**NWCG INTERAGENCY TRAINING NOMINATION**

**AND AGREEMENT TO COLLECT FUNDS**

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

Part I - Training Nomination

**Date Submitted:** Enter Date **Priority:** Enter Number **of** Enter Number

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| ***Course Session Information***  **Course Code & Name:** Click here to enter text.  **IQCS Session Number:** Click here to enter text.  **Location:** Click here to enter text.  **Start Date:** Click here to enter a date. **End Date:** Click here to enter a date.  **Tuition:** Click here to enter text. |
| ***Coordinator Information***  **Coordinator Name:** Click here to enter text.  **Coordinator Email:** Click here to enter text.  **Coordinator Phone & Fax:** Click here to enter text. |
| ***Nominee Information***  **IQCS Employee ID Number:** Click here to enter text.  **Nominee Name:** Click here to enter text.  **Title:** Click here to enter text.  **Email:** Click here to enter text. **Phone:** Click here to enter text. |
| ***Training Officer Information***  **Training Officer Name:** Click here to enter text.  **Training Officer Email:** Click here to enter text. **Phone:** Click here to enter text. |
| ***Nominee Agency & Home Unit Information***  **Agency Name:** Click here to enter text.  **Home Unit:** Click here to enter text.  **Address:** Click here to enter text.  **City, State & Zip Code:** Click here to enter text. **Phone:** Click here to enter text. |
| ***Nominee Mailing Address (if different than Home Unit)***  **Address:** Click here to enter text.  **City, State & Zip Code:** Click here to enter text. |
| ***List training completed and dates pertinent to this course***  Click here to enter text. |
| ***List past qualifications pertinent to this course***  Click here to enter text. |
| ***Nominee Signature***  *I confirm that the information contained within this form is correct or will be corrected prior to submission. If selected for the session, I will notify the Unit Training Representative if I am unable to attend. I agree to these terms and hereby sign this nomination form.*  Click here to enter text. |
| ***Supervisor Signature***  *I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.*  Click here to enter text. |
| ***Remarks***  Click here to enter text. |

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| **PMS 921-2(799) NFES-2131 Nom form**  Part II - Agreement to Collect Funds (Complete only if there is a tuition charge)  **Course:** Click here to enter text.  **Nominee Name:** Click here to enter text. **Tuition:** Click here to enter text.  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): Click here to enter text.  **Agreement Number:** Click here to enter text. |
| **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): Click here to enter text.  **Agreement Number:** Click here to enter text. |
| **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 Override): Click here to enter text.  **Agreement Number:** Click here to enter text. |
| **ADDRESS/SIGNATURE:**  *Billing address (if different than Sponsor or Agency Address):*  Click here to enter text. |
| **Authorized to expend funds listed above: Agrees to provide training requested:**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |