IAA Number			- 0000 -	
_	GT&C	#	Order#	Amendment/Mod #

	DEPARTMENT AND/OR AGENCY						
1.		Requesting Agency of Products/Services	Servicing Agency Providing Products/Services				
	Name						
	Address						
2. Service	cing Agency	Agreement Tracking Number (Optional)					
3. Assist	ed Acquisiti	on Agreement Yes No					
] A	 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. Agree	5. Agreement Period Start Date End Date of IAA or effective cancellation date 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							
	ment Type (tiple Order IAA				
If Yes is	checked, ente	e amounts will be captured on each related Order.	No Citation				

- 0000 -

Order # Amendment/Mod #

IAA Number_

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9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)
(Optional for Assisted Acquisitions)
Provide a general explanation of the Overhead Fees & Charges
Direct Cost
Overhead Fees & Charges
Total Estimated Amount
10. STATUTORY AUTHORITY
a. Requesting Agency's Authority (Check One) Franchise Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) 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 Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority
rund rund Capital rund (51 U.S.C. 1353/FAR 17.3) Additionty
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.)

IAA Number 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.)						

IAA Number		<u>- 0000 -</u>		
	GT&C #	Order #	Amendment/Mod #	
20. Servicing	; Agency Clause(s)) (Optional) (State and/or attach any ad	lditional Servicing Agency clauses.)
	I Requesting Agent gency and/or Service			nents (Optional) (State and/or attach any additional
22. Annual R	eview of IAA			
			annually review the IAA Γ&C and/or modification	if the agreement period exceeds one year. Appropriate to any affected Order(s).
to sign this agr stated statutory	reement. Each Agent authorities, and, t	ncy Official in the scope	nust ensure that the gener of work can be fulfilled p	s designated by the Requesting Agency and Servicing Agency al terms and conditions are properly defined, including the per the agreement.
The Agreemen	t Period Start Date	(Block 5) m	ust be the same as or later	than the signature dates.
Actual work for Blocks 37 a		OT begin unt	il an Order has been signe	d by the appropriate individuals, as stated in the Instructions
23.	Requesting A	Agency		Servicing Agency
Name				
Title				
Telephone				
Number(s)				
Fax Number				
Email Address				
SIGNATURE	,			
Approval Date	;			

United States Government

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

GT&C#	Order # A	mendment/Mod	l# Tracking N	Agency's Agreement Number (Optional)			
PRIMARY ORGANIZATION/OFFICE INFORMATION							
24. Requesting Agency Servicing Agency							
Primary Organization/Office Name							
Responsible Organization/Office Address							
	ORDER/RE	QUIREMENT	S INFORMATIO	ON			
25. Order Action (Check One)							
New							
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	\$	\$	Φ.	\$			
Cumulative Funding Changes			\$	Ψ	\$		
From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$		
From Prior Mods [addition (+) or	\$	\$					
From Prior Mods [addition (+) or reduction (-)]		'	\$	\$	\$		
From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod	\$	\$	\$	\$	\$		
From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod TOTAL Modified Obligation	\$	\$	\$ \$ \$	\$ \$ \$	\$ \$ \$		

IAA Number Servicing Agency's Agreement																
GT&C # Order # Amendment/Mod # Tracking Number (Optional)																
28. Order Line/Funding Information								Line Number								
Requesting Agency Funding							Ser	vicing	Agency	Fundin	g Info	rmation	l			
					Inform											
ALC				1	1	ı	1				1	1	1	1	1	
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014									1							
OR Current	ΓAS fo	ormat		ı	l	1	ı				ı	l	l	1	l.	
BETC																
Object Class	Code	(Optional)														
BPN																
BPN + 4 (Op																
Additional A																
Classification (Optional)	1/Intor	mation														
Requesting A	Agency	Funding	g Expi	ration D	ate			Re	questir	ng Age	ncy Fu	nding C	ancellati	on Da	te	
MM-DD-YY	YYY							M	MM-DD-YYYY							
								1,11			-					
Project Num																
Description products/serv									Need 1	or this	s Orde	r (State	or attach	a des	scription	10
products, ser .	1000, 1			71111 11111	11000 10		014011)									
North Americ						NAIC	CS) Num					C A		• -• 4 • -	. T : O	
Unit of Meas		mbursat	oie Lii	ie Costs	<u> </u>			OR		Breakdown of Assisted Acquisition Line Cost:						ost:
		TT. '4 T	<u> </u>			4.1					\$					
Quantity		Unit I	rice	Φ.	T(otal		Se		vicing Fees \$						
				\$				Ob	ligated	Total l Cost	\$					
Overhead Fee	es & C	harges		\$					Advan		\$					
Total Line Amount Obligated \$				Li	ne (-)											
								Ne	t Tota	l Cost	\$					
								Aa	aistad .	A aguia	ition C		Face Ev	mlomo:	tion	
Advance	Line	Δ mount	(-)	\$				As	sisted	Acquis	iuon S	ervicing	Fees Ex	ріапа	поп	
Net Lii	ne Am	ount Due)	\$												
Type of Serv	vice Ro	equirem	ents													
Sever	able S	ervice		Non-se	everable	Serv	vice	No	t Appli	icable						

IAA Number Servicing Agency's Agreement GT&C # Order # Amendment/Mod # Tracking Number (Optional)
Of the π Of the π Amendment/viola π Tracking Pulmoet (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/Instruc	tions (Optional)	(State and/or list funding	g clauses/instructions.)
36. Delivery/Shipping Inform	nation for Prod	lucts (Optional)	
Agency Name			
Point of Contact (POC) Name	& Title		
POC Email Address			
Delivery Address /Room Num	ber		
POC Telephone Number			
Special Shipping Information			
	APPR	OVALS AND CONTAC	CT INFORMATION
	ntified by the Re ulfilled for this C		rvicing Agency, must ensure that the scope of work is cial may or may not be the Contracting Officer depending on
	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE			
Date Signed			
that the funds are accurately o	cited and can be to obligate funds	properly accounted for properly accounted for property. The Servicing Agency I	ified by the Requesting Agency and Servicing Agency, certify per the purposes set forth in the Order. The Requesting Funding Official signs to start the work, and to bill, collect, ance with the agreement.
	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE			
Date Signed			

 $\text{FMS} \ \ ^{\text{Form}}_{04/12} \ 7600 \text{B}$

Servicing Agency's Agreement

IAA Number _____ - ___ - ___

GT&C#	Order # Amendment/Mod # Trac	cking 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							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							
	Contacts (POCs) (as determined by each Agen TING Office Points of Contact (POCs).	cy)					
	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)							