

**UNCLASSIFIED**

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

IAA Number PM-ISE16-002 - 0000 -  
 GT&C # \_\_\_\_\_ Order # Amendment/Mod # \_\_\_\_\_

DEPARTMENT AND/OR AGENCY		
<b>1.</b>	<b>Requesting Agency of Products/Services</b>	<b>Servicing Agency Providing Products/Services</b>
	Name	Office of Director of National Intelligence/PM-ISE Federal Bureau of Investigation FBI Office of Partner Engagement
	Address	Washington, DC 20511 Countering Violent Extremism Section Washington, DC Headquarters & Field Offices
2. Servicing Agency Agreement Tracking Number (Optional) _____		
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
4. GT&C Action (Check action being taken)		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date <u>03-01-2016</u> End Date <u>09-30-2021</u> of IAA or effective cancellation date <small>MM-DD-YYYY MM-DD-YYYY</small>		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes <input checked="" type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/>		
Other Renewal <input checked="" type="checkbox"/> State the other renewal period: <u>As requested by Req or Serv agency.</u>		
No <input type="checkbox"/>		
7. Agreement Type (Check One) <input type="checkbox"/> Single Order IAA <input checked="" type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.		

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<p><b>9. Estimated Agreement Amount</b> (The Servicing Agency completes all information for the estimated agreement amount.)                  (Optional for Assisted Acquisitions)</p>						
Direct Cost _____ Overhead Fees & Charges _____ Total Estimated Amount _____	Provide a general explanation of the Overhead Fees & Charges <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">b7E</div>					
<p><b>10. STATUTORY AUTHORITY</b></p> <p><b>a. Requesting Agency's Authority</b> (Check One)</p> <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Franchise Fund <input type="checkbox"/></td> <td style="text-align:center;">Revolving Fund <input type="checkbox"/></td> <td style="text-align:center;">Working Capital Fund <input type="checkbox"/></td> <td style="text-align:center;">Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/></td> <td style="text-align:center;">Other Authority <input type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority</p>		Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>	Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/>	Other Authority <input type="checkbox"/>
Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>	Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/>	Other Authority <input type="checkbox"/>		
<p><b>b. Servicing Agency's Authority</b> (Check One)</p> <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Franchise Fund <input type="checkbox"/></td> <td style="text-align:center;">Revolving Fund <input type="checkbox"/></td> <td style="text-align:center;">Working Capital Fund <input type="checkbox"/></td> <td style="text-align:center;">Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/></td> <td style="text-align:center;">Other Authority <input type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority</p>		Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>	Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/>	Other Authority <input type="checkbox"/>
Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>	Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/>	Other Authority <input type="checkbox"/>		
<p><b>11. Requesting Agency's Scope</b> (State and/or list attachments that support Requesting Agency's Scope.)                  Funding is provided to the Federal Bureau of Investigation for support in combating violent extremism through the Multi-disciplinary intervention Concept.</p>						
<p><b>12. Roles &amp; Responsibilities for the Requesting Agency and Servicing Agency</b> (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)</p> <p><b>Requesting Agency:</b>                  Meet regularly with the project team and project manager as required.                  Provide the Servicing Agency necessary reference documentation to complete deliverables.</p> <p><b>Servicing Agency:</b>                  Will provide milestone completion reviews.                  Provide quarterly status reports and deliver quarterly project reviews.                  Provide final project review or close-out.</p>						

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<p><b>13. Restrictions (Optional)</b> (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).</p>
<p><b>14. Assisted Acquisition Small Business Credit Clause</b> (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.)</p>
<p><b>15. Disputes:</b> 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.</p>
<p><b>16. Termination</b> (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)</p> <p>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.</p> <p>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.</p>
<p><b>17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA.</b> (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)</p>
<p><b>18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA.</b> (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)</p>
<p><b>19. Requesting Agency Clause(s) (Optional)</b> (State and/or attach any additional Requesting Agency clauses.)</p>

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FMS Form 7600A  
6-10DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE  
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General Terms and Conditions (GT&C) Section**

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 GT&C #                      Order # Amendment/Mod #

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

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

**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.

<b>23.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>
Name	[Redacted]	[Redacted]
Title	PM-ISE Chief of Staff	[Redacted]
Telephone Number(s)	[Redacted] <span style="border: 1px solid red; padding: 2px;">b3</span>	[Redacted]
Fax Number		[Redacted]
Email Address	[Redacted]	[Redacted]
SIGNATURE		[Redacted]
Approval Date		[Redacted]

b6,  
b7C

*4/26/2016 FBI OPE AD Approval  
Kerry Sleeper*

*[Handwritten Signature]*  
Signature

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APR 25 2016

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

IAA Number PM/ISE16-002 - 165584 - \_\_\_\_\_ Servicing Agency's Agreement  
 GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment/Mod # \_\_\_\_\_ Tracking Number (Optional) \_\_\_\_\_

**PRIMARY ORGANIZATION/OFFICE INFORMATION**

24.	Requesting Agency	Servicing Agency
Primary Organization/Office Name	Office of the Director of National Intelligence/PM-ISE	Federal Bureau of Investigation Office of Partner Engagement
Responsible Organization/Office Address	Washington, DC 20511	Countering Violent Extremism Section Washington, DC Hqs & Field Offices

**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 # <u>1</u>	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	██████████	\$	\$	\$	██████████
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
<b>TOTAL Modified Obligation</b>	██████████	\$	\$0.00	\$0.00	██████████
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
<b>Net Modified Amount Due</b>	██████████	\$	\$0.00	\$0.00	██████████

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**27. Performance Period** Start Date 04-01-2016 End Date 03-31-2017  
 For a performance period mod, insert the start and end dates that reflect the new performance period.  
 MM-DD-YYYY MM-DD-YYYY

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IAA Order

IAA Number PM/ISE16-002 - 165584 -  
 GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment/Mod # \_\_\_\_\_

Servicing Agency's Agreement  
 Tracking Number (Optional) \_\_\_\_\_

<b>28. Order Line/Funding Information</b>										<b>Line Number</b> <u>1</u>								
<b>Requesting Agency Funding Information</b>										<b>Servicing Agency Funding Information</b>								
ALC		[REDACTED]																
<b>Component</b>	<b>SP</b>	<b>ATA</b>	<b>AID</b>	<b>BPOA</b>	<b>EPOA</b>	<b>A</b>	<b>MAIN</b>	<b>SUB</b>	<b>SP</b>	<b>ATA</b>	<b>AID</b>	<b>BPOA</b>	<b>E POA</b>	<b>A</b>	<b>MAIN</b>	<b>SUB</b>		
TAS Required by 10/1/2014			467															
<b>OR Current TAS format</b>										[REDACTED]								
BETC		[REDACTED]																
Object Class Code (Optional)																		
BPN																		
BPN + 4 (Optional)																		
Additional Accounting Classification/Information (Optional)																		
Requesting Agency Funding Expiration Date <u>09-30-2016</u> MM-DD-YYYY										Requesting Agency Funding Cancellation Date <u>09-30-2021</u> MM-DD-YYYY								
<b>Project Number &amp; Title</b>																		
<b>Description of Products and/or Services, including the Bona Fide Need for this Order</b> (State or attach a description of products/services, including the bona fide need for this Order.)																		
Funding provided to the Federal Bureau of Investigation (FBI) to create policy and training standards for a Multi-disciplinary Intervention Concept that identifies scope, milestones, and deliverables for PM-ISE's government-wide terrorism-related information sharing mission.																		
North American Industry Classification System (NAICS) Number (Optional) _____																		
<b>Breakdown of Reimbursable Line Costs</b>										<b>OR Breakdown of Assisted Acquisition Line Cost:</b>								
Unit of Measure								Contract Cost		\$								
Quantity	Unit Price	<b>Total</b>						Servicing Fees		\$								
1	[REDACTED]	[REDACTED]						Total Obligated Cost		\$ 0.00								
Overhead Fees & Charges			\$						Advance for Line (-)		\$							
Total Line Amount Obligated			[REDACTED]						Net Total Cost		\$ 0.00							
Assisted Acquisition Servicing Fees Explanation																		
Advance Line Amount (-)			\$															
Net Line Amount Due			[REDACTED]															
<b>Type of Service Requirements</b>																		
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

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IAA Order

IAA Number PM/ISE16-002 - 165584 - \_\_\_\_\_ 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. \_\_\_\_\_

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**30. Total Net Order Amount:** \$ [REDACTED]  
 [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)
  1. 7600A
  2. Statement of Work, dtd 7 March 2016

**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)

Upon Approval by Requesting Agency COTR/COR

- 7 days       Other Payment Terms (include explanation): \_\_\_\_\_

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IAA Order

IAA Number PM/ISE16-002 - 165584 - \_\_\_\_\_ 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	[Redacted]	Kerry Sleeper
Title	Chief/IGTC/[Redacted] <span style="border: 1px solid red; padding: 2px;">b3</span>	Assistant Director
Telephone Number	[Redacted] <span style="border: 1px solid red; padding: 2px;">b3</span>	[Redacted] <span style="border: 1px solid red; padding: 2px;">b6, b7C</span>
Fax Number	[Redacted]	[Redacted]
Email Address	[Redacted]	[Redacted]
SIGNATURE	Digitally signed by HANBERRY MARSHA F PYROEO Date: 2016.04.25 11:48:35 -04'00'	<i>Kerry Sleeper</i>
Date Signed		4/26/2016

**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	[Redacted]	[Redacted]
Title	Chief/IGTC/[Redacted] <span style="border: 1px solid red; padding: 2px;">b3</span>	Unit Chief, Accounts Receivable Unit
Telephone Number	[Redacted] <span style="border: 1px solid red; padding: 2px;">b3</span>	[Redacted] <span style="border: 1px solid red; padding: 2px;">b6, b7C</span>
Fax Number	[Redacted]	[Redacted]
Email Address	[Redacted]	[Redacted]
SIGNATURE	Digitally signed by HANBERRY MARSHA F PYROEO Date: 2016.04.25 11:48:43 -04'00'	[Redacted]
Date Signed		4/28/2016



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IAA Order

IAA Number PM/ISE16-002 - 165584 -                      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	Office of the Director National Intelligence	
Title	Payments Branch	
Office Address	[REDACTED]	
Telephone Number	[REDACTED] <span style="border: 1px solid red; padding: 2px;">b3</span>	
Fax Number	[REDACTED]	
Email Address	[REDACTED] (E-Fax)	
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
<b>Name</b>	[REDACTED]	[REDACTED]
Title	COTR	Technical POC
Office Address	[REDACTED] <span style="border: 1px solid red; padding: 2px;">b3</span>	FBI Office of Partner Engagement / CVE Section
Telephone Number	[REDACTED]	[REDACTED]
Fax Number		
Email Address		[REDACTED] <span style="border: 1px solid red; padding: 2px;">b6, b7C</span>
Signature & Date (Optional)		
<b>Name</b>		[REDACTED]
Title		Financial POC
Office Address		
Telephone Number		[REDACTED]
Fax Number		
Email Address		
Signature & Date (Optional)		
<b>Name</b>		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		