

A. ORGANIZATION OR INDIVIDUAL AWARDEE INFORMATION

The information identified in the table below will be used to report at USASpending.gov, when applicable. Please select one of the following:

<input type="checkbox"/>	A: State Government	<input type="checkbox"/>	M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
<input type="checkbox"/>	B: County Government	<input type="checkbox"/>	N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
<input type="checkbox"/>	C: City or Township Government	<input type="checkbox"/>	O: Private Institution of Higher Education
<input type="checkbox"/>	D: Special District Government	<input type="checkbox"/>	P: Individual
<input type="checkbox"/>	E: Regional Organization	<input type="checkbox"/>	Q: For-Profit Organization (Other than Small Business)
<input type="checkbox"/>	F: U.S. Territory or Possession	<input type="checkbox"/>	R: Small Business
<input type="checkbox"/>	G: Independent School District	<input type="checkbox"/>	S: Hispanic-serving Institution
<input type="checkbox"/>	H: Public/State Controlled Institution of Higher Education	<input type="checkbox"/>	T: Historically Black Colleges and Universities (HBCUs)
<input type="checkbox"/>	I: Indian/Native American Tribal Government (Federally Recognized)	<input type="checkbox"/>	U: Tribally Controlled Colleges and Universities (TCCUs)
<input type="checkbox"/>	J: Indian/Native American Tribal Government (Other than Federally Recognized)	<input type="checkbox"/>	V: Alaska Native and Native Hawaiian Serving Institutions
<input type="checkbox"/>	K: Indian/Native American Tribal Designated Organization	<input type="checkbox"/>	W: Non-domestic (non-US) Entity
<input type="checkbox"/>	L: Public/Indian Housing Authority	<input type="checkbox"/>	X: Other (<i>specify</i>)

Are you a State cooperative institution? (Refer to 7 USC 3103(18) or 7 USC 301 note) Yes ___ No ___

Entity Legal Name (associated with SAM registration, when applicable): **"Doing Business As"** (if applicable)

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UEI or DUNS Number: **CAGE Code:** **Tax Identification Number (TIN or EIN):**

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Address (associated with SAM registration, when applicable): **Authorized Representative Name and Title:**

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Administrative Point of Contact (POC) Name: **Administrative POC E-mail Address and Phone Number:**

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Principal Investigator Name, USPS Mailing Address incl. zip code plus 4, E-mail Address and Phone Number (Place of Performance):

B. REPRESENTATIONS

In accepting this award, the authorized representative for the organization or individual awardee (Cooperator/Awardee) identified on page 1 certifies that he or she has the authority to enter into this award on behalf of the awardee organization and the Cooperator/Awardee has the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project cost, when applicable) to ensure proper planning, management, and completion of the project(s) described in the award.

C. ASSURANCES

As a condition of this award, the Cooperator/Awardee agrees to comply, over the course of the award period of performance, with the terms and conditions of the award and all applicable laws, regulations, and Federal Executive Orders including, but not limited to, the list found at

[Partnership Resources for Cooperators : USDA ARS](#) , as applicable.

D. CERTIFICATIONS

See the Agency's Award Face Sheet, REE-451, for required certifications. The Cooperator/Awardee will comply with the terms and conditions outlined in their SAM.GOV Grants Certifications Report, as applicable.