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JUSTIFICATION FOR USE OF FINANCIAL ASSISTANCE

Applicant Name:	
PR# and/or FA Award #:	
Project Title:	
NPS Unit or Program:	

LEGAL INSTRUMENT SELECTION

Select only one – Formula, Competitive, Single Source or Task Agreement

FORMULA AWARD	COMPETITIVE AWARD	SINGLE SOURCE AWARD
Cooperative Agreement Grant	Cooperative Agreement Grant	Cooperative Agreement Grant COMPLETE SINGLE SOURCE JUSTIFICATION

Task Agreement

Only in the case of Master Cooperative Agreements awarded under a single competition, where the goals, objectives and statement of work are identical (example: WASO Youth Corps Agreements), three (3) recipients must be considered. If this criteria does not apply, state the reason below.

Describe reason(s) for selection and other recipient organizations considered for the award:

Competed or Single Source Justified Master Cooperative Agreement #

**DO NOT COMPLETE SINGLE SOURCE JUSTIFICATION SECTION.
PROCEED TO SIGNATURE BLOCKS.**

Based on the objectives of the proposed project(s), I hereby certify that the proposed legal instrument is appropriate, as there is legislative authority to enter into this agreement, and the proposed effort carries out a public purpose authorized by a law of the United States (see 31 U.S.C. 6101(3)).

Requested by: _____ Approved: _____
(Signature) (Signature - REQUIRED)

NPS ATR: _____ NPS FA Awarding Officer: _____
(Type Name) (Type Name)

Date: _____ Date: _____

***** Complete Only If You Are Recommending A Single Source (Non-Competitive) Cooperative Agreement or Grant *****

SINGLE SOURCE (NON-COMPETITIVE) AWARD JUSTIFICATION

Criteria for Justifying Award without Competition (Single Source).

Per National Park Service Financial Assistance Policy and Procedures 1443-2015-06, in order for an assistance award to be made without competition, the award must satisfy one or more of the following criteria:

- (1) **Unsolicited proposal** - The proposed award is the result of an unsolicited assistance application which represents a unique or innovative idea, method or approach which is not the subject of a current or planned contract or assistance award, but which is deemed advantageous to the program objectives;
- (2) **Continuation** - The activity to be funded is necessary to the satisfactory completion of, or is a continuation of an activity presently being funded, and for which competition would have a significant adverse effect on the continuity or completion of the activity.
- (3) **Legislative intent** - The language in the applicable authorizing legislation or legislative history clearly indicates Congress' intent to restrict award to a particular recipient or purpose.
- (4) **Unique Qualifications** - The applicant is uniquely qualified to perform the activity based upon a variety of demonstrable factors such as location, property ownership, voluntary support capacity, cost-sharing ability, if applicable, technical expertise, or other such unique qualifications;
- (5) **Emergencies** - Program/award where there is insufficient time available (due to a compelling and unusual urgency, or substantial danger to health or safety) for adequate competitive procedures to be followed.

Each justification shall contain sufficient facts and rationale to justify the criteria cited. At a minimum, each justification shall include the following information *[The information here should mirror language in the final agreement template, and should carry over to the Notice of Intent to Award (NOI) if applicable]*:

SINGLE SOURCE (NON-COMPETITIVE) AWARD JUSTIFICATION

Recipient Name: Agreement Number:

(1) Identification of the agency and the program office.

(2) Nature and/or description of the work to be performed.

(3) Background and Objectives

(4) Statement of Work

(5) An identification of the criteria permitting award without competition.

(6) An explanation that the proposed recipient's criteria or the nature of the project requires use of the criteria cited (for example, if Unique Qualifications are cited as a reason for not competing an award, a detailed account of those qualifications needs to be presented).

Attach additional information if necessary.

Requested by: _____ Approved: _____
(Signature) (Signature - REQUIRED)

NPS ATR: NPS FA Awarding Officer:
(Type Name) (Type Name)

Date: Date: