



Grants & Agreements Cover Sheet

Cooperators, when completing this form, provide information for the green shaded areas only. When completed, provide to the Forest Service program manager that is working with you on the proposed project.

Forest Service program managers, complete this cover sheet, attach the required documents in the first three items below, and provide entire package to appropriate G&A staff using the local proposal submission process.

Failure to provide the information requested below may result in rejection or delays of the proposed project.

Unit Area (Region/Station) Region 3, Tonto SO

Person submitting request: ChristineCo Crawford

Email Address: cjcrawford@fs.fed.us

Telephone Number: 602.225.5279

I-Web Proposal ID No.	1403120022542502
Expected/Desired Start Date (for workload prioritization)	October 1, 2014
Job Code and Funding Amount	N/A N/A
For Federal Financial Assistance Agreements (Grants and Cooperative Agreements), Please Attach: <ul style="list-style-type: none"> • SF-424 • SF-424A or SF-424C • SF-424B or SF-424D • AD-1047 Certification Regarding Debarment... • AD-1049 (or AD-1052), Certification Regarding Drug-Free... • Certification Regarding Lobbying (FS \$ over \$100K) • Cooperator delegation of signing authority • Non-Competition Justification Letter (if over \$75,000 and not competed) • Indirect Cost Rate Documentation (paperwork supporting the cooperators indirect cost rate - may be called a NICRA) • Full project narrative including a project timeline 	Attached <input checked="" type="checkbox"/>



<ul style="list-style-type: none"> Detailed project budget <p style="text-align: center;">-----OR-----</p> <p>For All Other Agreements, Please Attach:</p> <ul style="list-style-type: none"> Draft G&A template Statement of Work which describes proposed project Draft financial plan, when required <p style="text-align: center;">-----OR-----</p> <p>For All Modifications, Please Attach:</p> <ul style="list-style-type: none"> Draft Modification template Statement of Work, if applicable Financial Plan, if applicable 	
<p>For a Modification, Provide the Forest Service Agreement No.</p>	
<p>Cooperator's/Organization's Legal Name</p>	Gila County
<p>Cooperator Current Contact Name, Telephone No., and E-mail</p>	Shannon Coons 928.402.8521 scoons@gilacountyaz.gov
<p>Cooperator's Complete "Physical" Mailing Address, Including County, Congressional District, and Zip +4 Digits</p>	745 N Rose Mofford Way Globe, AZ 85501
<p>Provide County Name(s) Where Project Activities Take Place</p>	Gila
<p>Cooperator Tax ID No.</p>	86-6000444
<p>Cooperator DUNS Number</p>	147259191
<p>CCR Registered: "Yes" or "No" If "no", vendors are required to register to receive payment. Please advise the Cooperator.</p>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
<p>For Interagency Agreements <u>Only</u>: Agency Location Code (ALC) and Treasury Account Symbol (TAS)</p>	ALC: TAS:
<p>Non-Employee Identity System (NEIS): Will Non-FS Employees require access to FS IT Systems and/or have unescorted access to a FS facility? If 'yes,' provide names on an attached sheet.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Project Title & Brief Description</p>	Master Cooperative Road Maintenance Agreement between FS and Gila County
<p>FS Program Manager Name and Email</p>	Christine Crawford, cjcrawford@fs.fed.us
<p>FS Budget Approver Name and Email</p>	Virginia Olsen, volsen@fs.fed.us



USDA Forest Service

OMB 0596-0217
FS-1500-20

FS Administrative Contact Name and Email	Sherry J. Smith, sherrysmith@fs.fed.us
FS Signature Official Name NOTE: The Signatory Official must be specifically authorized by FSM1580 or a current FY delegation of authority letter.	Forest Supervisor, Neil J. Bosworth

Burden Statement

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