

NWCG INTERAGENCY TRAINING NOMINATION

AND

AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number *	Course Name *	PRIORITY ___*___ of ___*___
IQCS Session Number *	Course Location *	Course Date(s) *
Course Tuition (if required) *	Course Coordinator Name (First Last) *	Course Coordinator Phone Number *
Course Coordinator E-Mail *	Course Coordinator FAX Number *	Date Submitted *
Employee's IQCS ID Number: *		
Nominee's Name (First MI Last) *		
Working Job Title *		E-Mail * Fax *
Agency Name *		
Home Unit *	Nominee's Mailing Address (if different)	
Street *	Street	
City *	State *	City State
Zip *	Telephone *	Zip Telephone
List training completed and dates pertinent to this course: Ex. S130 85		
List your past qualifications pertinent to this course: Ex. FFT2		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.) /s/ *		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.) /s/ *		
Remarks: Notify LIFC (541-947-6315) if student cannot be reached.		

Course Name: *

Nominee Name: *

PART II AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

_____**NON-FEDERAL AGENCIES:** Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include required fiscal references)_____

Agreement Number: _____

_____**OTHER FEDERAL AGENCIES:** This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include agency location)_____

Agreement Number: _____

_____**SAME AGENCY AS PROVIDER:** The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE: (Include unit identifiers) _____*****

ADDRESS/SIGNATURE:

Billing address if different than Sponsor or Agency Address:

AUTHORIZED TO EXPEND FUNDS LISTED ABOVE:

AGREES TO PROVIDE TRAINING REQUESTED:

/s/ _____
Signature

_____ Date

_____ Signature

_____ Date

Title

Title