



U.S. Department of State  
**FEDERAL ASSISTANCE AWARD - INDIVIDUAL**

1. Purpose of Federal Award Activity		2. Award Number	
		3. Period of Performance Start Date _____ End Date _____	
		4. U.S. Share of Cost.	
5. Accounting and Appropriation		6. Funds Certified By:	
7. Name and Address of Recipient		8. Recipient Federal Tax I.D. / In-Country Registration	
9. CFDA Number	10. Statutory Authority	11. Approved Application Attached <input type="checkbox"/>	
12. Strategic Objective / Performance Milestones / Activities			
13. Budget Summary			
Travel		Other Costs (Explain)	
Lodging		Other Costs (Explain)	
M&IE		Honorarium or Stipends	
Program Material		Government Furnished Material (Government Purchased Tickets)	
<b>Agreement</b>			
By signing this Federal award, the Recipient acknowledges that it will comply with the Terms and Conditions and any regulations and Special Award Conditions associated with this award. Receipt of the Recipient's signature and return of the Federal Assistance Award is required within ten (10) business days of the signature of the Department's Grants Officer.			
14a. Recipient Name		15a. Grants Officer Name	
14b. Recipient Signature		15b. Grants Officer Signature	
14c. Recipient Title	14d. Date (mm-dd-yyyy)	15c. Bureau/Office/Post	15d. Date (mm-dd-yyyy)
<b>Confirmation</b>			
By signing section 16, the recipient acknowledges that milestones/activity have been completed or the level of effort and funds have been expended to achieve the outcomes as intended by this program and no outstanding issues exist under this award.			
16. Signature		Date (mm-dd-yyyy)	

