

**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
REVIEW AND APPROVAL OF DOCUMENT – FIELD USE**

**TYPE OF DOCUMENT:**  
 Cooperative Agreement  
 Grant  
 Cooperative Service Agreement  
 Interagency Agreement  
 Memorandum of Understanding  
 Cooperative Research and Development Agreement  
 Material Transfer Agreement  
 Confidentiality Agreement  
 Other (specify): \_\_\_\_\_

**AGREEMENT NUMBER:**

**TYPE OF APPLICATION:**  New  Continuation  
 Revision No. \_\_\_\_\_

**ATTACHMENTS:**  
 Original Agreement  
 No. of copies requiring original signature \_\_\_\_\_  
 Copy of basic agreement (with revisions)  
 Other (specify): \_\_\_\_\_

**APHIS PROGRAM UNIT(S):**

**COOPERATOR(S):**

**PURPOSE OF AGREEMENT:**

**ROUTING SEQUENCE**

<b>FORWARD TO:</b>	<b>NAME</b>	<b>FOR: (Specify action)</b>	<b>INITIALS</b>	<b>DATE FORWARDED</b>
1. Project Manager (ADODR) Skip Position #2 if the same person fills both positions.		Review/ Approval		
2. If other than ADODR, check one. <input type="checkbox"/> WS State Director <input type="checkbox"/> SPHD <input type="checkbox"/> AVIC <input type="checkbox"/> Other (specify):		Review/ Approval		
3. Region/Laboratory/Center/Field Operations Program Manager (if other than ADODR)		Review/ Approval		
4. Region/Lab/Center/Field Operations Agreements Specialist		Coordinate Further Reviews		
5. Budget Analyst(s)		Review/ Approval		
6. Administrative Officer		Review/Approval		
7. Other (Check all that apply and attach their comments/approvals) <input type="checkbox"/> Program Unit IT Officer <input type="checkbox"/> ITD <input type="checkbox"/> LPA		Review/ Approval Attached		
8. Region/Lab/Center/Field Operations Agreements Specialist		Review/Finalize/ Submit for signature		
9. Region/Lab/Center/Field Operations Director (Initial this form, if signed at Headquarters)		Review/ Initial or Sign		
<b>If signed at Headquarters, continuing forwarding to:</b>				
10. Agreements Services Center (ASC) Analyst		Review/ Approval		

**REASON FOR DEPUTY ADMINISTRATOR'S SIGNATURE:**  Multi-regional  National in Scope for the Program Unit  
**REASON FOR ADMINISTRATOR'S SIGNATURE:**  
 Agency Level Initiative  Multi Program Unit  International  Politically Sensitive  Ceremonial  
 Precedent Setting  Other (specify): \_\_\_\_\_

**RETURN SIGNED DOCUMENTS TO THE ASC: Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_