



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

IAA Number \_\_\_\_\_  
                     GT&C #                      Order #    Amendment/Mod #

**9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)  
(Optional for Assisted Acquisitions)**

|                               |              |  |
|-------------------------------|--------------|--|
| Direct Cost _____             | \$576,191.00 | Provide a general explanation of the Overhead Fees & Charges |
| Overhead Fees & Charges _____ |              |  |
| Total Estimated Amount _____  | \$576,191.00 |  |

**10. STATUTORY AUTHORITY**

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

|                          |                          |                          |  |                          |
|--------------------------|--------------------------|--------------------------|--|--------------------------|
| Franchise<br>Fund        | Revolving<br>Fund        | Working<br>Capital Fund  | Economy Act<br>(31 U.S.C. 1535/FAR 17.5) | Other<br>Authority       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

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

|                          |                          |                          |  |                          |
|--------------------------|--------------------------|--------------------------|--|--------------------------|
| Franchise<br>Fund        | Revolving<br>Fund        | Working<br>Capital Fund  | Economy Act<br>(31 U.S.C. 1535/FAR 17.5) | Other<br>Authority       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

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

MOA between GSA and National Parks Service (NPS) to transfer funds to NPS to cover their expenses to operate the OPO clock tower. Initial funding through 12/21/2019 with subsequent mods to be enacted as funds are available to GSA with a proposed annual budget of \$567,191

See Attached Operations Plan and Agreement

**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.)**

See Attached Agreement

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

IAA Number \_\_\_\_\_  
                    GT&C #                      Order # Amendment/Mod #

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

**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.)  
See Attached Agreement

**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.)  
See Attached Agreement

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





**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  |    | 47000017    |   |               |      |   |      |                      |   | 14100099                                    |         |      |                          |   |      |     |  |
| Component<br>TAS Required<br>by 10/1/2014  | SP | ATA         | AID   | BPOA          | EPOA | A | MAIN | SUB                  | SP  | ATA   | AID     | BPOA | EPOA                     | A | MAIN | SUB |  |
|  |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| OR Current TAS format  |    |             | 47X4542.1                                       |               |      |   |      |                      | 14X1039   |   |         |      |                          |   |      |     |  |
| BETC   |    |             | DISB  |               |      |   |      |                      | COLL  |   |         |      |                          |   |      |     |  |
| Object Class Code (Optional)   |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| BPN  |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| BPN + 4 (Optional)   |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| Additional Accounting Classification/Information (Optional)  |    |             | 2019.192X.P1124001.PG61.PGA<br>61.J74.PX0016602 |               |      |   |      |                      | XXXP1039R6//PPNCNAMA2A//PRCNFNFR6.XZ0<br>000//PR.RNAMAOPT9.00.1 |   |         |      |                          |   |      |     |  |
| Requesting Agency Funding Expiration Date<br>MM-DD-YYYY  |    |             |   |               |      |   |      |                      | Requesting Agency Funding Cancellation Date<br>MM-DD-YYYY       |   |         |      |                          |   |      |     |  |
| <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.)<br>MOA between GSA and National Parks Service (NPS) to transfer funds to NPS to cover their expenses to operate the OPO clock tower. Initial funding through 12/21/2019 with subsequent mods to be enacted as funds are available to GSA with a proposed annual budget of \$567,191<br>STATUTORY AUTHORITY: Economy Act |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| 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       |   | \$  |         |      |                          |   |      |     |  |
| 3 months   |    | \$48,015.92 |   | \$ 144,047.76 |      |   |      | Total Obligated Cost |   | \$ 0.00                                     |         |      |                          |   |      |     |  |
| Overhead Fees & Charges  |    |             | \$  |               |      |   |      |                      | Advance for Line (-)  |   | \$      |      |                          |   |      |     |  |
| Total Line Amount Obligated  |    |             | \$ 144,047.76                                   |               |      |   |      |                      | Net Total Cost  |   | \$ 0.00 |      |                          |   |      |     |  |
| Advance Line Amount (-)  |    |             | \$  |               |      |   |      |                      | Assisted Acquisition Servicing Fees Explanation                 |   |         |      |                          |   |      |     |  |
| Net Line Amount Due  |    |             | \$ 144,047.76                                   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| <b>Type of Service Requirements</b>  |    |             |   |               |      |   |      |                      |   |   |         |      |                          |   |      |     |  |
| <input checked="" 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) \_\_\_\_\_

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: \$ 144,047.76  
[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)  
See Annual Operating Plan attached as referenced in the Interagency Agreement between both parties

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): \_\_\_\_\_







