# GRANT OR AGREEMENT AWARD COVER SHEET

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

Clear Form | Attach File

## IDENTIFICATION INFORMATION

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|---|---|
| 1. Federal Award Identification Number (FAIN): *(Agreement Number)* 26-RO-11031200-236 | 2. Cooperator Agreement/Instrument #: |
| 3. New ☑ Modification ☐ Mod. Number ____ FFA Award ☐ Master ☑ Stand-Alone ☐ SPA ☐ | 4. Instrument (Project) Title: GILA COUNTY MASTER COOPERATIVE ROAD AGREEMENT |
| 5. Authority U.S.C and Title: Cooperative Forest Roads, 16 U.S.C. 532-538; 23 U.S.C. 101 & 205 | 6. Assistance Listing Number and Title: 10.705 Cooperative Forest Roads Agreement |
| 7. Cooperator/Recipient Information (Must match SAM.gov): Name: Gila County, AZ Address: 1400 E Ash Street City: Globe State AZ Zip: 85501 | 8. U.S. Forest Service Unit Address (where the work is being managed): Name: Tonto National Forest Address: 2324 E McDowell Road City: Phoenix State AZ Zip: 85006 |
| 9. Cooperator Unique Entity Identifier (UEI): C8EKKJK67XB1 | 10. Master Agreement Number if SPA: |
| 11. Period of Performance: Start Date: Expiration Date: 09/30/2031 | 12. Master Agreement Expiration Date: (SPA expiration date cannot exceed the Master) |
| 13. Cooperator Program Manager: Name: Matt Rencher Phone: (928) 402-8530 Email: mrencher@gilacountyaz.gov | 14. U.S. Forest Service Program Manager: Name: Nico Estrada-Stephen Phone: (602) 851-7776 Email: nicolas.estradastephen@usda.gov |

## FINANCIAL INFORMATION

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|---|---|
| 15. Federal Funding to be Obligated to Cooperator: $0.00 | 16. Cooperator Contribution Funds: $0.00 |
| 17. Payment Method: No Funds ☑ Reimbursable ☐ Advance ☐ Advance Period ____ | 18. Cooperator Match Percentage: 00.00% |
| 19. Program Income/Revenue: No ☑ Yes ☐ | 20. Cooperator Indirect Cost Rate (approved rate charged to award): De minimis ☐ NICRA ☐ Rate ____ |

## REPORTING REQUIREMENTS

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| 21. Performance Report Frequency: Quarterly ☐ Semi-Annual ☐ Annual ☐ N/A ☑ | 22. Financial Report Frequency: Quarterly ☐ Semi-Annual ☐ Annual ☐ N/A ☑ |

## ATTACHMENTS

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

| 23. REQUIRED FOR ALL INSTRUMENTS: | 24. REQUIRED DEPENDENT ON INSTRUMENT TYPE: |
|---|---|
| ☑ USDA FFA/MIA General Terms and Conditions | ☐ Statement of Mutual Benefit and Interest |
| ☑ FS FFA/MIA/R&D General Terms and Conditions | ☐ Federal Financial Assistance Forms/Assurances |
| ☑ Purpose/Scope of Work Narrative | ☐ TFPA/638 Project Proposals |
| ☐ Budget/Financial Plan | ☐ Modification Purpose and/or Description |
| ☐ Other (specify): ____ | ☑ Other (specify): Schedule A Roads List |

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

| Cooperator Signature: | Name and Title: TIM HUMPHREY, Chairman - Gila County Board of Supervisors | Date: |
|---|---|---|

26. This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory:

| Signature: | U.S. Forest Service Signatory Official (SO) Name and Title: ERICA LUNA, Forest Supervisor | Date: |
|---|---|---|

27. The authority and format of this instrument have been reviewed and approved for signature.

| Signature: Mari Lliteras Digitally signed by Mari Lliteras Date: 2026.09.18 12:02:26 -06'00' | U.S. Forest Service Grants Management Specialist Name: MARI LLITERAS | Date: |
|---|---|---|

**Additional Contacts (if applicable):**

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|---|---|
| 28. Cooperator: Administrative Point of Contact<br>Name: Matt Rencher - Pubic Works Director<br>Phone: (928) 402-8530 Email: mrencher@gilacountyaz.gov | 29. U.S. Forest Service: Administrative Point of Contact<br>Name: Megan Konig<br>Phone: (602) 225-5278 Email: megan.konig@usda.gov |
| 30. Cooperator: Administrative Point of Contact<br>Name: Mackenzie Weaver - Fiscal Services Manager<br>Phone: (928) 402-8502 Email: mweaver@gilacountyaz.gov | 31. U.S. Forest Service: Grants Management Specialist<br>Name: Jodi Mallozzi<br>Phone: (702) 278-3849 Email: jodi.mallozzi@usda.gov |

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.

| | | | |
|---|---|---|---|
| 32. | Cooperator Signature: | Name and Title: JOE ALBO, Deputy County Attorney,Gila County Attorney's Office | Date: |
| 33. | Cooperator Signature: | Name and Title: CHARLOTTE ASRARYNEZAMI, Gila County Clerk of the Board | Date: |

This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory:

| | | | |
|---|---|---|---|
| 34. | Signature: | U.S. Forest Service: | Date: |
| 35. | Signature: | U.S. Forest Service: | 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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