1.	Name		
	Name	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	1	Public Building Service	US National Park Service
	Address	D Street & 7th Street SW, Washington, DC 20024	900 Ohio Drive SW, Washington, DC 20024
2. Servi	cing Agency	Agreement Tracking Number (Optional)	
			Commit one conversion
	Amendment	<ul> <li>Complete only the GT&amp;C blocks being changed</li> <li>Provide a brief explanation for the IAA cancella</li> </ul>	
5. Agree	ement Perio		30-2019 of IAA or effective cancellation date
6. Recu		ment (Check One) A Recurring Agreement will c is this an: Annual Renewal	s
Yes	n res,	Other Renewal	er renewal period:
Yes 🗖 No 🗹	8		Multiple Order IAA
Yes No 7. Agree: 8. Are A	ment Type Advance Pay		Multiple Order IAA Yes 🔽 No

IAA Number 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 \$576,191.00 Provide a general explanation of the Overhead Fees & Charges
Overhead Fees & Charges
Total Estimated Amount \$576,191.00
10. STATUTORY AUTHORITY
<ul> <li>a. Requesting Agency's Authority (Check One)</li> <li>Franchise Revolving Working Economy Act Other</li> <li>Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority</li> <li>Image: Content of the second se</li></ul>
b. Servicing Agency's Authority (Check One) Franchise Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) 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.) MOA between GSA and National Parks Service (NPS) to transfer funds to NPS to cover their expenses to operate the OPO clock tower. Initial funding through 12/21/2019 with subsequent mods to be enacted as funds are available to GSA with a proposed annual budget of \$567,191
See Attached Operations Plan and Agreement
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.) See Attached Agreement

IAA Number

GT&C #

Order # Amendment/Mod #

13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA). See Attached Agreement

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.)

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.) See Attached Agreement

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.) See Attached Agreement

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

AA Number(	GT&C # Order # Amendment/Mc	od #
20. Servicing A See Attached A	gency Clause(s) (Optional) (State and/or atta greement	ch any additional Servicing Agency clauses.)
*		
	cy and/or Servicing Agency attachments.)	Attachments (Optional) (State and/or attach any additional
22. Annual Rev	iew of IAA	
	greement, the parties agree to annually review nade by amendment to the GT&C and/or mod	the IAA if the agreement period exceeds one year. Appropriate ification to any affected Order(s).
to sign this agree	cial is the highest level accepting authority or	<b>CY OFFICIAL</b> official as designated by the Requesting Agency and Servicing Agency the general terms and conditions are properly defined, including the fulfilled per the agreement.
The Agreement F	Period Start Date (Block 5) must be the same a	s or later than the signature dates.
-	his IAA may NOT begin until an Order has b	cen signed by the appropriate individuals, as stated in the Instructions
23.	Requesting Agency	Servicing Agency
Name	Darren J. Blue	Lisa Mendelson
Title	Regional Commissioner	Regional Director, NPS
Telephone Number(s)	(202) 294-1628	(202) 297-1338
Fax Number		
Email Address	darren.blue@gsa.gov	lisa_mendelson-ielmini@nps.gov
SIGNATURE		
Approval Date	12/28/2019	122810
	g r v	

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

<ul> <li>24.</li> <li>Primary Organization/Office Name</li> <li>Responsible Organization/Office Address</li> <li>25. Order Action (Check One)</li> <li>✓ New</li> <li>✓ New</li> <li>✓ Modification (Mod) – List afficate new</li> </ul>	Public Building D Street & 7th Washington, D ORDER/RE(	Street SW, C 20024	US 900	Servicing Ag National Park Service O Ohio Drive SW, Was 024 ON	9
Name Responsible Organization/Office Address 25. Order Action (Check One) New Modification (Mod) – List afficate new	D Street & 7th Washington, D ORDER/REC	Street SW, C 20024	900 200	) Ohio Drive SW, Was )24	
Address 25. Order Action (Check One) 25. New 30. Modification (Mod) – List affectation aperformance period mod, state new	Washington, D	C 20024	20	024	shington, DC
New Modification (Mod) – List affe		QUIREMENT	'S INFORMATI	ON	
New Modification (Mod) – List affe		1			
Summary by Line (Block 26) if the Cancellation – Provide a brief of effective cancellation date.	w performance pe e mod involves ad	eriod for this O dding, deleting	rder in Block 27. or changing Fun	Fill out the Funding N ding for an Order Line	Iodification
		-			T. STREET, TR
26. Funding Modification Summary by Line	Line # <u>1</u>	Line #	Line #	Total of All Other Lines (attach funding details)	Total
Summary by Line	Line # 1	Line #	Line # \$	Other Lines (attach funding	Total \$144,047.76
Summary by Line Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or				Other Lines (attach funding details)	
Summary by Line Driginal Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$144,047.76	S	S	Other Lines (attach funding details)	\$144,047.76
Summary by Line Driginal Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod	\$144,047.76 \$	S S	S S	Other Lines (attach funding details)       S       \$	\$144,047.76 \$ 0.00
	\$144,047.76 \$ \$	\$ \$ \$	\$ \$ \$	Other Lines (attach funding details)       \$       \$       \$       \$       \$       \$       \$       \$	\$144,047.76 \$ 0.00 \$ 0.00

IAA Number

GT&C #

Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional)

