

USDA New Interagency Agreement

- FMS 7600 replaced the AD-672
 - More complex form (9 pages vs 1 page)
 - More signatures (agency officials for Form A; program and funding officials for Form B)
 - Requesting Agency MUST sign before Servicing Agency
 - Agreement period start date must be the same as or later than the signature dates
- As of Oct 1, 2012
- Could delay contract awards

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number _____ - 0000 - _____
 GT&C # _____ Order # Amendment/Mod # _____

DEPARTMENT AND/OR AGENCY		
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	Name	
	Address	
2. Servicing Agency Agreement Tracking Number (Optional) _____		
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. GT&C Action (Check action being taken) <input type="checkbox"/> New <input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made. <input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date _____ End Date _____ of IAA or effective cancellation date <small>MM-DD-YYYY MM-DD-YYYY</small>		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received. Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/> Other Renewal <input type="checkbox"/> State the other renewal period: _____ No <input type="checkbox"/>		
7. Agreement Type (Check One) <input type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Note: Specific advance amounts will be captured on each related Order.		

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<p>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) (Optional for Assisted Acquisitions)</p>	
<p>Direct Cost _____</p> <p>Overhead Fees & Charges _____</p> <p>Total Estimated Amount _____ \$0.00</p>	<p>Provide a general explanation of the Overhead Fees & Charges</p>
<p>10. STATUTORY AUTHORITY</p> <p>a. Requesting Agency's Authority (Check One)</p> <p>Franchise Fund <input type="checkbox"/> Revolving Fund <input type="checkbox"/> Working Capital Fund <input type="checkbox"/> Economy Act (31 U.S.C. 1535/FAR 17.5) <input type="checkbox"/> Other Authority <input type="checkbox"/></p> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority</p>	
<p>b. Servicing Agency's Authority (Check One)</p> <p>Franchise Fund <input type="checkbox"/> Revolving Fund <input type="checkbox"/> Working Capital Fund <input type="checkbox"/> Economy Act (31 U.S.C. 1535/FAR 17.5) <input type="checkbox"/> Other Authority <input type="checkbox"/></p> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority</p>	
<p>11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)</p> 	
<p>12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)</p> 	

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<p>13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).</p>
<p>14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)</p>
<p>15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, <i>Intragovernmental Business Rules</i> Bulletin, available on the TFM Web site at http://www.fms.treas.gov/tfm/voll/bull.html.</p>
<p>16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)</p> <p>If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.</p> <p>If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.</p>
<p>17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)</p>
<p>18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)</p>
<p>19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)</p>

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<p>20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)</p> 																								
<p>21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)</p> 																								
<p>22. Annual Review of IAA</p> <p>By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).</p> <p align="center">AGENCY OFFICIAL</p> <p>The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.</p> <p>The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.</p> <p>Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">23.</th> <th style="width:40%;">Requesting Agency</th> <th style="width:50%;">Servicing Agency</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> <td></td> </tr> <tr> <td>Title</td> <td></td> <td></td> </tr> <tr> <td>Telephone Number(s)</td> <td></td> <td></td> </tr> <tr> <td>Fax Number</td> <td></td> <td></td> </tr> <tr> <td>Email Address</td> <td></td> <td></td> </tr> <tr> <td>SIGNATURE</td> <td></td> <td></td> </tr> <tr> <td>Approval Date</td> <td></td> <td></td> </tr> </tbody> </table>	23.	Requesting Agency	Servicing Agency	Name			Title			Telephone Number(s)			Fax Number			Email Address			SIGNATURE			Approval Date		
23.	Requesting Agency	Servicing Agency																						
Name																								
Title																								
Telephone Number(s)																								
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Email Address																								
SIGNATURE																								
Approval Date																								

IAA Order

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

28. Order Line/Funding Information													Line Number _____			
Requesting Agency Funding Information									Servicing Agency Funding Information							
ALC																
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
TAS Required by 10/1/2014																
OR Current TAS format																
BETC																
Object Class Code (Optional)																
BPN																
BPN + 4 (Optional)																
Additional Accounting Classification/Information (Optional)																
Requesting Agency Funding Expiration Date									Requesting Agency Funding Cancellation Date							
MM-DD-YYYY									MM-DD-YYYY							
Project Number & Title																
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																
North American Industry Classification System (NAICS) Number (Optional) _____																
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:							
Unit of Measure									Contract Cost		\$					
Quantity		Unit Price		Total			Servicing Fees		\$							
				\$ 0.00			Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges			\$			Advance for Line (-)		\$								
Total Line Amount Obligated			\$ 0.00			Net Total Cost		\$ 0.00								
Advance Line Amount (-)			\$			Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due			\$ 0.00													
Type of Service Requirements																
<input type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																

IAA Order

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
 The Program Officials, 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 Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number		
Fax Number		
Email Address		
SIGNATURE		
Date Signed		

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number		
Fax Number		
Email Address		
SIGNATURE		
Date Signed		

IAA Order

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		



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