

BUREAU OF LAND MANAGEMENT
Financial Assistance (Cooperative Agreements)



ATTACHMENT A
PROJECT PROPOSAL
(Suggested Format)

Instructions: A Project Proposal must be submitted with the Standard Form (SF) 424 Application for Federal Assistance, for all BLM Assistance Agreements. Complete each section below. Use additional sheets as needed.

Person Submitting Proposal: _____ Date: _____

Organization Name: _____

NOFO No.: _____

Applicant Project Title (not the
NOFO Title): _____

Estimated Period of Performance: _____

Proposed Project Location (include
BLM District/Field Office and BLM
POC as applicable): _____

If project is to be awarded under a
CESU please identify the appropriate
CESU: _____

DESIGNATED WATERSHED AREA:

Is your project located in a designated watershed area? If yes, define the location
If applicable to watershed, describe how your project improves the viability of and other wise benefit the fish, wildlife, and other biotic resources on public land and private land and the reduction of risk from natural disaster where public safety is threatened within the watershed.

STATEMENT OF NEED:

Describe your mission and objectives and how it relates to plant conservation and native plant materials development, including what the project is expected to achieve.
Describe the importance of native plant materials in restoration.
Describe how your objectives of your project meets one or more of the DOI priorities described in this announcement.

TECHNICAL APPROACH:

Detail the development and management plan for your project.
Describe the techniques, processes, methodologies to be used.
Describe how data collection, analysis, and means of interpretation will be accomplished.
Describe how the proposed objectives will be achieved within the proposed period of performance (POP).
Describe significant outputs and expected outcomes of the project with a clear set of milestones and how they will be measured.
Describe what tasks will be performed by partners organizations, sub awards, contractors, consultants, if applicable.
Information to support environmental compliance review requirements,
Project monitoring and evaluation plan, including how you will measure project performance and assessment tools to be used. Should include monitoring of sub-recipients, contractors, consultants, volunteers, etc.

PROJECT MONITORING AND EVALUATION PLAN:

Describe how you will measure project performance and assessment tools to be used and how you will evaluate performance of subawards, subrecipients, contractors etc.

TIMETABLE OR MILESTONES TO COMPLETE EXPECTED OUTCOMES:**[Suggested table below]:**

Describe significant outputs and expected outcomes of the project with a clear set of milestones and how they will be measured

Proposals must have measurable outcomes. The success of the projects funded under this announcement shall be validated and tracked by BLM Program Officers.

Milestone / Task / Activity	Start Date	Completion Date
Insert specific, measureable outcomes (milestone, task, and/or activity, i.e., # of acres surveyed in x county, # of artifacts curated at x museum/facility, draft or final report of x, or # of public outreach events (identify types of events) as applicable		

PUBLIC BENEFIT AND PROGRAM INTEREST OF THE BLM:

Describe how this project benefits the public.

Describe how BLM receives the indirect benefit of conservation activities.

QUALIFICATIONS/PAST PERFORMANCE:

List key project personnel and responsibilities, along with their contact information.

Description of stakeholder coordination or involvement.

Description of experience with plant conservation, pollinator, or restoration projects.

Describe the time to be dedicated to the project, and how their experience and qualifications are appropriate to success of the project.

List contractors, sub awards, consultants, if known, and their qualifications.

A list of federally funded assistance agreements (not contracts) that your organization performed within the last three years (no more than 5, and preferably BLM agreements), and describe how you documented and/or reported on whether you were making progress toward achieving the expected results (e.g., outputs and outcomes) under those agreements. Describe similar successful projects completed in the past and any unique qualifications your organization may possess.)

LEVERAGING OF RESOURCES

Demonstrate how you leverage funds or resources with other federal and/or non-federal sources of funds or resources to carry out the proposed project.

