

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION

**AGENCY AGREEMENT**

1. HRSA AA NUMBER	3. TYPE OF AGREEMENT <input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Inter/Intra-agency <input type="checkbox"/> MOU-MOA <input type="checkbox"/> Other (please specify) _____ Modification Number: _____
2. PARTICIPATING AGENCY AA NUMBER <i>(Additional participants list in Statement of Work)</i>	

4. TITLE OF PROJECT	5. AMOUNT <i>(Not to exceed without written modification)</i> \$ _____
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6. STATEMENT OF WORK

7. NAME AND ADDRESS OF PARTICIPATING AGENCY	<b>Project Officer for Participating Agency</b>	
	Name	Phone Number
	Email Address	FAX Number

8. NAME AND ADDRESS OF HRSA PROGRAM OFFICE	<b>Project Officer for HRSA Program Office</b>	
	Name	Phone Number
	Email Address	FAX Number

9. PROJECT PERIOD From: _____ Through: _____	FUNDING PERIOD From: _____ Through: _____
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10. LEGAL AUTHORITY

The Economy Act, section 1535 of title 31 U.S. Code.

Specific program authority: \_\_\_\_\_

Other (please specify) : \_\_\_\_\_

11. BUDGET PLAN AND JUSTIFICATION - Provide project budget by object class; include direct and indirect costs. Justify budget.

12. FUNDING *(Please check "From" or "To" as appropriate.)*

a. <input type="checkbox"/> From: <input type="checkbox"/> To:					DUNS:
Agency Location Code	Appropriation	Allotment / Allowance	CAN Number	Object Class	Amount
b. <input type="checkbox"/> From: <input type="checkbox"/> To: HRSA					DUNS: 044007990
Agency Location Code	Appropriation	Allotment / Allowance	CAN Number	Object Class	Amount

HRSA AA NUMBER:

13. BILLING REQUIREMENTS

- a. **Administrative Billing Requirements:** HRSA's ALC IS 75-03-0030. Other Agency's ALC (required): \_\_\_\_\_
- Billing is to be made through the use of the Intra-governmental Payment and Collection (IPAC) system. **Please include HRSA'S Official AA number from Item 1 on all IPAC billings and correspondence.** When funds are provided to the performing agency in advance of services being provided or goods being delivered, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the HRSA project officer listed in item 8, page 1 of this agreement, and to the following address: **DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857**. (If required by other agency, HRSA's Tax Identification number is 52-0821668.)
- b. **Additional Billing Requirements (This block must be completed if procuring services under the Economy Act):**
- All funds provided under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The HRSA Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address: **DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857.**

14. OTHER REQUIREMENTS

- a. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.
- b. HRSA will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.
- c. Annual financial and progress reports will be submitted thirty (30) days after the end of the performance period to the HRSA Project Officer listed in item 8 of this agreement, unless otherwise specified in the statement of work.

15. ADMINISTRATIVE/FINANCIAL CONTACTS

a. For HRSA		b. For Participating Agency	
Name		Name	
Telephone Number	Email	Telephone Number	Email

16. SPECIAL PROVISIONS (please check all that apply):

- The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.
- The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the ATSDR Division or Office to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The ATSDR Associate Administrator for Science (AAS) must determine the applicability of the Human Subjects Regulations.
- CERCLA:** The receiving agency will retain detailed and accurate records of travel expenditures, personnel hours, and all other costs under this agreement. Such documents may be required to provide the basis for cost recovery actions or other litigation. Additionally, this documentation must be available for audit or verification upon request of the DHHS and/or Participating Federal Agency Inspectors General.
- Federal Facilities:** The receiving agency will maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs, including indirect costs, as appropriate for the site. Such documents and records will be retained for a minimum of 10 years unless there is a litigation, claim, negotiation, audit or action involving the specific site; then records will be maintained until resolution of all issues on the specific site.
- Not Applicable**
- Other (please specify):** \_\_\_\_\_

*Please print within applicable non-signature items below.*

17. MODIFICATION/CANCELLATION

This agreement may be terminated by either agency upon a 60-day advance written notice. This agreement may be modified or terminated by formal written notice from either party if there is joint agreement as evidenced by the signature of responsible officials representing both parties.

18. HRSA RECOMMENDING OFFICIAL	19.a. HRSA CLEARANCE -- Budget	b. HRSA CLEARANCE -- Other
Signature	Signature	Signature
Title	Title	Title
Date	Date	Date

20. HRSA AUTHORIZATION AND ACCEPTANCE		21. PARTICIPATING AGENCY AUTHORIZATION AND ACCEPTANCE	
Name		Name	
Title	Email Address	Title	Email Address
Signature	Date	Signature	Date