



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.			