OVERLAP OR DUPLICATION OF EFFORT STATEMENT

Provide a statement indicating if there is any overlap between this Federal application and any other Federal application, or funded project, in regards to activities, costs, or time commitment of key personnel. If any such overlap exists, provide a complete description of overlaps or duplications between this proposal and any other federally funded project or application in regards to activities, costs, and time commitment of key personnel, as applicable. Provide a copy of any overlapping or duplicative proposal submitted to any other potential funding entity and identify when that proposal was submitted, to whom (entity name and program), and when you anticipate being notified of their funding decision.

If no such overlap or duplication exists, state:

“There is no overlap or duplication between this application and any of our other Federal applications or funded projects, including activities, costs, or time commitment of key personnel”.

When overlap exists, your statement must end with:

“We understand that if at any time we receive funding from another source that is duplicative of the funding we are requesting from the Bureau of Land Management in this application, we will immediately notify the Bureau of Land Management point of contact identified in this NOFO in writing.”

**BUREAU OF LAND MANAGEMENT**

Financial Assistance (Cooperative Agreements)

ATTACHMENT B**BUDGET DETAIL and NARRATIVE**

(Suggested Format)

Instructions: Using the estimated amounts listed on your SF-424A Budget Information form, use this worksheet format to provide details of those estimated costs. In the Justification Boxes, explain the purpose of each cost and provide sufficient detail so costs can be analyzed for reasonableness.

Agreement or Funding Opportunity No.: _____ Date: _____

Organization Name: _____

Recipient

Project Title: _____

A) PERSONNEL COSTS (SF-424A Object Class Category 6a.)

Provide the name of the person in each position (if known), and provide both the annual (for Multiyear awards) and total salary/amount each position is paid; the percent of time position contributes to this award; and the number of months the employee is paid. State if any positions are vacant at the time, and if so, anticipated hire date. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects. Recipient should ensure the cost of living increase is built into the budget and justified.

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs (2 CFR §200.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the approved budget or have the prior written approval of the Grants Officer; and (4) The costs are not also recovered as indirect costs.

Name & Title or Position Title	Salary or Wage	Months or Hours	Matching Funds (if applicable)	BLM Funds
<i>Example: James Smith, Project Coordinator</i>	<i>\$20,000.00/Mo.</i>	<i>3 Mos.</i>	<i>\$15,000.00</i>	<i>\$45,000.00</i>
A) TOTAL PERSONNEL COSTS: (SF-424A Object Class Category 6a. Personnel)			\$	\$

Justification: **EXAMPLE** - Project Coordinator - [Name]: This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provision of in-service and training, conducting meetings and coordinating with agencies, designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to NOFO. This position relates to all program objectives. John Doe will provide 10 months effort for a total of \$xx each year for three years (total \$xx).

B) FRINGE BENEFIT COSTS (SF-424A Object Class Category 6b.)

Fringe benefits are usually applicable to direct salaries and wages. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits were applied. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated. The fringe rate should be proportional among the federal and non-federal share categories. If a fringe rate is greater than 35%, a description and breakdown of the benefits must be provided unless a negotiated indirect cost rate agreement (NICRA) has been provided. If fringe benefits are not computed by using a percent of salaries, provide a breakdown of how the computation is done. The applicant should not combine the fringe benefit costs with direct salaries and wages in the personnel category.

Name & Title/Position	Salary/Wage Base (BLM Amounts budgeted in Section A above)	Fringe Benefit Rate (%)	Matching Funds (if applicable)	BLM Funds
<i>Example: James Smith, Project Coordinator</i>	\$20,000.00	30%	\$0.00	\$6,000.00
B) TOTAL FRINGE BENEFIT COSTS: (SF-424A Object Class Category 6b. Fringe Benefits)			\$	\$

Justification: **EXAMPLE:** The fringe benefit rate for full-time employees for years one and two is calculated at 33%. The fringe rate for the student is calculated at 7%. For years three and four, the fringe rate is anticipated to increase to 34% for employees and remain at 7% for graduate students.

