RESET FORM

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies

General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

DEPARTMENT AND/OR AGENCY			
1.		**Requesting Agency of Products/Services**	**Servicing Agency Providing Products/Services**
	Name		USDA, OO, Protective Operations Division Customer Code: 1400000286
	Address		1400 Independence Ave, SW Room 1434 Washington, DC 20250

2. Servicing Agency Agreement Tracking Number (Optional)_____

3. Assisted Acquisition Agreement Yes ☐ No ☐

4. GT&C Action (Check action being taken)

☑ **New**

☐ **Amendment** – Complete only the GT&C blocks being changed and explain the changes being made.

☐ **Cancellation** – Provide a brief explanation for the IAA cancellation and complete the effective End Date.

5. Agreement Period Start Date _____ End Date _____ of IAA or effective cancellation date
MM-DD-YYYY MM-DD-YYYY

6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.

Yes ☐ If **Yes,** is this an: Annual Renewal ☐
Other Renewal ☐ State the other renewal period: _____

No ☐

7. Agreement Type (Check One) ☑ Single Order IAA ☐ Multiple Order IAA

8. Are Advance Payments Allowed for this IAA (Check One) ☐ Yes ☐ No

If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation

Note: Specific advance amounts will be captured on each related Order.

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies

General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)

(Optional for Assisted Acquisitions)

Direct Cost _____

Overhead Fees & Charges _____

Total Estimated Amount _____ $0.00

Provide a general explanation of the Overhead Fees & Charges

10. STATUTORY AUTHORITY

a. Requesting Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
☐	☐	☐	☑	☐

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

b. Servicing Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
☐	☐	☐	☑	☐

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)

12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

13. Restrictions (Optional) **(**State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency**.)**

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)

18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

22. Annual Review of IAA

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	**Requesting Agency**	**Servicing Agency**
Name		Gilbert Stokes
Title		Director, Protective Operations Division
Telephone Number(s)		(202) 720-6894
Fax Number		
Email Address		gilbert.stokes@dm.usda.gov
SIGNATURE		
Approval Date		

RESET FORM

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION		
24.	**Requesting Agency**	**Servicing Agency**
Primary Organization/Office Name		USDA, OO, Protective Operations Div. Customer Code: 1400000286
Responsible Organization/Office Address		1400 Independence Ave, SW Rm 1434 Washington, DC 20250

ORDER/REQUIREMENTS INFORMATION

25. Order Action (Check One)

☑ **New**

☐ **Modification** (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line** (Block 26) if the mod involves adding, deleting or changing **Funding for an Order Line**.

☐ **Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	$	$	$	$	$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	$	$	$	$	$ 0.00
Funding Change for This Mod	$	$	$	$	$ 0.00
TOTAL Modified Obligation	$ 0.00	$ 0.00	$0.00	$ 0.00	$0.00
Total Advance Amount (-)	$	$	$	$	$ 0.00
Net Modified Amount Due	$ 0.00	$0.00	$0.00	$ 0.00	$0.00

27. Performance Period
For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date _____ MM-DD-YYYY End Date _____ MM-DD-YYYY

IAA Order

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

28. Order Line/Funding Information																	**Line Number** _____
			Requesting Agency Funding Information							**Servicing Agency Funding Information**							
ALC										12-40-0505							
Component TAS Required by 10/1/2014	**SP**	**ATA**	**AID**	**BPOA**	**EPOA**	**A**	**MAIN**	**SUB**		**SP**	**ATA**	**AID**	**BPOA**	**E POA**	**A**	**MAIN**	**SUB**
												012			X	0117	000
OR Current TAS format										12X0117							
BETC										COLL							
Object Class Code (Optional)										0250							
BPN																	
BPN + 4 (Optional)																	
Additional Accounting Classification/Information (Optional)			P.O. #														

Requesting Agency Funding Expiration Date	Requesting Agency Funding Cancellation Date
_____ MM-DD-YYYY	_____ MM-DD-YYYY

Project Number & Title

Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)

North American Industry Classification System (NAICS) Number (Optional) _____

Breakdown of Reimbursable Line Costs			**OR**	**Breakdown of Assisted Acquisition Line Cost**:
Unit of Measure			Contract Cost	$
Quantity	Unit Price	**Total**	Servicing Fees	$
		$ 0.00	Total Obligated Cost	$ 0.00
Overhead Fees & Charges		$	Advance for Line (-)	$
Total Line Amount Obligated		$ 0.00	Net Total Cost	$ 0.00
Advance Line Amount (-)		$	Assisted Acquisition Servicing Fees Explanation	
Net Line Amount Due		$ 0.00		

Type of Service Requirements

☐ Severable Service ☑ Non-severable Service ☐ Not Applicable

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order $_____ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

☐ Straight-line – Provide amount to be accrued $_____ and Number of Months _____

☐ Accrual Per Work Completed – Identify the accounting posting period:

☐ Monthly per work completed & invoiced

☐ Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.

30. Total Net Order Amount: $_____
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

☐ Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

☐ Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [**Intra-governmental Payment and Collection (IPAC)** is the Preferred Method.]
If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

☐ Requesting Agency Initiated IPAC ☑ Servicing Agency Initiated IPAC

☐ Credit Card ☐ Other – Explain other payment method and reasoning _____

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

☐ Monthly ☐ Quarterly ☐ Other Billing Frequency (include explanation)_____

34. Payment Terms (Check One)

☐ 7 days ☐ Other Payment Terms (include explanation): _____

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name		Gilbert Stokes
Title		Director, Protective Operations Division
Telephone Number		(202) 720-6894
Fax Number		
Email Address		gilbert.stokes@dm.usda.gov
SIGNATURE		
Date Signed		

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name		Cheryl Wilson
Title		Management/Program Analyst
Telephone Number		(202) 690-0225
Fax Number		
Email Address		cherylm.wilson@dm.usda.gov
SIGNATURE		
Date Signed		

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs) The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	**Requesting Agency (Payment Office)**	**Servicing Agency (Billing Office)**
Name		Vickie Taylor
Title		Financial Management Specialist
Office Address		1400 Independence Ave, SW Room 1457 Washington, DC 20250
Telephone Number		
Fax Number		
Email Address		vickie.taylor@dm.usda.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	**Servicing Agency**
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		