United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number _____ - 0000 - _____
GT&C # Order # Amendment/Mod #

DEPARTMENT AND/OR AGENCY			
1.		**Requesting Agency of Products/Services**	**Servicing Agency Providing Products/Services**
	Name	Office of the Vice President	General Services Administration Office of Governmentwide Policy
	Address	725 17th Street, NW Washington, DC 20503	1800 F Street, NW Washington, DC 20405

2. Servicing Agency Agreement Tracking Number (Optional)_____

3. Assisted Acquisition Agreement Yes ☐ No ☑

4. GT&C Action (Check action being taken)

☑ **New**

☐ **Amendment** – Complete only the GT&C blocks being changed and explain the changes being made.

☐ **Cancellation** – Provide a brief explanation for the IAA cancellation and complete the effective End Date.

5. Agreement Period Start Date Last Signature (MM-DD-YYYY) End Date 09-30-2019 (MM-DD-YYYY) of IAA or effective cancellation date

6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.

Yes ☐ If **Yes,** is this an: Annual Renewal ☐
Other Renewal ☐ State the other renewal period: _____

No ☑

7. Agreement Type (Check One) ☑ Single Order IAA ☐ Multiple Order IAA

8. Are Advance Payments Allowed for this IAA (Check One) ☐ Yes ☑ No

If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation

Note: Specific advance amounts will be captured on each related Order.

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number _____ - 0000 - _____
GT&C # Order # Amendment/Mod #

9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)

(Optional for Assisted Acquisitions)

Direct Cost	$359,000.00	Provide a general explanation of the Overhead Fees & Charges
Overhead Fees & Charges	$0.00	
Total Estimated Amount	$359,000.00	

10. STATUTORY AUTHORITY

a. Requesting Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
☐	☐	☑	☐	☐

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

b. Servicing Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
☐	☐	☑	☐	☐

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)

To the extent permitted by law, and subject to the availability of appropriations, the General Services Administration, the Office of Government-wide Policy shall provide the Commission with such administrative services, funds, facilities, staff, equipment, and other support services as may be necessary to carry out its mission on a reimbursable basis.

12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)

Insofar as the Federal Advisory Committee Act, as amended (5 U.S.C. App.) (the "Act"), may apply to the Commission, any functions of the President under that Act, except for those in section 6 of the Act, shall be performed by the Administrator of General Services.

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).
The Commission shall terminate within 30 days after it presents its final report to the President, consistent with the Presidential Executive Order on the Establishment of Presidential Advisory Commission on Election Integrity of May 11, 2017.

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.**)**

30

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)
NA

18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)
NA

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number_____ - 0000 - _____
GT&C # Order # Amendment/Mod #

20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)
N/A

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)
N/A

22. Annual Review of IAA

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name	Katherine Purucker	Allison Brigati
Title	Director of Administration	Associate Administrator, OGP
Telephone Number(s)	(b)(6) [redacted]	
Fax Number		
Email Address	(b) (6) [redacted]	allison.brigati@gsa.gov
SIGNATURE	(b)(6) [redacted]	(b) (6) [redacted]
Approval Date	07-13-2017	7/13/2017

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

ER.2017.099

IAA Number SPEI17C001XXX - _____ - _____
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION		
24.	**Requesting Agency**	**Servicing Agency**
Primary Organization/Office Name	Office of the Vice President	General Services Administration Office of Governmentwide Policy
Responsible Organization/Office Address	725 17th Street, NW Washington, DC 20503	1800 F Street, NW Washington, DC 20405

ORDER/REQUIREMENTS INFORMATION

25. Order Action (Check One)

☑ **New**

☐ **Modification** (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line** (Block 26) if the mod involves adding, deleting or changing **Funding for an Order Line**.

☐ **Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	$	$	$	$	$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	$	$	$	$	$ 0.00
Funding Change for This Mod	$	$	$	$	$ 0.00
TOTAL Modified Obligation	$ 0.00	$ 0.00	$0.00	$ 0.00	$0.00
Total Advance Amount (-)	$	$	$	$	$ 0.00
Net Modified Amount Due	$ 0.00	$0.00	$0.00	$ 0.00	$0.00

27. Performance Period
For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date Last Signature (MM-DD-YYYY) End Date 09-30-2017 (MM-DD-YYYY)

IAA Order

IAA Number SPEI17C001XXX - _____ - _____
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									47-00-0016							
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
			011	2016	2017		0037	000			047	2016	2017		4540	000
OR Current TAS format									47-4540.16/17							
BETC	DISB								COLL							
Object Class Code (Optional)																
BPN	031649358								057423175							
BPN + 4 (Optional)																
Additional Accounting Classification/Information (Optional)	(b) (6) [redacted]															

Requesting Agency Funding Expiration Date 09-30-2017 (MM-DD-YYYY)

Requesting Agency Funding Cancellation Date 09-30-2022 (MM-DD-YYYY)

Project Number & Title The Presidential Advisory Commission on Election Integrity

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.)

