



GRANT OR AGREEMENT AWARD COVER SHEET

FS-1500-0100
OMB No. 0596-0217
EXP: 05/31/2027

IDENTIFICATION INFORMATION

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| 1. Federal Award Identification Number (FAIN): <u>23-LE-11030500-048</u> (Agreement Number) | | 2. Cooperator Agreement/Instrument #: | |
| 3. New <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Mod. Number <u>003</u> FFA Award <input type="checkbox"/> Master <input type="checkbox"/> Stand-Alone <input type="checkbox"/> SPA <input type="checkbox"/> | | 4. Instrument (Project) Title: <u>County of Cochise Cooperative Law Enforcement Agreement</u> | |
| 5. Authority U.S.C and Title: <u>16 U.S.C. 551a, Cooperative Law Enforcement Act</u> | | 6. Assistance Listing Number and Title: <u>10.704 Law Enforcement Agreements</u> | |
| 7. Cooperator/Recipient Information (Must match SAM.gov): Name: <u>County of Cochise</u> Address: <u>205 N. Judd Dr.</u> City: <u>Bisbee</u> State <u>AZ</u> Zip: <u>85603</u> | | 8. U.S. Forest Service Unit Address (where the work is being managed): Name: <u>Coronado National Forest</u> Address: <u>300 W. Congress St., Ste. FB42</u> City: <u>Tucson</u> State <u>AZ</u> Zip: <u>85701</u> | |
| 9. Cooperator Unique Entity Identifier (UEI): <u>MQG3Z7J3M8T3</u> | | 10. Master Agreement Number if SPA: | |
| 11. Period of Performance Start Date: <u>02/28/2023</u> Execution Date: _____ Expiration Date: <u>12/31/2027</u> | | 12. Master Agreement Expiration Date: (SPA expiration date cannot exceed the Master) | |
| 13. Cooperator Program Manager: Name: <u>Mark Dannels, Sheriff</u> Phone: <u>(520) 432-9505</u> Email: <u>mdannels@cochise.az.gov</u> | | 14. U.S. Forest Service Program Manager: Name: <u>Mark Sanburn</u> Phone: <u>(520) 388-8430</u> Email: <u>mark.sanburn@usda.gov</u> | |

FINANCIAL INFORMATION

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| 15. Federal Funding to be Obligated to Cooperator: <u>\$19,000.00</u> | | 16. Cooperator Contribution Funds: | |
| 17. Payment Method: No Funds <input type="checkbox"/> Reimbursable <input checked="" type="checkbox"/> Advance <input type="checkbox"/> Advance Period _____ | | 18. Cooperator Match Percentage: | |
| 19. Program Income/Revenue: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 20. Cooperator Indirect Cost Rate (approved rate charged to award): De minimis <input type="checkbox"/> Supported <input type="checkbox"/> NICRA <input type="checkbox"/> Rate _____ | |

REPORTING REQUIREMENTS


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| 21. Performance Report Frequency: Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | | 22. Financial Report Frequency: Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | |
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ATTACHMENTS

The attachments listed below are hereby incorporated and made a part of this instrument.

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| 23. REQUIRED FOR ALL INSTRUMENTS: <input checked="" type="checkbox"/> USDA FFA/MIA General Terms and Conditions <input checked="" type="checkbox"/> FS FFA/MIA/R&D General Terms and Conditions <input type="checkbox"/> Purpose/Scope of Work Narrative <input type="checkbox"/> Budget/Financial Plan <input type="checkbox"/> Other (specify): _____ | | 24. REQUIRED DEPENDENT ON INSTRUMENT TYPE: <input type="checkbox"/> Statement of Mutual Benefit and Interest <input type="checkbox"/> Federal Financial Assistance Forms/Assurances <input type="checkbox"/> TFPA/638 Project Proposals <input type="checkbox"/> Modification Purpose and/or Description <input checked="" type="checkbox"/> Other (specify): <u>2026 Annual Operating and Financial Plan</u> | |
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25. By signing this instrument, the signer certifies that they are vested with the authority to enter into this instrument.

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| Cooperator Signature:  | Name and Title: <u>MARK DANNELS</u> <u>Sheriff, Cochise County</u> | Date: <u>04/22/26</u> |
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26. This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory:

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| Signature: _____ | U.S. Forest Service Signatory Official (SO) Name and Title: <u>JAMES ALFORD</u> <u>Special Agent in Charge</u> | Date: _____ |
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27. The authority and format of this instrument have been reviewed and approved for signature.

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| Signature: _____ | U.S. Forest Service Grants Management Specialist Name: _____ | Date: _____ |
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| Additional Contacts (if applicable): | |
| 28. Cooperator Program Manager: Name: Thomas Alinen, Chief of Staff Phone: (520) 432-9505 Email: talinen@cochise.az.gov | 29. U.S. Forest Service Program Manager: Name: Albert Peralta, Administrative Contact Phone: (520) 388-8490 Email: albert.peralta@usda.gov |
| 30. Cooperator Program Manager: Name: Phone: Email: | 31. U.S. Forest Service Program Manager: Name: Phone: Email: |
| Any additional contacts shall be included in an attachment to this instrument. | |

Additional Signatories (if applicable):

By signing this instrument, the signer certifies that they are vested with the authority to enter into this instrument.

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| 32. Cooperator Signature: | Name and Title: FRANK ANTENORI Chair, County Board of Supervisors | Date: |
| 33. Cooperator Signature: | Name and Title: | Date: |
| This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory: | | |
| 34. Signature: | U.S. Forest Service Signatory Official (SO) Name and Title: | Date: |
| 35. Signature: |  Digitally signed by MARI LLITERAS Date: 2026.04.20 11:10:51 -06'00' | U.S. Forest Service Grants Management Specialist Name: MARI LLITERAS, Grants Management Specialist Date: |

Any additional signatories shall be included in an attachment to this instrument.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0217. Response to this information collection request is mandatory to obtain or retain benefits. The authority for this information collection request is Paperwork Reduction Act (Pub. L. No. 96-511, 94 Stat. 2812, as amended by Pub. L. 104-13) 44 U.S.C. §§ 3501–3521. The time required to complete this information collection request is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, SM.FS.InfoCollect@usda.gov, with OMB control number 0596-0217 in the subject line.

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