If fringe rate is greater than 35%:**Project Coordinator - Salary [amount]**

Retirement 5% of \$35,000 = [amount]

FICA 7.65% of \$35,000 = [amount]

Insurance = [amount]

Workman's Compensation, etc. = [amount]

Total [amount]

C) TRAVEL COSTS (SF-424A Object Class Category 6c.)

Domestic travel includes travel within and between the U.S., the commonwealths of Puerto Rico and the Northern Mariana Islands, Guam, the U.S. Virgin Island, and the territories and possessions of the United States. Provide a narrative justification describing the travel staff will perform. List origin and destination, number of trips planned, who will be making the trip, purpose of travel and how it relates to the scope of work, and approximate dates. If mileage is to be paid, provide number of miles and the cost per mile. If travel is by air, show cost of airfare and proposed airline (if known). If per diem/lodging is to be paid, indicate number of days and the amount for each day's per diem and the number of nights and the amount for each night's lodging. Include any ground transportation when applicable. Total each trip planned.

Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels etc., should be itemized the same way as indicated above and placed in the "other" category. Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project.

If travel details are unknown, then the basis for proposed costs should be explained (i.e., historical information). Travel costs can be charged on an actual basis, on a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two if applied consistently and results in reasonable charges. Travel support for dependents of key project personnel may be requested only when the travel is for a duration of six months or more either by inclusion in the approved budget or with the prior written approval of the Grants Officer (2 CFR §200.474(c)(2)). <http://www.gsa.gov/portal/content/104877>.

Proposed Travel (Lodging & Per Diem)		No. of People	No. of Days	Cost Per Person Per Day	Matching Funds (if applicable)	BLM Funds
To:						
From:						
To:						
From:						
To:						
From:						
To:	<i>Example: Portland, OR</i>	<i>1</i>	<i>2</i>	<i>\$150.00/ Day</i>	<i>\$100.00</i>	<i>\$200.00</i>
From:	<i>Eugene, OR</i>					

SUB-TOTAL, MILEAGE REIMBURSEMENT - The cost of reimbursement for estimated mileage traveled in recipient vehicles for agreement activities. Give details and the purpose of the travel in the Narrative Box. Current Federal mileage reimbursement rates may be found online at www.GSA.gov. **NOTE:** Mileage reimbursement rates include all vehicle costs, i.e. fuel, insurance, maintenance, etc.

Proposed Travel (Mileage Reimbursement)		No. of Miles	No. of Trips	Cost Per Mile	Matching Funds (if applicable)	BLM Funds
To:						
From:						
To:						
From:						
To:						
From:						
To:	<i>Example: Portland, OR</i>	<i>110 Miles</i>	<i>2</i>	<i>\$0.10/ Mile</i>	<i>\$0.00</i>	<i>\$22.00</i>
From:	<i>Eugene, OR</i>					

SUB-TOTAL, OTHER TRAVEL COSTS - The costs of airfare, bus fare, car rental, etc., required for agreement activities. Explain the details and the purpose of the costs in the Narrative Box.

Proposed Other (Travel Reimbursement)		Type	Cost	No.	Matching Funds (if applicable)	BLM Funds
To:						
From:						

To:						
From:						
To:						
From:						
C) TOTAL TRAVEL COSTS: (SF-424A Object Class Category 6c. Travel)					\$	\$
Justification: EXAMPLE - The Project Coordinator and the Education Specialist will travel to [event location] to provide training at the “Sage Grouse Workshop” being held [date]. They will both travel from [origin] to [destination], and take ground transportation from the airport to the even/hotel.						

D) EQUIPMENT COSTS (SF-424A Object Class Category 6d. Equipment)

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. A recipient organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. For example, a state may classify their equipment at \$1,000 with a useful life of a year. It is recommended that internal policies for equipment be provided in this section in order to avoid requests by BLM for closeout documents and delays during the closeout period.

General use of equipment (i.e., computers, faxes, etc.) must be used 100% for the proposed project if charged directly to the agreement. Maintenance fees for equipment should be shown in the “other” category.

