

IAA Number	<u>F16PG00129</u>	-	<u>          </u>	-	<u>2</u>	Servicing Agency's Agreement
	GT&C #		Order #		Amendment/Mod #	Tracking Number (Optional) 16-7483-1249-IA

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency		Servicing Agency		
Primary Organization/Office Name	USDOI/USFWS/FARALLON NWR		USDA/APHIS/WS/NWRC		
Responsible Organization/Office Address	1 Marshlands Road, Fremont, CA 94555		4101 LaPorte Ave., Fort Collins, CO 80521		
ORDER/REQUIREMENTS INFORMATION					
<p>25. Order Action (Check One)</p> <p><input type="checkbox"/> New</p> <p><input checked="" type="checkbox"/> <b>Modification (Mod)</b> – 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. <b>Fill out the Funding Modification Summary by Line</b> (Block 26) if the mod involves adding, deleting or changing <b>Funding for an Order Line</b>. We are extending this agreement through 03/31/2018 to complete the research.</p> <p><input type="checkbox"/> <b>Cancellation</b> – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.</p>					
26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$ 0.00
TOTAL Modified Obligation	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<p>27. Performance Period</p> <p>Start Date 09-01-2016 End Date 03-31-2018</p> <p>MM-DD-YYYY MM-DD-YYYY</p> <p>For a performance period mod, insert the start and end dates that reflect the new performance period.</p>					

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<b>28. Order Line/Funding Information</b>												<b>Line Number</b> _____					
						<b>Requesting Agency Funding Information</b>				<b>Servicing Agency Funding Information</b>							
ALC		14-16-0006						12-40-3400									
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			14X8216, 14X5198						12-X-1600								
BETC			DISB						COLL								
Object Class Code (Optional)																	
BPN			151157950						929332450								
BPN + 4 (Optional)																	
Additional Accounting Classification/Information (Optional)									16XX/AP001600AR/APWSRCRO08/AP00AGREIM BUR000/AP.RA.NX08.74.1249								
Requesting Agency Funding Expiration Date 06-30-2018 MM-DD-YYYY									Requesting Agency Funding Cancellation Date _____ MM-DD-YYYY								
APHIS Agreement No. 16-7483-1249-IA, Rev 2																	
<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.) Hazard study of captive salamanders to help estimate the potential hazard of anticoagulant rodenticides to arboreal salamanders. See attached Work Plan.																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
<b>Breakdown of Reimbursable Line Costs</b>									<b>OR Breakdown of Assisted Acquisition Line Cost:</b>								
Unit of Measure								Contract Cost		\$							
Quantity		Unit Price		Total				Servicing Fees		\$							
1		\$85,152.18		\$ 85,152.18				Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges				\$ 23,118.82				Advance for Line (-)		\$							
Total Line Amount Obligated				\$ 108,271.00				Net Total Cost		\$ 0.00							
Advance Line Amount (-)				\$				Assisted Acquisition Servicing Fees Explanation									
Net Line Amount Due				\$ 108,271.00													
<b>Type of Service Requirements</b>																	
<input type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input checked="" type="checkbox"/> Not Applicable																	

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**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** \$ 0.00 [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)

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 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)

30 days

- ☐ 7 days ☒ Other Payment Terms (include explanation): \_\_\_\_\_

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

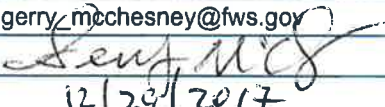
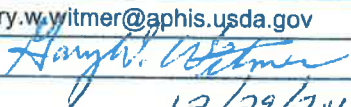
## 36. Delivery/Shipping Information for Products (Optional)

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

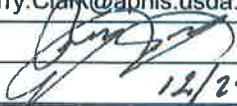
## APPROVALS AND CONTACT INFORMATION

### 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	Gerry McChesney	Gary Witmer
Title	Refuge Manager	Supervisory Biologist
Telephone Number	(510) 792-0222	(970) 266-6335
Fax Number	(510) 792-5828	
Email Address	gerry.mcchesney@fws.gov	gary.w.witmer@aphis.usda.gov
<b>SIGNATURE</b>		
Date Signed	12/29/2017	12/29/2017

**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	Lucinda Ballard	Larry Clark
Title	Administrative Officer	Director
Telephone Number	(510) 792-0222	(970) 266-6036
Fax Number	(510) 792-5828	(970) 266-6040
Email Address	lucinda_ballard@fws.gov	Larry.Clark@aphis.usda.gov
<b>SIGNATURE</b>		
Date Signed		12/29/17



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CONTACT INFORMATION		
<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		Julie Fierstine
Title		Supervisory Budget Analyst
Office Address		4101 LaPorte Ave, Fort Collins, CO 80521
Telephone Number		(970) 266-6134
Fax Number		(970) 266-6032
Email Address		Julie.A.Fierstine@aphis.usda.gov
Signature & Date (Optional)		<i>Julie A Fierstine</i> 12/29/17
<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>		Stephanie Gallison
Title		Agreements Specialist
Office Address		4101 LaPorte Ave, Fort Collins, CO 80521
Telephone Number		(970) 266-6028
Fax Number		
Email Address		Stephanie.L.Gallison@aphis.usda.gov
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)		