

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number IA16-261 - 0000 -
 GT&C # _____ Order # _____ Amendment/Mod # _____

DEPARTMENT AND/OR AGENCY		
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	Name: Centers for Medicare & Medicaid Services	Internal Revenue Service
	Address: 7500 Security Boulevard, Baltimore, MD 21244	1111 Constitution Ave., NW Washington, DC 20224
2. Servicing Agency Agreement Tracking Number (Optional) <u>RA2016B862NL</u>		
3. Assisted Acquisition Agreement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
4. GT&C Action (Check action being taken)		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date <u>When Signed</u> End Date <u>09/30/16 & 11/6 Contract PoP</u> of IAA or effective cancellation date		
MM-DD-YYYY MM-DD-YYYY		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/>		
Other Renewal <input type="checkbox"/> State the other renewal period: _____		
No <input checked="" type="checkbox"/>		
7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Note: Specific advance amounts will be captured on each related Order.		

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13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA). Refer to the IAA Addendum attached.

 Work is not to begin nor can charges be billed to CMS until all parties sign the IAA and copies are distributed to the parties of the IAA.

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)
 30
 If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

 If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)
 CMS/CCIIO

18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)
 IRS

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)
 CMS does not allow pen and ink changes or altering to an Inter/Intra Agency Agreement (IAA) after any signatures have been obtained. Changes that occur in any section of the agreement from the approved version to the final signed version will not be accepted by CMS. If changes are required to this IAA, please send the IAA back to the CMS contact to make the edits.

 In addition, refer to the IAA Addendum attached.

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20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)
Billing will not occur in the last 5 business days of the month.

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

Reference Section 10(a):

CMS (the Requesting Agency) receives annual appropriations; therefore, all of the obligations must be within the time-frame of the current Fiscal Year (FY) of the bona fide need. Any funds (including "No Year") that have not been obligated by the end of the FY (09/30/16) requires amending the agreement to de-obligate the funds. Funds cannot be held as advance funds or used for another FY other than the bona fide need that the funds were intended.

In addition, refer to the IAA Addendum attached.

22. Annual Review of IAA

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name:	Karen Shields	John M. Dalrymple
Title	Deputy Center and Operations Director, Center	Deputy Commissioner for Services and Enforcement
Telephone Number(s)	(443) 470-0532	(202) 317-4263
Fax Number		(202) 317-4081
Email Address	Karen.Shields2@cms.hhs.gov	John.M.Dalrymple@irs.gov
SIGNATURE	<i>Karen Shields</i>	<i>John Dalrymple</i>
Approval Date	<i>9-9-16</i>	<i>9/14/16</i>

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section**

IAA Number IA16-261 0001 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) RA2016B862NL

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency	Servicing Agency			
Primary Organization/Office Name	Centers for Medicare & Medicaid Services	Internal Revenue Service			
Responsible Organization/Office Address	7500 Security Boulevard, Baltimore, MD 21244	1111 Constitution Ave., NW Washington, DC 20224			
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Click One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) – List affected Order blocks being changed and explain the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. <input type="checkbox"/> Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Performance Period					
	Start Date	New PoP "When Signed"	End Date	<small>New PoP "06/30/10 & 11/6 Combined PoP"</small>	
For a performance period mod, insert the start and end dates that reflect the new performance period.		MM-DD-YYYY		MM-DD-YYYY	

IAA Order

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28. Order Line/Funding Information													Line Number <u> </u>					
						Requesting Agency Funding Information						Servicing Agency Funding Information						
ALC		75050080						2009-6500										
Component TAS Required by 10/1/2014		SP	ATA	AID	DPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	DPOA	EPOA	A	MAIN	SUB	
				075	2016	2016		0511	000			020	2016	2016		0912	000	
OR Current TAS format		7560511																
BETC		DISB CAN: 5990195						COLL										
Object Class Code (Optional)		25308																
BPN		927645622						040539587										
BPN + 4 (Optional)																		
Additional Accounting Classification/Information (Optional)		BAP:2202010000 PAC:1497xx Commitment #: P20316001874019 EIN#52-0883104						16160912D 16160919D EIN# 52-1782822										
Requesting Agency Funding Expiration Date 09-30-2016 MM-DD-YYYY									Requesting Agency Funding Cancellation Date 09-30-2021 MM-DD-YYYY									
001874 - Consumer Information and Outreach																		
Project Number & Title																		
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.) See the attached Addendum for this IAA.																		
I hereby certify that (a) this requirement represents a bona fide need of fiscal year or years for which the appropriation was made and complies with the Anti-deficiency Act and (b) funds are committed for the period of performance of this order.																		
North American Industry Classification System (NAICS) Number (Optional) <u> </u>																		
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:									
Unit of Measure								Contract Cost		\$ 4,820,702.83								
Quantity	Unit Price	Total						Servicing Fees		\$								
	\$0.00	\$ 0.00						Total Obligated Cost		\$ 4,820,702.83								
Overhead Fees & Charges		\$						Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 0.00						Net Total Cost		\$ 4,820,702.83								
Advance Line Amount (-)		\$						Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due		\$ 0.00																
Type of Service Requirements																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

