

Interagency Agreement (IAA) - Order Instructions

Order Requirements and Funding Information (Order) [7600B]

The Order is the funding section that creates a fiscal obligation when the Requesting Agency demonstrates a bona fide need and provides the necessary product(s)/service(s) requirements; funding information is provided for both trading partners; and all required points of contact sign to authorize the Order.

The Order identifies the specific Requesting Agency requirements for the expected delivery of products and/or services by the Servicing Agency. This section identifies the roles and responsibilities for both trading partners to ensure effective management of the Order and use of the related funds.

Agency/Trading Partners should refer to the following documents to develop standard Governmentwide business practices for their reimbursable activity: the Treasury Financial Manual (TFM) Volume I, *Intragovernmental Business Rules* Bulletin - <http://www.fms.treas.gov/finstandard/reference.html> and, the Financial Management Line of Business (FMLoB), Standard Business Processes Document V 1.2, Chapter 5.0 - Reimbursables Management Processes - <http://www.fms.treas.gov/finstandard/reference.html>

Service First specific instructions:

1. After extensive interagency review, there are several blocks of this form that were determined to be either option or not applicable. The following color coding scheme was developed to indicate to users what information is required, optional, and not necessary:

Color	Status
	Required
	Optional (these may be optional to all agencies, optional to one and required by another, or the information is captured elsewhere in the agreements process and putting it on this form represents a duplication of work).
	Not Necessary (where applicable, an explanation is provided in <i>italics</i>).

2. If a field is required by one agency and not another, then that is noted under the field name.
3. Agencies shall send an editable version of the IAA form, articles and attachments in advance (Contracting Officer, Budget, Program and Grants Management Specialist) allowing for edits to the document before finalizing for signature. This will help ensure correct information has been provided.
4. Require signature to be that of the delegated official for that agency (example: Contracting Officer, Forest Supervisor, Requesting Agencies Funding Official). All other signatures are optional.

Field Name	Instructions/Description
IAA-Order Number	<p>The IAA-Order Number is a unique agreement number that must be established between the Requesting Agency and Servicing Agency that will track each IAA-Order from the beginning through the completion or termination.</p> <p>Each Requesting Agency should either establish the IAA Number or may agree to an IAA number assigned by the Servicing Agency.</p>

Order Requirements and Funding Information (Order) Section

24	Primary Organization /Office Information	
	Primary Organization/Office Name	Enter the name of the primary organization /office within both the Requesting Agency and Servicing Agency that is directly responsible for requesting the product(s)/service(s) for this Order.
	Responsible Organization/ Office Address	Enter the address of the primary office/organization within both the Requesting Agency and Servicing Agency that is directly responsible

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		for this order.
ORDER/REQUIREMENTS INFORMATION		
25	Order Action (Check One)	
	New	Check if this is a new Order.
	Modification (Mod)	<ul style="list-style-type: none"> Check if this Order is being modified. Use to deobligate and close the agreement plus any additional documentation in accordance with the agencies guidance for close-out (FS-6500-235 or FS-6500-243 for Forest Service). List the affected Order blocks being changed and explain the changes being made. For Example: For a modification to change the performance period, state new performance period 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. A Mod number must be entered in the IAA Number schema. Signature requirement is specified in the Signatures and Contacts section below.
	Cancellation/Termination	<ul style="list-style-type: none"> Check if this Order is being canceled and provide a brief explanation. Fill in the Performance Period End date for the effective cancellation date.
26	Funding Modification Summary by Line	
	<p>Requesting Agency will complete this block for modifications that add, delete or change funding information ONLY for an Order Line(s). Extent of the detail is for the entire agreement.</p> <p>Only the first column is used and the information captures the total amounts for the entire agreement (summary information). Detailed information is available in each agency's accounting system.</p>	
	Line #	Not Applicable
	Original Line Funding	Fill in the line amount obligated on the original order.
	Cumulative Funding Changes from Prior Mods [addition (+) or reduction(-)]	Fill in the sum [all additions and reductions] of all prior approved funding modifications. Do NOT include the current funding Mod.
	Funding Change for This Mod	Fill in the change to funding [addition or reduction] for this Mod
	TOTAL Modified Obligation	Enter the sum of: + Original Line Funding +(-) Cumulative Funding Changes From Prior Mods +(-) <u>Funding Change for This Mod</u> = Total Modified Obligation =====
	Total Advance Amount (-)	Not Applicable
	<i>Advances are not allowed per the Service First MOU.</i>	
	Net Modified Amount Due	Enter the sum of: + Total Modified Obligation = Net Modified Amount Due =====
Total All Other Lines (attach funding details)	If there are mods to additional lines, attach the detail and include the sum of: Original Line Funding, Cumulative funding changes from prior Mods [addition + or reduction (-)], Funding Change for this Mod, Total Modified Obligation and Net Modified Amount Due for all of the additional line mods captured in the attachment.	

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	Total	Enter the Total of all line mods including Total All Other Lines for: Funding Change for this Mod, Total Modified Obligation, and Net Modified Amount Due.	
27	Performance Period	<ul style="list-style-type: none"> • Use for new agreements to establish Performance Period. • Use for modification when changing any part of the Performance Period. • Fill in Performance Period End Date for cancellations and/or terminations. • The Performance Period identifies the dates between which the products and/or services for the Order will be provided. • The Performance Period could include the Servicing Agency's activities to prepare for and closeout the delivery of the requested products/services. • The Performance Period will be defined depending on the business needs for each IAA. • For a performance period mod, insert the start and end dates that reflect the new performance period. 	
	Start Date (MM-DD-YYYY)	Enter the date (Month, Day, Year) that the Order will begin.	
	End Date (MM-DD-YYYY)	Enter the date (Month, Day, Year) that the Order will end.	
28	Order Line/Funding Information		
	Line Number	Not Applicable	
	ALC	Enter the Requesting Agency's and Servicing Agency's Location Code (See http://www.fms.treas.gov/TFM/vol1/v1p2c330.html). Use these codes for each agency: US Fish & Wildlife Service →14-16-0006 US Forest Service →12-40-1100 Bureau of Land Management →14-11-0008 National Park Service →14-10-0099	
	Treasury Account Symbol (TAS)	Agency must enter either the current TAS format for the Requesting Agency and Servicing Agency. http://www.fms.treas.gov/cars/factsheet_tas.html Agency must enter TAS in the current format for the Requesting Agency and Servicing Agency. If more than one TAS, identify on one line separated by a comma. If Forest Service is the Servicing Agency (incoming) the TAS will either be 12X1103, 12X1106, or 12X1115. If Forest Service is the Requesting Agency (outgoing) TAS can be found in NRM.	
	Component TAS	Acronym/ Field Length	Definition
	1. Sub-level Prefix Code	SP/2	Not Applicable
	2. Allocation Transfer Agency Identifier	ATA/3	Not Applicable
	3. Agency Identifier	AID/3	Not Applicable
4. Beginning Period of Availability	BPOA/4	Not Applicable	
5. Ending Period of Availability	EPOA/4	Not Applicable	
6. Availability Type Code	A/1	Not Applicable	
7. Main Account Code	MAIN/4	Not Applicable	

