

**Interagency Agreement (Funding Document)**  
**Between**  
**Your Agency Name (XYZ)**  
**and the**  
**Acquisition Services Directorate**

*(Please note additional requirements highlighted in yellow)*

**Purpose:**

Your Agency Name (XYZ) is seeking expert acquisition support services. These services will supplement and aid (XYZ) efforts in the achievement of its congressionally mandated programs. This Interagency Agreement (IA) will enable XYZ to fund and contract with the Acquisition Services Directorate for the provision of these services.

**Background:**

Since 1996, the Acquisition Services Directorate (the Department of the Interior Franchise Fund) has offered acquisition support to both Department of Defense and Civilian Agencies on a service for fee basis.

**Duration of Agreement and Effective Date:**

The terms and conditions of this IA will be in effect as of Month/Day/Year and will remain in effect until modified or terminated by both parties.

**Charges and Funding:**

The Acquisition Services Directorate will provide the services described in this IA at a service charge of 4% of all work orders issued on behalf of (XYZ). (XYZ) will transfer sufficient funding to the Acquisition Services Directorate for deposit into a Franchise Fund under authority provided by Section 403 of the Government Management Reform Act (GMRA), Public Law 103-356, where funds identifying a bona fide need are to be reserved for payment of services performed by the Acquisition Services Directorate contractors and/or for purchased goods.

**Project Description:**

The purpose of this section is to describe the acquisition project for which funds will be obligated under this agreement. The project must be a current bona fide need, and must

be adequately described. **Specifically, all documents must contain one of these three statements:**

"Funds in the amount of \$xxx,xxx are obligated for the purpose of acquiring the goods and services as described in the attached Statement of Work entitled, "Title of SOW", dated Month/Day/Year."

or

"Funds in the amount of \$xxx,xxx are obligated for the purpose of acquiring the goods and services as described in the attached product list, dated Month/Day/Year. (Attachment must be a list of products and associated quantities.)"

or

"Funds in the amount of \$xxx,xxx are obligated for the purpose of [eg. "exercising Option Year 3" or "adding incremental funding" or "increasing the level of effort"] for Contract Number XXXX."

**Financing:**

Agency (XYZ) will reimburse the Acquisition Services Directorate/Department of the Interior for the above services not to exceed \$xxx,xxx,xxx

Payment must include the following accounting classification in its entirety.

----- \$xxx,xxx.

The billing address is as follows: (XYZ) Your Agency  
Attn: Key Person  
Address  
City, State ZIP Code

**(XYZ) Data Elements for Funding Transfer:**

*\* Indicates that the information requested is mandatory*

\*Agency Name \_\_\_\_\_  
\_\_\_\_\_  
\*Agency Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
e-mail \_\_\_\_\_

\*Appropriation/Treasury Symbol \_\_\_\_\_  
 \*Type of Funds (Check one) One Year \_\_\_ Multi Year \_\_\_ No Year \_\_\_\_\_  
 \*Period of Availability of Funds First Fiscal Year Available: \_\_\_\_\_  
 Last Fiscal Year Available: \_\_\_\_\_  
 \*Expiration Date of Funding: \_\_\_\_\_

**All documents must explicitly state the expiration date of the funding that will be obligated.**

\*Agency Account Number.... \_\_\_\_\_  
 \*Obligation Number..... Obtain from Finance Office \_\_\_\_\_  
 \*IA Agreement Number..... \_\_\_\_\_  
 \*Trading Partner Number..... Department Code \_\_\_\_\_  
 \*Federal Agency Code (FIPS) for socio-economic credits \_\_\_\_\_  
 \*Dun & Bradstreet Number..... for Site Placing Order \_\_\_\_\_  
 \*Agency Location Code (8 digit) for IPAC \_\_\_\_\_  
 Funding Agency Number (Form SF279 for BEDP credit) \_\_\_\_\_

\*Any Unique Funding Requirements, including statutory or regulatory requirements applicable to these funds:

\_\_\_\_\_  
 \_\_\_\_\_

**Points of Contact**

Program Office Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

Program Office Alternate (Optional) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

COTR or Receiving Official Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

COTR/RO Supervisor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Invoicing POC

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Alternate Invoicing POC

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Certifying Official (Financial POC)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

**Modifications and/or Termination:**

This IA represents the final agreement of the parties and may not be modified or amended except by separate written agreement signed by both parties. Either party may terminate this IA by providing written notice to the other party. The termination will be effective thirty (30) calendar days following notification, unless a latter date is set forth.

**Disagreements:**

The Acquisition Services Directorate and (XYZ) will cooperate with each other in any way necessary to ensure that the provisions of this agreement are carried out in an expeditious and timely manner.

Any dispute between (XYZ) and the Acquisition Services Directorate contractor whose services were obtained through this agreement shall be resolved by the Acquisition Services Directorate Contracting Officer. This decision shall be final and binding upon (XYZ) and the Acquisition Services Directorate contractor.

The parties agree that, in the event of a dispute between (XYZ) and the Acquisition Services Directorate, the parties shall use their best efforts to resolve that dispute in an informal fashion and through consultation and negotiation, or other forms of mutually acceptable non-binding alternative means of dispute resolution.

**The Acquisition Services Directorate Data Elements for Funding Transfer:**

The Acquisition Services Directorate  
Attn: Funding Document Team  
381 Elden Street, Suite 4000  
Herndon, VA 20170  
Tel: (703) 964-8801  
Fax: (703) 964-5300  
[fundingdocuments@aqd.nbc.gov](mailto:fundingdocuments@aqd.nbc.gov) (please copy your contracting officer)  
Appropriation.....14X4529  
ALC Code (Agency Locator Code).....14-01-0007  
CAGE (Commercial and Government Entity).....0SA44  
BPN (Business Partner Network)Number.....059627781  
Funding Agency Code (FIPS).....1406  
TIN (Taxpayer Identification Number)..... 841024566  
Trading Partners..... 14

*E-mail or fax this agreement to the above address.*

**Authority:**

This Interagency Agreement is made and entered into by and between (XYZ) and The Acquisition Services Directorate (Department of the Interior Franchise Fund), U.S. Department of the Interior, under the: GOVERNMENT MANAGEMENT REFORM ACT 1994, (PUBLIC LAW 103-356, SECTION 403).

**Approval:**

For Your Agency Name

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

**I certify that the funds cited in this IA are properly chargeable for the purposes set forth in this IA.**

\_\_\_\_\_  
Certifying Official for your Agency

\_\_\_\_\_  
Date

For The Acquisition Services Directorate

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

**In this document, the term "Acquisition Services Directorate" refers to the Dept of the Interior Franchise Fund (IFF)**