28. Order L	ine/Fu	inding I	nform	ation							Line	Numb	er			
		0 <b>7</b>		Reques	ting Ag Inforn		/ Fundia	g		Ser	vicing	Agency	Fundin	g Info	rmation	
ALC			4700	0017					1	14	10009	9				
Component TAS Required by 10/1/2014	SP	АТА	AID	ВРОА	ЕРОА	A	MAIN	SUB	SP	АТА	AID	ВРОА	E POA	A	MAIN	SUB
OR Current 7	TAS fo	rmat	47X	4542.1					14X1	039	I	L	I			
BETC			DIS	В					COL	L						
Object Class	Code (	Optional)														
BPN																
BPN + 4 (Op	tional)	I														
Additional Ad Classification (Optional)				9.192X. 74.PX0			PG61.F	GA						/PRC	NFNFR	6.XZ0
Requesting A	gency	Funding	g Expir	ation Da	ate			Re	questin	g Agei	ncy Fu	nding C	ancellati	on Da	te	
MM-DD-YY	YY							M	M-DD-`	YYYY	r -					
Project Num	ber &	Title														
MOA between G OPO clock towe with a proposed STATUTORY AI	r. Initial annual UTHOF	i funding t budget o RITY: Eco	hrough f \$567, nomy A	12/21/20 191 ct	19 with s	ubse	quent mo	ds to b	enacte	d as fu					•	
Breakdown		-					o) Ituili				lown a	f Assist	ed Acau	isitio	1 Line Co	nst <sup>i</sup>
Unit of Meas	-							-	ontract		S	1 1 1 1 1 1 1 1 1 1	.cu ricqu	JILIOI		
Quantity		Unit I	Price	T	Τα	tal		-	rvicing		S					
3 months		\$48,01	5.92	\$ 14	4,047.7	76		Ob	ligated	Total Cost	\$ 0.	00		-	n e	
Overhead Fee	es & C	harges		S					Advanc		\$					
Total Line Ar	mount	Obligate	:d	\$ 14	4,047.	76	1.0		Li	ne (-)						
								Ne	t Total	Cost	\$ 0.	00				
								As	sisted A	cquisi	ition So	ervicing	Fees Ex	planat	ion	-
Advance	Line A	Amount (	(-)	\$		_										
Net Lin	ie Amo	ount Due	•	\$ 14	4,047.7	76						0.0				
Type of Serv	ice Re	quirem	ents													
Severa	able Se	ervice		Non-se	verable	Serv	vice [	No	t Applie	cable						

IAA Number GT&C # Order	Servicing Agency's Agreement + # Amendment/Mod # Tracking Number (Optional)
29. Advance Information (Complete Block	29 if the Advance Payment for Products/Services was checked "Yes" on the GT&
Total Advance Amount for the Order \$	[All Order Line advance amounts (Block 28) must sum to this
<b>Revenue Recognition Methodology</b> (accord account for the Requesting Agency's expens	ding to SFFAS 7) (Identify the Revenue Recognition Methodology that will be use e and the Servicing Agency's revenue)
Straight-line – Provide amount to be acc	rued S and Number of Months
Accrual Per Work Completed – Identify	the accounting posting period:
Monthly per work completed & in	nvoiced
Other – Explain other regular peri amounts will be communi	od (bimonthly, quarterly, etc.) for posting accruals and how the accrual cated if other than billed.
30. Total Net Order Amount: \$ 144,047.	76
[All Order Line Net Amounts Due for reimbe	ursable agreements and Net Total Costs for Assisted Acquisition Agreements (Blo
must sum to this total.]	
31. Attachments (State or list attachments.)	
Key project and/or acquisition milestor	nes (Optional except for Assisted Acquisition Agreements)
3 2	
Other Attachments (Optional)	
See Annual Operating Plan attached as r	eferenced in the Interagency Agreement between both parties
, , , , , , , , , , , , , , , , , , , ,	5, 5
В	BILLING & PAYMENT INFORMATION
	governmental Payment and Collection (IPAC) is the Preferred Method.] gree 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 Serv reimbursed (i.e., via IPAC transaction)]	ricing Agency and accepted by the Requesting Agency BEFORE funds are
Monthly Quarterly Oth	ner Billing Frequency (include explanation)
34. Payment Terms (Check One)	of the second
	(include explanation):

FMS 04/12 7600B

IAA Number

GT&C#

Order # Amendment/Mod #

Servicing Agency's Agreement 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	Shawn Proctor	Paul Ollig
Title	Branch Chief	Chief, Visitor Services
Telephone Number	(202) 306-7928	(202) 603-8974
Fax Number		
Email Address	Shawn.Proctor@gsa.gov	paul_ollig@nps.gov
SIGNATURE	SHAWN PROCTOR Digitally signed by SHAWN PROCTOR Date: 2018.12.21 09:20:34 -05:00'	
Date Signed		

**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	Kevin J Ward	Lee Smith
Title	Supervisory Budget Analyst	Acting Financial Manager
Telephone Number	(202) 525-9277	(202) 245-4677
Fax Number		
Email Address	kevin.ward@gsa.gov	lee_smith@nps.gov
SIGNATURE		
Date Signed		

GT&C #

Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional)

	CONTACT INFORMATIO	N				
FINANCE OFFICE Points The finance office points of c advance/accounting information	of Contact (POCs) ontact must ensure that the payment (Requesting Ag ion are accurate and timely for this Order.	gency), billing (Servicing Agency), and				
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Offic				
Name						
Title						
Office Address						
Telephone Number						
Fax Number						
Email Address						
Signature & Date (Optional)						
40. ADDITIONAL Points of This may include CONTRAC	Contacts (POCs) (as determined by each Agency) TING Office Points of Contact (POCs).					
Nome	Requesting Agency	Servicing Agency				
Name	Darryl Speller					
Title	Supervisory Building Manager					
Office Address	1200 Pennsylvania Ave N.W. Washington DC, 20004					
Telephone Number	(202) 603-4877					
Fax Number						
Email Address	Darryl.Speller@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)						
Signature & Date (Optional)						