

Grant/Cooperative Agreement Award

1. AWARD NO. FA8651-23-1-0007		2. EFFECTIVE DATE		3. PURCHASE REQUEST NO. See Block 16		4. CFDA NO. 12.630		PAGE OF 1 2							
5. ISSUE BY AFRL/RWK CODE FA8651 AIR FORCE RESEARCH LABORATORY MUNITIONS RESEARCH LABORATORY 203 W EGLIN BLVD, BLDG 300 EGLIN AFB, FL 32542-6810 ADAM V. NOFFKE 850-883-7215 adam.noffke@us.af.mil				6. AWARDED TO CAGE CODE		7. AUTHORITY 10 U.S.C. 4001									
						8. PERIOD OF PERFORMANCE X Months (technical work) + X months for final report									
9. SCOPE / AGREEMENT TERMS "Title" submitted on DD Month YYYY in response to Call 03 BAA-FA8651-22-S-0001, dated DD Month YYYY. Recipient's signature not required on this agreement, however, the recipient agrees to the conditions specified in this award unless notice of disagreement is furnished to the awarding officer within 15 days after the signature date. In case of disagreement, the recipient shall not incur any costs until the disagreement is resolved.															
10. RECIPIENT PRINCIPAL INVESTIGATOR					11. OTHER SPONSORING AGENCY(S)										
12. ADMINISTRATIVE OFFICE CODE N66020 OFC OF NAVAL RSCH (ONRRO) ATLANTA ATLANTA REGIONAL OFFICE 100 ALABAMA ST SW SUITE 4R15 ATLANTA GA 30303-3104			13. PAYING OFFICE CODE: F03000 DFAS-DY P.O. BOX 369024 COLUMBUS, OH 43218-9024			14. STAFF JUDGE ADVOCATE OFFICE 96 TW/JAQ 501 West Van Matre Avenue, Suite 1 Eglin AFB, FL 32542									
15. GOVT PROGRAM MANAGER (Name, Org, Tel, Email)															
16. ALLOCATED FUNDING: The following funds with associated Accounting Classification reference number(s) (ACRNs) are allotted to this agreement:															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>ACRN</u></th> <th style="text-align: left;"><u>FUND CITATION(s)</u></th> <th style="text-align: right;"><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px;"> SPECIAL INSTRUCTIONS: PAYMENT WILL BE MADE BY ELECTRONIC FUNDS TRANSFER. PAYING OFFICE INSTRUCTIONS: PAYMENT SCHEDULE (if applicable): </td> </tr> </tbody> </table>										<u>ACRN</u>	<u>FUND CITATION(s)</u>	<u>AMOUNT</u>	SPECIAL INSTRUCTIONS: PAYMENT WILL BE MADE BY ELECTRONIC FUNDS TRANSFER. PAYING OFFICE INSTRUCTIONS: PAYMENT SCHEDULE (if applicable):		
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17. TOTAL FUNDS OBLIGATED		Government Share \$0.00	Recipient Share \$0.00	Total \$0.00	18. INVOICE INSTRUCTION										
19. AMOUNT OF AWARD		Government Share \$0.00	Recipient Share \$0.00	Total \$0.00											
20. OPTIONS		Government Share	Recipient Share	Total	21. PERIOD										
FOR THE RECIPIENT					FOR THE UNITED STATES OF AMERICA										
22. SIGNATURE					23. SIGNATURE										
24. NAME AND TITLE			25. DATE SIGNED		26. NAME AND TITLE MISTI A. DESHIELDS			27. DATE SIGNED							
					GRANTS OFFICER										
