UNITED STATES DEPARTMENT OF AGRICULTURE – FOREST SERVICE

Grant or Agreement Award Cover Sheet

FS-1500-100
OMB Control No. 0596-0217
EXP DATE:

GENERAL INFORMATION	
FAIN:	Title:
Cooperator Instrument #:	Instrument Type:
Assistance Listing (CFDA) Number and Title:	Authority:
Cooperator Unique Entity Identifier (UEI/DUNS):	Period of Performance Start 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: Advance & Reimbursement ○ Reimbursement Only ○
Cooperator Indirect Cost Rate (approved rate and rate charged to award): De minimis ○ NICRA ○ Rate:	
Program Income/Revenue: N Y	Master Agreement Number:

REPORTING REQUIREMENTS	
Performance Report Frequency:	**Financial Report Frequency:**
Quarterly ○ Semi-Annual ○ Annual ○ Other (Specific Conditions) ○	N/A ○ Quarterly ○ Semi-Annual ○ Annual ○ Other (Specific Cond.) ○

ATTACHMENTS	
REQUIRED FOR ALL INSTRUMENTS:	**REQUIRED DEPENDENT ON INSTRUMENT TYPE:**
Scope of Work/Narrative Budget/Financial Plan Provisions	☐ Statement of Mutual Interest/Benefit ☐ Federal Financial Assistance Forms ☐ Assurances ☐ Good Neighbor/Stewardship Attachments ☐ Conditional/Optional Provisions

ACKNOWLEDGEMENTS:

This instrument, subject to the provisions above, is executed by: **Forest Service Authorized Representative:**

Signature	Forest Service Signatory Official (SO) Name and Title	Federal Award D

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

Signature	G&A Specialist Name (if different than SO)	Date

By signing this instrument, the signatory below certifies and attests, they are granted the authority to enter this binding contract on behalf of their respective parties.

Cooperator Signature	Name and Title	Date
Cooperator Signature (Optional)	Name and Title	Date

File Code: 1500

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 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responses to this collection of information are mandatory (2 C.F.R. §200). You may send comments regarding the USFS's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the, **USDA Forest Service Information Collections Officer, Business Operations, Directives & Regulations Branch, 1400 Independence Avenue SW, Washington, DC 20250-1108**. Please include the OMB Control No. in any correspondence. Send only comments to this address.