

DEPARTMENT OF COMMERCE (DOC) CLEARANCE SIGNATURE SHEET FOR PROPOSED INTERAGENCY AGREEMENT OR OTHER SPECIAL AGREEMENT														
NAME OF OFFICE AND OPERATING UNIT	OPERATING UNIT AGREEMENT NO: _____ AMENDMENT NO. (If Applicable): _____													
PROJECT TITLE	ANTICIPATED PERIOD OF AGREEMENT Start Date _____ Completion Date _____ Project Period _____													
LEGAL AUTHORITY FOR AGREEMENT (Name of Authority and Citation)	PROGRAMMATIC AUTHORITY FOR AGREEMENT (Name of Authority and Citation)													
ESTIMATED COSTS (if applicable) DOC FUNDS TO BE OBLIGATED \$ _____ NON-DOC FUNDS TO BE OBLIGATED \$ _____ TOTAL ESTIMATED COSTS \$ _____	ESTIMATED VALUE OF IN-KIND CONTRIBUTIONS (If applicable) DOC IN-KIND CONTRIBUTIONS \$ _____ NON-DOC IN-KIND CONTRIBUTIONS \$ _____ TOTAL IN-KIND CONTRIBUTIONS \$ _____													
TYPE OF PARTNER(S) (Circle as Applicable)														
<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Another DOC Operating Unit</td> <td style="width: 25%;">State/Local Government</td> <td style="width: 25%;">Commercial Organization</td> <td style="width: 25%;">Research Organization</td> </tr> <tr> <td>Another Federal Agency</td> <td>College or University</td> <td>Non-Profit Organization</td> <td>For Profit Organization</td> </tr> <tr> <td>Public Organization</td> <td>Individual</td> <td colspan="2">Other (specify) _____</td> </tr> </table>			Another DOC Operating Unit	State/Local Government	Commercial Organization	Research Organization	Another Federal Agency	College or University	Non-Profit Organization	For Profit Organization	Public Organization	Individual	Other (specify) _____	
Another DOC Operating Unit	State/Local Government	Commercial Organization	Research Organization											
Another Federal Agency	College or University	Non-Profit Organization	For Profit Organization											
Public Organization	Individual	Other (specify) _____												
Is this an acquisition under the Economy Act with a conversion between in-house performance and contractor performance? ___Yes No___ If yes, were the requirements of OMB Circular A-76 followed? Yes___ No___														
NAME AND TITLE OF REVIEWER	SIGNATURE	DATE												
PROGRAM OFFICIAL Name: Title:														
FINANCE OFFICER (FOR REIMBURSABLE IOSA) Accounting Classification: Name:														
CONTRACTING OFFICER (IF A PAYABLE IOSA UNDER THE AUTHORITY OF THE ECONOMY ACT) (Signature indicates that based on the review of the statement of work and cost estimate, the D&F is approved and an acquisition may be established for this requirement.) Name:														
OFFICE OF GENERAL COUNSEL Name: Title														