Provide a lease versus purchase analysis. This must accompany every equipment request over \$5,000 even if a lease vs purchase analysis cannot be completed, a statement is required to that effect. General-purpose equipment such as office equipment and furnishings, and information technology equipment and systems are typically not eligible for direct cost support (2 CFR §200.439).

Provide objective-related justification for all equipment items after the detailed budget. The source for determining the budget price for each unit of equipment should be included in the justification. Explain the need and purpose of the equipment in the Justification Box below.

Equipment	Quantity	Cost per Unit	Matching Funds (if applicable)	BLM Funds
<i>Example: John Deere Compact Tractor</i>	<i>1</i>	<i>\$17,500.00</i>	<i>\$7,500.00</i>	<i>\$10,000.00</i>
D) TOTAL EQUIPMENT COSTS: (SF-424A Object Class Category 6d. Equipment)			\$	\$
Justification: EXAMPLE - Equipment costs of [\$ amount] is requested for modified gill nets (1x\$20,000), anchors (2x\$6,000), floating and acoustic transmitters and receivers (4x\$10,000). The gill nets will be used for [description]. The anchors are needed for [description]. The transmitters and receivers will be used for [description].				

E) SUPPLY COSTS (SF-424A Object Class Category 6e. Supplies)

List by supply item. An explanation is necessary for supplies costing more than \$5,000, or five percent of the award, whichever is greater. Show unit cost of each item, number needed, and total amount. Provide both the annual (for multiyear awards) and total for supplies. Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the “supplies” category. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the “other” category. If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period.

Requirements for supplies, which exceed the thresholds: explain the type of supplies to be purchased, or nature of the expense in the budget narrative; provide a breakdown of supplies by quantity and cost per unit if known; and indicate basis for estimate of supplies, i.e., historical use on similar projects.

If your organization has a written policy for purchasing supplies, please submit a copy with your application. Explain the purpose of the costs in the Justification Box below.

Item	Quantity	Cost per Unit	Matching Funds (if applicable)	BLM Funds
<i>Example: Work Gloves, Leather</i>	6	\$10.00/Pair	\$50.00	\$10.00
E) SUPPLY COST TOTAL: (SF-424A Object Class Category 6e. Supplies)			\$	\$

Justification: EXAMPLE - General office supplies will be used by staff to carry out daily activities of the program. Pamphlets will be kept in stock and distributed to schools as needed upon request. Supplies relate to (describe how pamphlets relate to objectives).

Sample Budget

SUPPLIES **Total \$** _____

General office supplies (pens, pencils, paper, etc.)

Lab supplies (developing chemicals, petri dishes, etc.)

12 months x \$100/month = [amount]

2,000 pamphlets entitled [name] x \$.58 ea. = [amount]

F) CONTRACTUAL COSTS (SF-424A Object Class Category 6f. Contractual)

Provide separate budgets for each sub award or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project. Please note the differences between sub award, contract, and vendor:

- **Sub award** means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program.
- **Contract** means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award.
- **Vendor** is generally a dealer, distributor or other seller that provides, for example, supplies, expendable materials, or data processing services in support of the project activities.

Provide both the annual (for multiyear awards) and total for contractual. Do not incorporate contractual indirect costs under the indirect costs line item for the applicant/grantee on the SF-424A or budget narrative.

- **Name of Subrecipient, Contractor, or Vendor:** Include the name of the qualified subrecipient, contractor, affiliation, and contact.
- **Method of Selection:** Include how selection was made. If sole source, include an explanation. Include qualifications.
- **Period of Performance:** Include the dates/length for the performance period. If it involves a number of tasks, include the performance period for each task.
- **Scope of Work:** List and describe the specific tasks to be performed.
- **Criteria for Measuring Accountability:** Include an itemized line item breakdown as well as total contract/award amount. If applicable, include any indirect costs paid under the contract/award and the indirect cost rate used.

Explain the details and purposes of the costs in the Justification Box below.