IAA Order

IAA Number IA16-261 - 0001 - Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) RA2016B862NL

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order \$ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

- Straight-line - Provide amount to be accrued \$ and Number of Months
Accrual Per Work Completed - Identify the accounting posting period:
Monthly per work completed & invoiced
Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.

30. Total Net Order Amount: \$ 4,820,702.83
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)
Refer to the attached Addendum.

Other Attachments (Optional):
Refer to the attached Addendum.

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]
If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

- Requesting Agency Initiated IPAC Servicing Agency Initiated IPAC
Credit Card Other - Explain other payment method and reasoning

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

- Monthly Quarterly Other Billing Frequency (include explanation)

34. Payment Terms (Check One)

- 7 days Other Payment Terms (include explanation):

IAA Order

IAA Number IA16-261 - 0001 - Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) RA2016B862NL

35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)
 The CMS Funding Official certifies and signs in Section 38 for the funds in Section 28.
 There should be no altering to the funding information provided: ALC:75050080; TAS: 7560511; CAN: 5990195; OBJECT CLASS: 25308; DUNS: 927645622; EIN: 52-0883104; BAP:2202010000; PAC:1497xx; Commitment #: P20316001874019; Amount \$4,820,702.83.

36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
 The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Karen Shields	John M. Dalrymple
Title	Deputy Center and Operations Director, C&O	Deputy Commissioner for Services and Enforcement
Telephone Number	(443) 470-0532	(202) 317-4263
Fax Number		(202) 317-4081
Email Address	Karen.Shields2@cms.hhs.gov	John.M.Dalrymple@irs.gov
SIGNATURE:	<i>Karen Shields</i>	<i>John Dalrymple</i>
Date Signed	9-9-10	9/14/10

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	Heldt Warner	Debra Holland
Title	Fund Certifier	Commissioner, Wage and Investment Division
Telephone Number	(410) 786-0392	(470) 639-3500
Fax Number	(410) 786-7667	
Email Address	Heldt.warner@cms.hhs.gov	Debra.S.Holland@irs.gov
SIGNATURE:	Torian L. Henderson -S	<i>Debra S. Holland</i>
Date Signed	Digitally signed by Torian L. Henderson -S Date: 2010.09.02 12:55:03 -0400	9/12/10

IAA Order

IAA Number IA16-261 - 0001 - Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) RA2016B862NL

CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Suzanne Turgeon	Jeffrey Zottola
Title	Financial POC	Financial POC-AFCO Corporate Budget Office
Office Address	PO Box 7520 Baltimore, MD 21207-0520	
Telephone Number	(410) 786-1924	(202) 317-4038
Fax Number		
Email Address	suzanne.turgeon@cms.hhs.gov	Jeffrey.V.Zottola@irs.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name	Tyra Jeffries	Jason Bumiller
Title	CMS IAA Coordinator	Director, Budget Execution
Office Address	7500 Security Boulevard, Baltimore, MD 21244	1111 Constitution Ave NW Washington, DC 20224
Telephone Number	(410) 786-5156	(202) 317-4307
Fax Number		
Email Address	tyra.jeffries@cms.hhs.gov	Jason.E.Bumiller@irs.gov
Signature & Date (Optional)		
Name	Corette Taylor	Glenn R. Pelishek
Title	COR POC	COR POC
Office Address	7501 Wisconsin Ave. Bethesda, MD 20814	1111 Constitution Ave, NW Washington, DC 20224
Telephone Number	(410) 786-1158	(202) 317-5859
Fax Number		
Email Address	Corette.Taylor@cms.hhs.gov	Glenn.R.Pellishek@irs.gov
Signature & Date (Optional)		
Name		Debra E. Babcock
Title		Director, Program Management Office
Office Address		1111 Constitution Ave, NW Washington, DC 20224
Telephone Number		(202) 317-3224
Fax Number		
Email Address		Debra.E.Babcock@irs.gov
Signature & Date (Optional)		