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8. Sub-Account Code	SUB/3	Not Applicable
Current TAS Format	Not Applicable	
Business Event Type Code (BETC)	Use either Disbursement or Collection.	
Object Class Code (Optional)	<p>For each line, enter the Object Class Code.</p> <p>US Fish & Wildlife Service →NOT mandatory US Forest Service →Mandatory for outgoing funds Bureau of Land Management →NOT mandatory National Park Service →NOT mandatory</p>	
DUNS	<p>Enter the Requesting Agency's and Servicing Agency's DUNS number.</p> <p>US Forest Service →92-9332484 US Fish & Wildlife Service →The local Contracting Office will have this information Bureau of Land Management → The local Contracting Office will have this information National Park Service → The local Contracting Office will have this information</p>	
BPN + 4 (Optional)	Not Applicable	
Additional Accounting Classification/Information (Optional)	<p>Enter additional important accounting information used for internal tracking for the Requesting Agency and/or Servicing Agency.</p> <p>If Forest Service is the <i>Requesting Agency</i> reference the FMFI DOC ID# found in NRM.</p>	
<p>Requesting Agency Funding Expiration Date MM-DD-YYYY</p> <p><i>This does not apply to No-Year Funds.</i></p>	<p>For each line, enter the date (Month, Day, Year) when the Requesting Agency's funds for this Order Line expire (the last date an obligation can occur).</p>	
<p>Requesting Agency Funding Cancellation Date MM-DD-YYYY</p> <p><i>This is only applicable if funds are limited by year; does not apply to No-Year Funds.</i></p>	<p>For each line, enter the date (Month, Day, Year) that the Requesting Agency's funds will cancel for this Order Line. The cancellation date is the fifth year from the expiration date (the last date the payment must be disbursed).</p> <p>For example, if "09-30-2009" is the last year the funds will be available for obligation, then the Requesting Agency will have a cancellation date of "09-30-2014."</p>	
<p>Project Number & Title</p> <p><i>This information should be provided by the technical point of contact for the Service First arrangement.</i></p>	<p>Enter the Requesting/Servicing Agency's Project number(s) and title</p>	
<p>Description of Products and/or Services</p> <p><i>This information should be provided by the technical point of contact for the Service First arrangement.</i></p>	<p>State that this Order is tiered to the Service First Master Interagency Agreement and reference the agreement number for the each agency.</p> <p>State or attach a specific, definite, and clear project description. This description may be in the form of a statement of work (SOW), statement of objectives (SOO), performance work statement (PWS), or other appropriate description.</p> <p>Assisted Acquisition Agreements will describe the products or services required by the Requesting Agency that will be acquired from a contractor by the Servicing Agency.</p>	

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North American Industry Classification System (NAICS) Number (Optional) <i>This information is only needed for Assisted Acquisitions.</i>	Enter the two- to six-digit NAICS number, as needed. Servicing Agency will include in the contract for the Assisted Acquisition. For more information, see http://www.census.gov/eos/www/naics/ .
Breakdown of Reimbursable Line Costs	
Units of Measure <i>This block is not fillable on the current version of the form; look for a fillable version in the future.</i>	For Reimbursable Agreements, this section will represent the total amount of the project. Options for language include: Forest Service → Attach an appropriate financial plan.
Quantity	For Reimbursable Agreements, enter a number 1.
Unit Price (Sub Total)	For Reimbursable Agreements, enter the cost for the project.
Total	For Reimbursable Agreements, this will represent the total cost of the project.
Overhead Fees & Charges <i>Use if overhead (burden) is charged.</i>	For Reimbursable Agreements, enter the Overhead Fees & Charges for each Order Line.
Total Line Amount Obligated	For Reimbursable Agreements, this will represent the total obligation.
Advance Line Amount (-) <i>Advances are not allowed per the Service First MOU.</i>	Not Applicable
Net Line Amount Due	For Reimbursable Agreements, enter the net Line Amount Due for the products and/or services that will be delivered for this Order Line. All Net Line Amount Due costs must equal the Total Net Order Amount (Block 30).
Breakdown of Assisted Acquisition Line Costs	
Contract Cost	For Assisted Acquisition Agreements, enter the contract cost.
Servicing Fees <i>If servicing fees (burden) are charged for the Assisted Acquisition, enter them here.</i>	For Assisted Acquisition Agreements, enter the servicing fees associated with the contract.
Total Obligated Cost	For Assisted Acquisition Agreements, the Servicing Agency enters the Total obligated cost for this Order Line; this is the sum of the contract cost and servicing fees.
Advance for Line (-) <i>Advances are not allowed per the Service First MOU.</i>	Not Applicable
Net Total Cost	For Assisted Acquisition Agreements, enter the net total cost due for the product(s) and/or service(s) that will be delivered for this Order Line. This is the Total Obligated Cost. All Net Total Costs must equal the Total Net Order Amount (Block 30).
Assisted Acquisition Servicing Fees Explanation	For Assisted Acquisition Agreements, enter information to explain the related service fees for this Order Line.

