



U.S. Department of State
FEDERAL ASSISTANCE AWARD

| | | | |
|---|---------------------------------------|--|------------------------|
| 1. Recipient Name | | 2. Assistance Type: <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Fixed Amount Award <input type="checkbox"/> Grant <input type="checkbox"/> Property Grant <input type="checkbox"/> Voluntary Contribution | |
| 3. Address | | | |
| 4. Recipient POC: Phone Number Email | | | |
| 5. Type of Entity | 6. Unique Entity Identifier | 7. EIN / TIN | |
| 8. CFDA Number | 9. Statutory Authority for Assistance | 10. Award Number | |
| 11. Period of Performance Start Date End Date | | 12. Amendment Number | |
| 13. Accounting and Appropriation Data | | 14. Funds Certified By | |
| Funding Distribution | | | |
| 15. | Total Prior Costs | New Costs | Total Cost |
| U.S. Share of Costs | | | |
| Recipient Share of Costs | | | |
| Total Costs | | | |
| 16. Purpose of the Federal Award Activity | | | |
| 17. Specific Award Conditions _____ If yes, see section _____ | | | |
| Agreement | | | |
| The recipient agrees to execute the work in accordance with the Notice of Award, the approved application incorporated herein by reference or as attached, and 2 CFR Parts 200 and 600 including any subsequent revisions. | | | |
| 18a. Recipient Name | | 19a. Grants Officer Name | |
| 18b. Recipient Signature | | 19b. Grants Officer Signature | |
| 18c. Title | 18d. Date (mm-dd-yyyy) | 19c. Bureau/Office/Post | 19d. Date (mm-dd-yyyy) |
| By signing this Federal award, the recipient acknowledges that it will comply with Federal regulations, the Terms and Conditions, and any Special Award Conditions associated with this award. Receipt of the recipient's signature and return of the Federal Award Coversheet is required within ten (10) business days of the Grants Officer's signature. Please return to the Grants Officer address indicated here. | | | |