/COOPERATIVE AGREEMENT**

1. GRANT/AGREEMENT NO.		2. FEDERAL AWARD DATE		3. IS THIS AN R&D AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. CFDA NUMBER		5. UNIVERSAL IDENTIFIER NUMBER (DUNS)		6. FEDERAL AWARD IDENTIFICATION NUMBER (FAIN)		
7. FEDERAL AWARDDING AGENCY			8. CFDA NAME			
9. RECIPIENT NAME			10. ACCOUNTING AND APPROPRIATION DATA			
			11. AMOUNT OF FEDERAL FUNDS OBLIGATED BY THIS ACTION		12. TOTAL AMOUNT OF FEDERAL FUNDS OBLIGATED	
			13. TOTAL AMOUNT OF THE FEDERAL AWARD			
14. PLACE OF PERFORMANCE			15. BUDGET APPROVED BY AWARDDING AGENCY			
			16. TOTAL APPROVED COST SHARING/MATCHING (WHERE APPLICABLE)		17. INDIRECT COST RATE FOR THE FEDERAL AWARD (PLEASE INCLUDE IF THE DE MINIMIS RATE IS CHARGED)	
18. MAIL REQUESTS FOR REIMBURSEMENT TO			19. SPONSOR (SPONSORING FNS PROGRAM)			
			20. START DATE		21. END DATE	
22. FEDERAL AWARD PROJECT DESCRIPTION						
<p>The Grantee/Cooperator hereby assures and certifies that they will comply with the regulations, policies, guidelines and requirements as they relate to the applications, acceptance, and use of Federal funds for this Federally-assisted project including: 2 CFR Chapter I (Office of Management and Budget Government-wide Guidance for Grants and Agreements) and Chapter II (Office of Management and Budget Guidance) as well as 2 CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards); and any USDA implementing regulations, such as 2 CFR Part 400 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards), 2 CFR Part 415 (General Program Administrative Regulations), 2 CFR Part 416 (General Program Administrative Regulations for Grants and Cooperat ive Agreements to State and Local Governments), and 2 CFR Part 418 (New Restrictions on Lobbying).</p>						
23. REMARKS						
<b>SIGNATURE OF GRANTEE/COOPERATOR</b>			<b>UNITED STATES OF AMERICA</b>			
SIGNATURE (Authorized Individual)		DATE	SIGNATURE (Grant Official)		DATE	
NAME (Type)			NAME (TYPE)			
TITLE			TITLE			
TELEPHONE NUMBER			TELEPHONE NUMBER			