U.S. Department of Agriculture

OMB Control number: 0503-0028 OMB Expiration Date: November 2025

arm Service Agency (,	NOTICE OF GE	RANT AND	AGREEME	NT AWARD		
1. Award Identifying Number		2. Amendment No.	3. Award/Project Period			4. Type of Award Instrument	
5. Agency: (Name and Address)				6. Recipient	6. Recipient Organization: (Name and Address)		ress)
				DUNS:		EIN:	
7. Program Contact:		8. Administrative Contact:		9. Recipient Program Contact:		10. Recipient Administrative Contact:	
11. CFDA Number	DA Number 12. Authority			13. Type of Action		14. Project Director	
15. Project Title/Des	cription:						
16. Entity Type:	ProfitN	NonprofitHighe	er Education _	Federal	State/Local	Indian/Nat	tive American
	Other			18. Accounting a	nd Appropriation	n Data	
17. Select Funding Type: Original Funds Total	Fee	deral No	on-Federal	Financial Code	Amount	Fiscal Year	Treasury Symbol
Additional Funds To	otal:						
Grand Total:							
19. APPROVED BU	JDGET						
Personnel	\$	Fi	Fringe Benefits		\$	\$	
Travel	\$		Equipment		\$	\$	
Supplies	\$		Contractual		\$	8	
Construction	\$		Other		\$	\$	
Total Direct Cost\	et Cost\ \$		Total Indirect Cost		\$	\$	
I		To	Total Non-Federal Funds Total Federal Funds Awarded		\$	\$ \$	
		Te			\$		
		To	otal Approved Bu	, doot	\$		

This agreement is subject to applicable USDA NRCS 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 NRCS to have been overpaid, will be refunded or credited in full to NRCS.

(Continuation)

NOTICE OF GRANT AND AGREEMENT AWARD							
Award Identifying Number	Amendment No.	Award/Project Period	Type of Award Instrument				

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

NONDISCRIMINATION STATEMENT

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PRIVACY ACT STATEMENT

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

Public Burden Statement (Paperwork Reduction Act)

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 0503-0028. 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.

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