Support activities consistent with the Presidential Executive Order on the Establishment of Presidential Advisory Commission on Election Integrity of May 11, 2017.

North American Industry Classification System (NAICS) Number (Optional) _____

Breakdown of Reimbursable Line Costs

Unit of Measure		
Quantity	Unit Price	**Total**
1	$215,000.00	$ 215,000.00
Overhead Fees & Charges		$ 0.00
Total Line Amount Obligated		$ 215,000.00
Advance Line Amount (-)		$ 0.00
Net Line Amount Due		$ 215,000.00

OR **Breakdown of Assisted Acquisition Line Cost:**

Contract Cost	$
Servicing Fees	$
Total Obligated Cost	$ 0.00
Advance for Line (-)	$
Net Total Cost	$ 0.00

Assisted Acquisition Servicing Fees Explanation

Type of Service Requirements

☐ Severable Service ☐ Non-severable Service ☑ Not Applicable

IAA Order

IAA Number SPEI17C001XXX - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

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: $ 215,000.00
[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)_____

34. Payment Terms (Check One)

☑ 7 days ☐ Other Payment Terms (include explanation): _____

IAA Order

IAA Number SPEI17C001XXX - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

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	Katie Purucker	Allison Brigati
Title	Director of Administration	Associate Administrator, OGP
Telephone Number	(b) (6) [redacted]	
Fax Number		
Email Address	(b) (6) [redacted]	allison.brigati@gsa.gov
SIGNATURE	(b)(6) [redacted]	(b) (6) [redacted]
Date Signed	07-13-2017	7/13/17

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	Katie Purucker	Stefan Grabas
Title	Director of Administration	Funding Official
Telephone Number	(b)(6) [redacted]	(202) 501-0254
Fax Number		
Email Address	(b) (6) [redacted]	stefan.grabas@gsa.gov
SIGNATURE	(b)(6) [redacted]	MEIRA FRIED Digitally signed by MEIRA FRIED DN: c=US o=U.S. Government ou=General Services Administration cn=MEIRA FRIED 0.9.2342.19200300.100.1.1=47001000013327 Date: 2017.07.13 18:12:06 -04'00'
Date Signed	07-13-2017	7/13/17

IAA Order

IAA Number SPEI17C001XXX - _____ - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

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	Kristin Savercool	General Services Administration
Title	Budget Analyst	Financial Information & Operations Div
Office Address	725 17th Street, NW Washington, DC 20503	USDA (FIOD-A) 2300 Main Street Kansas City, MO 64108
Telephone Number	(b)(6) [redacted]	(816) 926-4287
Fax Number		
Email Address	(b) (6) [redacted]	kc.generalfunds.billingrequests@gsa.gov
Signature & Date (Optional)	(b)(6) [redacted]	

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		Valerie Whittington (Financial POC)
Title		Program Analyst
Office Address		1800 F Street, NW Washington, DC 20405
Telephone Number		(202) 501-3395
Fax Number		
Email Address		valerie.whittington@gsa.gov
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)		

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

IAA Number SPEI17C001037 - 000 - 01
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) MBOGP-OVPSPEI17C001

PRIMARY ORGANIZATION/OFFICE INFORMATION

24.	Requesting Agency	Servicing Agency
Primary Organization/Office Name	Office of the Vice President	General Services Administration Office of Governmentwide Policy
Responsible Organization/Office Address	725 17th Street, NW Washington, DC 20503	1800 F Street, NW Washington, DC 20405

ORDER/REQUIREMENTS INFORMATION

25. Order Action (Check One)

☐ **New**

☑ **Modification** (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line** (Block 26) if the mod involves adding, deleting or changing **Funding for an Order Line**.
This is a zero dollars modification. This agreement adjusts accounting classification data for this customer order between OEP/OVP and GSA.

☐ **Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	$215,000.00	$	$	$	$215,000.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	$	$	$	$	$0.00
Funding Change for This Mod	$0.00	$	$	$	$0.00
TOTAL Modified Obligation	$215,000.00	$0.00	$0.00	$0.00	$215,000.00
Total Advance Amount (-)	$	$	$	$	$0.00
Net Modified Amount Due	$215,000.00	$0.00	$0.00	$0.00	$215,000.00

27. Performance Period
For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date Last Signature (MM-DD-YYYY) End Date 09-30-2017 (MM-DD-YYYY)

IAA Order

IAA Number SPEI17C001037 - 000 - 01
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) MBOGP-OVPSPEI17C001

28. Order Line/Funding Information **Line Number** _____

	Requesting Agency Funding Information								Servicing Agency Funding Information							
ALC	11-03-0001								47-00-0016							
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
			011	2016	2017		0037	000			047				4540	001
OR Current TAS format									47X4540.001							
BETC	DISB								COLL							
Object Class Code (Optional)																
BPN	031649358								964253686							
BPN + 4 (Optional)																
Additional Accounting Classification/Information (Optional)	(b) (6) [redacted]															

Requesting Agency Funding Expiration Date 09-30-2017 MM-DD-YYYY

Requesting Agency Funding Cancellation Date 09-30-2022 MM-DD-YYYY

Project Number & Title The Presidential Advisory Commission on Election Integrity

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.)

Support activities consistent with the Presidential Executive Order on the Establishment of Presidential Advisory Commission on Election Integrity of May 11, 2017.

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	$
1	$0.00	$ 0.00	Total Obligated Cost	$ 0.00
Overhead Fees & Charges		$ 0.00	Advance for Line (-)	$
Total Line Amount Obligated		$ 0.00	Net Total Cost	$ 0.00
Advance Line Amount (-)		$ 0.00	Assisted Acquisition Servicing Fees Explanation	
Net Line Amount Due		$ 0.00		

Type of Service Requirements

☐ Severable Service ☐ Non-severable Service ☑ Not Applicable

IAA Order

IAA Number SPEI17C001037 - 000 - 01
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) MBOGP-OVPSPEI17C001

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: $ 0.00
[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)_____

34. Payment Terms (Check One)

☑ 7 days ☐ Other Payment Terms (include explanation): _____

IAA Order

IAA Number SPEI17C001037 - 000 - 01
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) MBOGP-OVPSPEI17C001

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	Katie Purucker	Allison Brigati
Title	Director of Administration	Associate Administrator, OGP
Telephone Number	(b)(6) [redacted]	
Fax Number		
Email Address	(b) (6) [redacted]	allison.brigati@gsa.gov
SIGNATURE	(b)(6) [redacted]	Digitally signed by ALLISON BRIGATI DN: c=US, o=U.S. Government, ou=General Services Administration, cn=ALLISON BRIGATI, 0.9.23.2.19200300.100.1.1=7001003 5 073 Date: 2017.07.25 16: :25 -0 '00'
Date Signed	07-12-2017	07-25-2017

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	Katie Purucker	Stefan Grabas
Title	Director of Administration	Funding Official
Telephone Number	(b)(6) [redacted]	(202) 501-0254
Fax Number		
Email Address	(b) (6) [redacted]	stefan.grabas@gsa.gov
SIGNATURE	(b)(6) [redacted]	Digitally signed by STEFAN GRABAS DN: c=US, o=U.S. Government, ou=General Services Administration, cn=STEFAN GRABAS, 0.9.23.2.19200300.100.1.1=7001002862578 Date: 2017.07.25 09:31:3 -0 '00'
Date Signed	07-25-2017	07-25-2017

IAA Order

IAA Number SPEI17C001037 - 000 - 01
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) _____

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	Kristin Savercool	General Services Administration
Title	Budget Analyst	Financial Information & Operations Div
Office Address	725 17th Street, NW Washington, DC 20503	USDA (FIOD-A) 2300 Main Street Kansas City, MO 64108
Telephone Number	(b) (6) [redacted]	(816) 926-4287
Fax Number		
Email Address	[redacted]	kc.generalfunds.billingrequests@gsa.gov
Signature & Date (Optional)	(b) (6) [redacted]	

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		Valerie Whittington (Financial POC)
Title		Program Analyst
Office Address		1800 F Street, NW Washington, DC 20405
Telephone Number		(202) 501-3395
Fax Number		
Email Address		valerie.whittington@gsa.gov
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)		