Contractor Name, Type, etc.	Cost	Matching Funds (if applicable)	BLM Funds
<i>Example: Ace Delivery Service (Yearly Contract)</i>	\$2,500.00	\$0.00	\$2,500.00
F) CONTRACTUAL COST TOTAL: (SF-424A Object Class Category 6f. Contractual)		\$	\$

Justification: **EXAMPLE** - Contractual costs of [\$ amount] is requested for the university to execute a contract with TBD, competed competitively, for [\$ amount] to develop and deploy satellite tags on North Atlantic right whales for 2016 (one year). Expenses will include: (1) personnel and fringe for a technician to implement tag development and testing during Year 1, (2) expenses TBD to travel to Seattle, WA to meet with XX computers engineers to develop a GPS-linked satellite tag, (3) travel for TBD to the Southeast U.S. to lead tag deployments in 2015 and 2016, and (4) tagging supplies (satellite tags, tag darts, measurement electronics for tag testing, other tag testing supplies). TBD will report to the university quarterly to ensure progress. [Attach itemized budget.]

CONTRACTUAL SAMPLE

Name of Organization
 Method of Selection (competitive or sole source; if sole source, provide justification)
 Period of Performance
 Description of Activities
 Method for Maintaining Performance Accountability
 Itemized Budget (include categories used in program budget)

G) CONSTRUCTION COSTS (SF-424A Object Class Category 6g. Construction)

Construction activity is allowable only when program legislation includes specific authority for construction and/or when the BLM operating unit specifically authorizes such activity. Activities under an award are considered construction when the major purpose of the award is construction as defined in this chapter. In contrast, alteration of facilities incidental to a non-construction purpose is not considered construction under this chapter. - FAR Part 2 Definitions.

Most federal programs do not allow construction costs, and those that do typically have detailed instructions describing how to figure construction costs. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Whereas non-construction awards use the SF-424A form, construction awards must use the SF-424C form. Detail provided should include administrative and legal expenses; land, structures, rights-of-way, appraisals, etc.; relocation expenses and payments; architectural and engineering fees, project inspection fees; site work; demolition and removal; equipment; contingencies; and program income.

Explain the details and purpose of the costs in the Justification Box below.

Contractor: Name/Type/Organization/Etc.	Cost	Matching Funds (if applicable)	BLM Funds
G) CONSTRUCTION COST TOTAL: (SF-424A Object Class Category 6g. Construction)		\$	\$

Justification:

H) OTHER COSTS (SF-424A Object Class Category 6h. Other)

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (i.e., alcohol, fundraising, meals and coffee breaks). Provide both the annual (for multiyear awards) and total for other. Give justification for all the items in the "other" category (e.g., separate justification for printing, telephone, postage, rent, etc.). All costs associated with training activities should be placed in the "other" category except costs for consultant and/or contractual. List all expenses anticipated for the training activity in the format above. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. It is recommended that sub awards fall under the contractual section rather than the other section.

Explain the details and purpose of the costs in the Justification Box below.

Item	Cost	Matching Funds (if applicable)	BLM Funds
<i>Example: Ace Equipment Rental (Post-Hole Digger, 4 Days)</i>	<i>\$25/Day</i>	<i>\$0.00</i>	<i>\$100.00</i>
H) OTHER COSTS TOTAL: (SF-424A Object Class Category 6h. Other)		\$	\$

Justification: **EXAMPLE** - [\$ amount] is requested for printing informational pamphlets as it relates to our proposed marketing and outreach efforts, stipend costs for reviewing and contributing to the vetting process of the training curriculum, and other miscellaneous costs including phone, and postage and mailing costs.

