

## ASSISTANCE FUNDING ORDER

<b>APPLICANT:</b>	<b>PROJECT ID NUMBER:</b>	<b>APPROVED DURATION PERIOD DATES</b>	
		<b>PROJECT PERIOD</b>	<b>BUDGET PERIOD</b>

<b>PROJECT TITLE AND DESCRIPTION:</b>
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<b>PROGRAMMATIC TERMS AND CONDITIONS:</b> (Use separate sheet for listing Terms and Conditions)	<b>PROJECT OFFICER TRAINING RECEIVED?</b> YES <input type="radio"/> DATE: _____ (MONTH/YEAR) NO <input type="radio"/>
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<b>Initial Funding?</b> YES <input type="radio"/> NO <input type="radio"/>  <b>Project budget cost shared?</b> YES <input type="radio"/> NO <input type="radio"/>  <b>Does this project involve</b> Human Subjects? YES <input type="radio"/> NO <input type="radio"/> Animal Subjects? YES <input type="radio"/> NO <input type="radio"/>	<b>Incremental Funding:</b> (For projects previously funded and are ongoing, please answer the following questions.) 1. Is this project progressing satisfactorily? If no, explain the circumstances and the action taken to remedy the situation.  2. Have you received the progress reports required by this Assistance Agreement? If no, explain the action you have taken to obtain these reports.  3. Have you checked the terms and conditions noted in this Assistance Agreement and ensured that the recipient is in compliance? (e.g. QA plan) If the recipient is not in compliance, explain the action taken to remedy the situation.	YES <input type="radio"/> NO <input type="radio"/>  YES <input type="radio"/> NO <input type="radio"/> NOT DUE <input type="radio"/> NA <input type="radio"/>  YES <input type="radio"/> NO <input type="radio"/>
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### APPROVED BUDGET

#	COST CATEGORY CLASSIFICATION: (NON-CONSTRUCTION)	ALLOWABLE BUDGET PERIOD COST:	
		TABLE-A	TABLE-B
1	PERSONNEL:		
2	FRINGE BENEFITS:		
3	TRAVEL:		
4	EQUIPMENT:		
5	SUPPLIES:		
6	CONTRACTUAL SERVICES:		
7	CONSTRUCTION:		
8	OTHER:		
9	TOTAL DIRECT COSTS:		
10	INDIRECT COSTS: <b>RATE:</b> <b>% BASE:</b>		
11	TOTAL APPROVED PROJECT PERIOD COSTS:		
12	<b>TOTAL APPROVED EPA AMOUNT:</b>		

EPA PROJECT OFFICER		
NAME AND TITLE:	ADDRESS (Include ZIP Code):	TELEPHONE NO:  FAX NO:

RECOMMENDING OFFICIAL		
SIGNATURE:	TYPED NAME AND TITLE:	DATE:

DECISION OFFICIAL APPROVAL		
SIGNATURE:	TYPED NAME AND TITLE:	DATE: