

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:

Course Session Information

Course Code & Name:

IQCS Session Number:

Location:

Start Date:

End Date:

Tuition:

Coordinator Information

Coordinator Name:

Coordinator Email:

Coordinator Phone & Fax:

Nominee Information

IQCS Employee ID Number:

Nominee Name:

Title:

Email:

Phone:

Training Officer Information

Training Officer Name: Brian Matlock

Training Officer Email: coidclogad@gmail.com **Phone:** 541-316-7700

Nominee Agency & Home Unit Information

Agency Name: Central Oregon Interagency Dispatch

Home Unit: Deschutes National Forest

Address: 1605 SE Ochoco Way

City, State & Zip Code: Redmond, OR 97756 **Phone:** 541-316-7700

Nominee Mailing Address (if different than Home Unit)

Address:

City, State & Zip Code:

List training completed and dates pertinent to this course

List past qualifications pertinent to this course

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.

Supervisor Signature

I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.

Remarks

PMS 921-2(799) NFES-2131 Nom form

Part II - Agreement to Collect Funds (Complete only if there is a tuition charge)

Course:

Nominee Name:

Tuition:

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 Override): **WFSAUD (0627)**

Agreement Number:

ADDRESS/SIGNATURE:

Billing address (if different than Sponsor or Agency Address):

Authorized to expend funds listed above:

Agrees to provide training requested:

Signature: _____

Signature: _____

Date: _____

Date: _____

Title: _____

Title: _____