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	Type of Service Requirements	Select Severable, Non-severable Service, or Not Applicable for this Order Line. Severable: Those projects that are continuing and recurring in nature. Must be funded from the appropriation available during the fiscal year of performance. Non-Severable: Those projects that constitute an entire job or single undertaking with a defined end-product that cannot feasibly be subdivided for separate performance in a fiscal year. Must be funded entirely out of the appropriation current at the time of award. Performance can cross over to another fiscal year. Assisted Acquisition: When a requesting agency receives goods or services from a servicing agency through a contractor (supply, service or construction project) (example: BLM requests that FS purchase and install a security system on a FS owned/leased collocated building; each agency contributes funds towards the acquisition of this supply). The requesting agency initiates an interagency agreement to obligate funds for this acquisition. The servicing agency completed the acquisition and bills the requesting agency for the agreed upon share or amount.
29	Advance Information <i>Advances are not allowed per the Service First MOU.</i>	Not Applicable
	Total Advance Amount for Order	Not Applicable
	Revenue Recognition Methodology	Not Applicable
30	Total Net Order Amount	Enter total net order amount. All Order Line Net Line Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.
31	Attachments	State and/or list Attachments for key project and/or acquisition milestones (optional except for Assisted Acquisition Agreements) and any other pertinent attachments. For Assisted Acquisitions, state or list the agreed-upon projected milestones for this Order. Attach these forms & supporting documentation for each agency: US Fish & Wildlife Service → 1) Statement of Work US Forest Service → 1) Statement of Work, 2) Financial Plan Bureau of Land Management → 1) Statement of Work, 2) IGO Articles National Park Service → 1) Statement of Work
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 Master Interagency Service First Agreement.
	Requesting Agency Initiated IPAC	Not Applicable
	Servicing Agency Initiated IPAC	Check if the Servicing Agency will initiate payment via IPAC.
	Charge Card	Check if the Requesting Agency will pay via charge card. Follow the Federal Acquisition Regulation for when and how to use charge cards.
	Other	Not Applicable

