

NOTICE OF GRANT AND AGREEMENT AWARD

1. Award Identifying Number		2. Amendment No.	3. Award/Project Period		4. Type of Award Instrument	
5. Agency: (Name and Address)				6. Recipient Organization: (Name and Address)		
				DUNS:		EIN:
7. Program Contact:		8. Administrative Contact:		9. Recipient Program Contact:		10. Recipient Administrative Contact:
11. CFDA Number	12. Authority			13. Type of Action		14. Project Director
15. Project Title/Description:						
16. Entity Type: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Higher Education <input type="checkbox"/> Federal <input type="checkbox"/> State/Local <input type="checkbox"/> Indian/Native American <input type="checkbox"/> Other						
17. Select Funding Type:				18. Accounting and Appropriation Data		
		<input type="checkbox"/> Federal			<input type="checkbox"/> Non-Federal	
Original Funds Total:						
Additional Funds Total:						
Grand Total:						
				Financial Code	Amount	Fiscal Year
						Treasury Symbol
19. APPROVED BUDGET						
Personnel	\$	Fringe Benefits		\$		
Travel	\$	Equipment		\$		
Supplies	\$	Contractual		\$		
Construction	\$	Other		\$		
Total Direct Cost\	\$	Total Indirect Cost		\$		
				Total Non-Federal Funds	\$	
				Total Federal Funds Awarded	\$	
				Total Approved Budget	\$	
<p>This agreement is subject to applicable USDA FSA statutory provisions and Financial Assistance Regulations. In accepting this award or amendment and any payments made pursuant thereto, the undersigned represents that he or she is duly authorized to act on behalf of the awardee organization, agrees that the award is subject to the applicable provisions of this agreement (and all attachments), and agrees that acceptance of any payments constitutes an agreement by the payee that the amounts, if any found by FSA to have been overpaid, will be refunded or credited in full to FSA.</p>						

(Continuation)

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Name and Title of Authorized Government Representative	Signature	Date
Name and Title of Authorized Recipient Representative	Signature	Date

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. Section 522a).

INSTRUCTIONS FOR NOTICE OF GRANT/AGREEMENT AWARD

1. Award Identifying Number:
Agreement number
2. Amendment No.:
Amendment number (if applicable)
3. Award/Project Period:
Start and end date of project
4. Type of Award Instrument:
Cooperative, Grant, or Contribution
5. Agency:
Name, Address, City, State, ZIP Code
6. Recipient Organization:
Name, Address, City, State, ZIP Code, DUNS (Data Universal Numbering System), and EIN (employee identification number)
7. Program Contact:
Name and contact information of person to be contact on matters involving the programmatic aspects of the agreement
8. Administrative Contact:
Name and contact information of person to be contact on matters involving the administrative aspects of the agreement
9. Recipient Contact:
Name and contact information of person to be contact on matters involving the technical aspects of the agreement
10. Recipient Administrative Contact:
Name and contact information of person to be contact on matters involving the administrative aspects of the agreement
11. CFDA Number:
The Catalog of Federal Domestic Assistance number under which assistance is requested
12. Authority:
Authority under which the agreement is entered into
13. Type of Action:
Select one type of action:
 - i. New Agreement.—Agreement awarded for the first time
 - ii. Amendment/Revision.—Any change in financial obligation or deliverables
 - iii. Extension.—Extend performance period
14. Project Director:
Name and contact information of project director or principal investigator (if applicable)
15. Project Title/Description:
Brief description of the purpose of the agreement
16. Entity type:
Type of recipient
17. Funding:
Federal amount of the award and the non-Federal to be contributed to the project
18. Accounting/Appropriation Date:
Provide the following:
 - i. Financial Code.—Accounting classification code
 - ii. Amount.—Self explanatory
 - iii. Fiscal Year.—Self explanatory
 - iv. Treasury symbol.—Self explanatory
19. Approved Budget:
Totals for each budget category