ARS CFDA NO. 10.001		Budget Object Class Code XXXX-XX
UNITED STATES DEPARTMENT OF AGRICULTURE **EXTRAMURAL AGREEMENT**	TYPE OF RESEARCH AGREEMENT	
TITLE OF PROJECT	AGREEMENT NO.	TYPE OF ACTION
	PERIOD OF AGREEMENT thru	
	FEDERAL OBLIGATION	CHANGE IN FEDERAL OBLIGATION + ☐ - ☐
AGENCY (Name and Address)	CRIS NO.	AUTHORITY
	OBLIGATION DISTRIBUTION Accounting Code	Amount
ARS AUTHORIZED DEPARTMENTAL OFFICER'S DESIGNATED REPRESENTATIVE (Name and Address)	COOPERATOR (Name and Address)	
ARS FINANCE OFFICE (Complete Mailing Address)	COOPERATOR'S Designated Representative (Name and Address)	

APPLICABLE PROVISIONS AND REGULATIONS

This Agreement includes the following:

- ☐ Statement of Work; or
- ☐ Project Summary; or
- ☐ Proposal; and
- ☐ Budget (Form ARS-454/455)
- ☐ USDA Civil Rights Poster (Form AD-475A); and

Provisions:

- ☐ General (Form REE-452)
- ☐ General (Form REE-22)
- ☐ Special (Form REE-453)

Regulations:

- ☐ 7 CFR 3015.205 (by reference)
- ☐ 7 CFR 3016 (by reference)
- ☐ 7 CFR 3019 (by reference)
- ☐ 7 CFR 3015.175 (b), Copyrights (by reference)
- ☐ 37 CFR Part 401.14, Patents and Inventions (by reference)

Other (Specify):

- ☐ AD-1047 - Certification Regarding Debarment, Suspension and other Responsibility Matters - Primary Covered Transactions
- ☐ AD-1048 - Certification Regarding Debarment, Suspension and other Responsibility Matters - Lower Tier Covered Transactions
- ☐ AD-1049 - Certification Regarding Drug-Free Workplace Requirements - Non-Individuals
- ☐ AD-1050 - Certification Regarding Drug-Free Workplace Requirements - Individuals
- ☐ SF-LLL - Certification/Disclosure Requirements Related to Lobbying
- ☐ ADODR Instructions
- ☐ Organization Certification (Page 2)

Payment:

- ☐ HHS/Payment Management System
- ☐ EFT/Treasury Check
- ☐ Advance Payment Authorized
- ☐ Pre-Award Costs Authorized (See Below)

Reporting Requirements:

Submit:

☐ Performance Reports	☐ Financial Reports
☐ Quarterly	☐ Quarterly
☐ Semi-annual	☐ Semi-annual
☐ Annual	☐ Annual
☐ Final	☐ Final

- ☐ Report of Inventions and Subcontracts via iEdison Web Interface at http://www.iedison.gov

To:

- ☐ ADODR
- ☐ Sponsoring Organization

FOR THE UNITED STATES DEPARTMENT OF AGRICULTURE		
AUTHORIZED DEPARTMENTAL OFFICER	TYPED NAME	DATE
FOR THE PERFORMING ORGANIZATION (Signature of persons authorized to incur contractual obligations)		
SIGNATURE	TYPED NAME AND TITLE	DATE
SIGNATURE	TYPED NAME AND TITLE	DATE