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33	Billing Frequency (Check One) <i>Requesting Agency completes Default to monthly unless other terms are needed.</i>	An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency (i.e. via IPAC transaction).
	Monthly	Check if the invoice will be billed monthly.
	Quarterly	Check if the invoice will be billed quarterly.
	Other	Check if the invoice will be billed other than monthly or quarterly. Explain the other agreed-upon billing frequency.
34	Payment Terms	
	7 days	If Applicable
	Other Payment Terms	If Applicable
35	Funding Clauses/Instructions (Optional) <i>Any additional clauses or information required by each agency.</i>	NOTE: This section is optional, can be used to reference the funding, ex: no year funds; 1 year funds expire on 9/30/xxxx Attach these forms & supporting documentation when dealing with each respective agency: Bureau of Land Management requires → IGO Articles
36	Delivery/Shipping Information for Products (Optional)	Enter the Agency Name, Point of Contact (POC) Name & Title, Email Address, Delivery Address/Room Number, and POC Telephone Number of the person who will receive the shipment.
	Special Shipping Information	Enter specific information for shipping, shipping company, date/time, special instructions, etc.
APPROVALS and CONTACT INFORMATION		
<p>Fill in the points of contact for the Requesting Agency and Servicing Agency. Each agency determines who will sign its IAAs per the roles defined below and whether the role (Requesting or Servicing) each agency plays in the Service First arrangement.</p>		
37	AUTHORIZED REPRESENTATIVE – Signature Required. <i>Authorized Representative will sign only after review of the statement of work and only if they can assure that the scope of work is defined and can be fulfilled.</i>	The Authorized Representative(s), as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Authorized Representative(s) may or may not be the Contracting Officer depending on each agency's IAA business process. By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this instrument. By signing this document, the Requesting Agency Authorized Representative(s) confirms that a bona fide need exists and that funds are legally available for the acquisition described in this document. By then signing this document, the Servicing Agency Authorized Representative(s) accepts the Order's terms and conditions and confirms that the scope of work can be fulfilled.
	Name	Enter the name for the Authorized Representative.
	Title	Enter the title for the Authorized Representative.
	Telephone Number	Enter the telephone number for the Authorized Representative.
	Fax Number	Enter the fax number for the Authorized Representative.
	Email Address	Enter the email address for the Authorized Representative.
	SIGNATURE (Required)	The Authorized Representative for both the Requesting Agency and the Servicing Agency must sign to accept this agreement.
	Date Signed	Enter the date when this order was signed.

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38	Technical Point of Contact (TPOC): Signature Optional	The TPOC, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order.
	Name	Enter the name of the Technical Point of Contact.
	Title	Enter the title for the Technical Point of Contact.
	Telephone Number	Enter the telephone number for the Technical Point of Contact.
	Fax Number	Enter the fax number for the Technical Point of Contact.
	Email Address	Enter the email address for the Technical Point of Contact.
	SIGNATURE (Optional)	<p>The Technical Point of Contact for the <u>Requesting Agency</u> may sign to certify that the scope of work is defined and the order can be fulfilled for this Interagency Agreement.</p> <p>The Technical Point of Contact for the <u>Servicing Agency</u> may sign to certify that the scope of work is defined and the order can be fulfilled for this Interagency Agreement.</p>
Date Signed	Enter the date when this order was signed.	
39	FINANCE OFFICE POINTS OF CONTACT (FPOCs)	<p>The Finance Office POCs for both the Requesting Agency and the Servicing Agency ensure that the payment (Requesting Agency), billing (Servicing Agency), and accounting information are accurate and timely for this Order.</p> <p>The appropriate FPOC in the organization is determined differently by each agency; preferably this is someone at the local level who is familiar with the budget & finances of the units involved.</p>
	Name	Enter the name of the Finance Official (or Office). Note: This could be a Contracting Officer's Technical Representative.
	Title	Enter the title of the Finance Official.
	Office Address	Enter the address of the Payment Office (Requesting Agency) and Billing Office (Servicing Agency).
	Telephone Number	Enter the telephone number of the Finance Official.
	Fax Number	Enter the fax number for the Finance Official.
	Email Address	Enter the email address of the Finance Official.
	Signature & Date (Optional)	<p>The Finance Office Point of Contact for the <u>Requesting Agency</u> may sign to certify that the scope of work is defined and the order can be fulfilled for this Interagency Agreement.</p> <p>The Finance Point of Contact for the <u>Servicing Agency</u> may sign to certify that the scope of work is defined and the order can be fulfilled for this Interagency Agreement.</p>
40	ADDITIONAL Points of Contact (POCs) (Optional)	(For Example: Grants Management Spec.; Technical POC; Admin Contacts, Budget Officer)
	Name	Enter the name for the additional POC.
	Title	Enter the title for the additional POC.
	Office Address	Enter the office address for the additional POC.
	Telephone Number	Enter the telephone number for the additional POC.
	Fax Number	Enter the fax number for the additional POC.
	Email Address	Enter the email address for the additional POC.
	Signature & Date (Optional)	