

**DOC IAA Instructions attachment:  
Specific IAA blocks requiring attention (in red)**

**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 # \_\_\_\_\_

GT&C numbers allow identification of Amendments, Orders (and Mods) entered into under the agreement

DEPARTMENT AND/OR AGENCY		
<b>1.</b>	<b>Requesting Agency of Products/Services</b>	<b>Servicing Agency Providing Products/Services</b>
	Name	
	Address	
<b>2. Servicing Agency Agreement Tracking Number (Optional)</b> _____		
<b>3. Assisted Acquisition Agreement</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Check Yes or No		Assisted Acquisitions must be approved by Contract Law Division, prior to General Law Division review/clearance.
<b>4. GT&amp;C Action (Check action being taken)</b>		
New		
Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
For start date, insert "when signed"		
<b>5. Agreement Period</b> Start Date _____ End Date _____ of IAA or effective cancellation date		
MM-DD-YYYY MM-DD-YYYY		
<b>6. Recurring Agreement (Check One)</b> A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes	If Yes, is this an: Annual Renewal	
	Other Renewal	State the other renewal period: _____
No	Always Check No. Do not include any other info. in block 6	
<b>7. Agreement Type (Check One)</b> Single Order IAA      Multiple Order IAA		
<b>8. Are Advance Payments Allowed for this IAA (Check One)</b> Yes      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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**9. Estimated Agreement Amount** (The Servicing Agency completes all information for the estimated agreement amount.)

**(Optional for Assisted Acquisitions)**

Direct Cost _____	Provide a general explanation of the Overhead Fees & Charges
Overhead Fees & Charges _____	
Total Estimated Amount _____	

**10. STATUTORY AUTHORITY**

Check identical box in 10.a and 10.b

**a. Requesting Agency's Authority** (Check One) ←

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
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Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

Add non-Economy Act authority here and in 10.b      Requesting agency's programmatic authority

**b. Servicing Agency's Authority** (Check One) ↓

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
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Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

Add non-Economy Act authority here and in 10.a      Servicing agency's programmatic authority

**11. Requesting Agency's Scope** (State and/or list attachments that support Requesting Agency's Scope.)

Attachments! Attachments may be used to supplement several blocks within the GT&C.  
For example: "See attached Statement of Work."  
Attachments should include the GT&C number for identification purposes.

**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.)

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**13. Restrictions** (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

**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.)

**15. Disputes:** Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

**16. Termination** (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

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.

**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.**

**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.)

**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.)

**19. Requesting Agency Clause(s)** (Optional) (State and/or attach any additional Requesting Agency clauses.)

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**20. Servicing Agency Clause(s)** (Optional) (State and/or attach any additional Servicing Agency clauses.)

**21. Additional Requesting Agency and/or Servicing Agency Attachments** (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

**22. Annual Review of IAA**

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).

**AGENCY OFFICIAL**

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.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

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.

23.	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number(s)		
Fax Number		
Email Address		
<b>SIGNATURE</b>		
Approval Date		

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The first Order should be #1 (e.g., 0001); not zero (0000)

**United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
Order Requirements and Funding Information (Order) Section**

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

**PRIMARY ORGANIZATION/OFFICE INFORMATION**

<b>24.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>
Primary Organization/Office Name		
Responsible Organization/Office Address		

**ORDER/REQUIREMENTS INFORMATION**

**25. Order Action** (Check One) For each separate new order under a GT&C

**New** To modify an existing order

**Modification (Mod)** – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order 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**.

**Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

Block #26 only concerns existing orders. Leave block #26 blank for new orders!

<b>26. Funding Modification Summary by Line</b>	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$
Funding Change for This Mod	\$	\$	\$	\$	\$
<b>TOTAL Modified Obligation</b>	\$	\$	\$	\$	\$
Total Advance Amount (-)	\$	\$	\$	\$	\$
Net Modified Amount Due	\$	\$	\$	\$	\$

**27. Performance Period**      Start Date \_\_\_\_\_      End Date \_\_\_\_\_  
 For a performance period mod, insert the start and end dates that reflect the new performance period.  
For start date, insert "when signed" or actual start date

## IAA Order

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

<b>28. Order Line/Funding Information</b>										<b>Line Number</b> _____							
<b>Requesting Agency Funding Information</b>										<b>Servicing Agency Funding Information</b>							
ALC																	
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
<b>OR</b> Current TAS format																	
BETC																	
Object Class Code (Optional)																	
BPN																	
BPN + 4 (Optional)																	
Additional Accounting Classification/Information (Optional)																	
Requesting Agency Funding Expiration Date MM-DD-YYYY										Requesting Agency Funding Cancellation Date MM-DD-YYYY							
<div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">Insert date that is 5 years after expiration date of funds</div>																	
<b>Project Number &amp; Title</b>																	
<b>Description of Products and/or Services, including the Bona Fide Need for this Order</b> (State or attach a description of products/services, including the bona fide need for this Order.)																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
<b>Breakdown of Reimbursable Line Costs</b>										<b>OR</b> <b>Breakdown of Assisted Acquisition Line Cost:</b>							
Unit of Measure										Contract Cost		\$					
Quantity	Unit Price	<b>Total</b>						Servicing Fees		\$							
		\$						Total Obligated Cost		\$							
Overhead Fees & Charges		\$						Advance for Line (-)		\$							
Total Line Amount Obligated		\$						Net Total Cost		\$							
										Assisted Acquisition Servicing Fees Explanation							
Advance Line Amount (-)		\$															
Net Line Amount Due		\$															
<b>Type of Service Requirements</b>																	
<div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">For services, must check one: Severable or Non-severable</div>																	
Severable Service						Non-severable Service						Not Applicable					

IAA Order

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

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order \$ \_\_\_\_\_ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

Straight-line - Provide amount to be accrued \$ \_\_\_\_\_ and Number of Months \_\_\_\_\_

Accrual Per Work Completed - Identify the accounting posting period:

Monthly per work completed & invoiced

Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.

30. Total Net Order Amount: \$ \_\_\_\_\_

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

Other Attachments (Optional)

Check appropriate box in blocks 32, 33, and 34! Add any required explanation!

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 IPAC Trading Partner Agreement (TPA).

Requesting Agency Initiated IPAC

Servicing Agency Initiated IPAC

Credit Card

Other - Explain other payment method and reasoning \_\_\_\_\_

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

Monthly

Quarterly

Other Billing Frequency (include explanation) \_\_\_\_\_

34. Payment Terms (Check One)

7 days

Other Payment Terms (include explanation): \_\_\_\_\_

## 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		
<b>SIGNATURE</b>		
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		
<b>SIGNATURE</b>		
Date Signed		



## IAA Order

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

<b>CONTACT INFORMATION</b>		
<b>FINANCE OFFICE Points of Contact (POCs)</b>		
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.		
<b>39.</b>	<b>Requesting Agency (Payment Office)</b>	<b>Servicing Agency (Billing Office)</b>
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
<b>40. ADDITIONAL Points of Contacts (POCs)</b> (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	<b>Requesting Agency</b>	<b>Servicing Agency</b>
<b>Name</b>		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
<b>Name</b>		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
<b>Name</b>		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		