

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

IAA Number _____ - _____ - _____
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
Tracking Number (Optional) _____

28. Order Line/Funding Information			Line Number _____	
Requesting Agency Funding Information			Servicing Agency Funding Information	
ALC			24000001	
Treasury Agency Code			0270024	
Trading Partner Code			2400	
TAS			24X4571.24	
BETC			COLL	
Object Class Code			N/A	
BPN			126536929	
BPN + 4 (Optional)				
Additional Accounting Classification/Information (Optional)			DUNS # 126536929	
Requesting Agency Funding Expiration Date _____ MM-DD-YYYY		Requesting Agency Funding Cancellation Date _____ MM-DD-YYYY		
Project Number & Title				
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)				
North American Industry Classification System (NAICS) Number (Optional) _____				
Breakdown of Reimbursable Line Costs			OR	
			Breakdown of Assisted Acquisition Line Cost:	
Unit of Measure			Contract Cost	\$
Quantity	Unit Price	Total	Servicing Fees	\$
	\$7,000/PMF	\$	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		\$		
Type of Service Requirements				
Severable Service		Non-severable Service		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 \$ _____ [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)

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)

PMF Reimbursement is due within 30 days of the acceptance of the PMF appointment or prior to the Fellows on-boarding

34. Payment Terms (Check One)

7 days

Other Payment Terms (include explanation): _____

PMF Reimbursement is due within 30 days of the acceptance of the PMF appointment or prior to the Fellows on-boarding.

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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		Rob Timmins
Title		PMF Program Lead
Telephone Number		202-606-1040
Fax Number		202-606-3040
Email Address		pmffee@opm.gov
SIGNATURE		
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		Andrew Grebe
Title		Management & Program Analyst
Telephone Number		202-606-1040
Fax Number		202-606-3040
Email Address		Andrew.Grebe@opm.gov / pmffee@opm.gov
SIGNATURE		
Date Signed		

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CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
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.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name		Andrew Grebe
Title		Management & Program Analyst
Office Address		1900 E Street NW, Room 6500 Washington, DC 20415
Telephone Number		202-606-1040
Fax Number		202-606-3040
Email Address		Andrew.Grebe@opm.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		