Sample Budget

OTHER Total \$ _____
 Printing (\$ _____ per x _____ documents) = [subtotal]
 Telephone (Charges \$ _____ per month x _____ months) = [subtotal]
 Postage (Charges \$ _____ per month x _____ months) = [subtotal]
 Rent (\$ _____ per month x _____ months) = [subtotal]
 Etc. (Charges \$ _____ per _____ x item) = [subtotal]
 Training costs for [name of training] = [subtotal]

I) TOTAL DIRECT COSTS (SF-424A Object Class Category 6i. Sum of 6a.-6h.) The total of all direct costs applicable to this project.		
Total Direct Costs	Matching Funds (if applicable)	BLM Funds
I) TOTAL DIRECT COSTS: (SF-424A Object Class Category 6i. Total, Sum of 6a.-6h.)	\$	\$
J) INDIRECT COSTS (SF-424A Object Class Category 6j. Indirect Charges) Indirect costs are those costs incurred for common or joint objectives, which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. Please refer to the BLM Financial Assistance Standard Terms and Conditions and the 2 CFR 200 for more information about indirect costs and facilities and administrative costs, including more information regarding predetermined, provisional, and fixed rates. Provide the most recent indirect cost rate agreement with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a proposal (2 CFR §200.414). The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). Any non-Federal entity that has never received a negotiated indirect cost rate, except for those nonfederal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B) may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. Foreign grantees that do not have a negotiated indirect cost rate may also elect to charge the de minimis rate limited to an indirect cost rate recovery of 10% of modified total direct costs, and foreign grantees that have a negotiated rate agreement with a U.S. federal agency may recover indirect costs at the current negotiated rate. (Only mandatory cost sharing or cost sharing specifically committed in the project budget must be included in the organized research base for computing the indirect (F&A) cost rate or reflected in any allocation of indirect costs.) Use the Narrative Box below to explain how you calculated your indirect cost base and resulting indirect costs.		
Indirect Cost Rate to be used on this Grant (%):		
Indirect Cost Base for this Grant:		\$
Total Indirect Costs	Matching Funds (if applicable)	BLM Funds
J) TOTAL INDIRECT COSTS: (SF-424A Object Class Category 6j. Indirect Charges)	\$	\$

Narrative: SELECT WHICH APPLIES TO YOUR ORGANITION & DELETE THE OTHERS

1. A state or local government entity receiving more than \$35 million in direct Federal funding with an indirect cost rate of [insert rate]. We submit our indirect cost rate proposals to our cognizant agency. A copy of our most recently approved rate agreement/certification is attached.
2. A state or local government entity receiving less than \$35 million in direct Federal funding with an indirect cost rate of [insert rate]. We are required to prepare and retain for audit an indirect cost rate proposal and related documentation to support those costs.
3. A non-profit organization that has previously negotiated or currently has an approved indirect cost rate with our cognizant agency. Our indirect cost rate is [insert rate]. A copy of our most recently approved rate agreement is attached.
4. A [insert your organization type] that has never submitted an indirect cost rate proposal to our cognizant agency. Our indirect cost rate is [insert rate]. In the event an award is made, we will submit an indirect cost rate proposal to our cognizant agency within 90 calendar days after the award is made.
5. A [insert your organization type] that has never submitted or does not have a current indirect cost rate proposal from our cognizant agency. We request as a condition of award to charge a flat de minimis indirect cost rate of 10% to be charged against modified total direct project costs as defined in 2 CFR §200.68. We understand that we must notify BLM in writing if we establish a negotiated rate with our cognizant agency at any point during the award period. We understand that additional Federal funds may not be available to support an unexpected increase in indirect costs during the project period and that such changes are subject to review, negotiation, and prior approval by BLM.
6. If your organization is a Cooperative Ecosystems Studies Unit (CESU) partner, your indirect cost rate will be 17.5% of your NICRA-determined indirect cost base.

K) TOTALS (SF-424A Object Class Category 6k. TOTALS)

The sum total of all Direct and Indirect Costs (Sum of 6i. & 6j.) Applicable to this agreement.

Total Project Costs	Matching Funds (if applicable)	BLM Funds
K) TOTAL COSTS: (SF-424A Object Class Category 6k. TOTALS)	\$	\$