





U.S. Department of State FEDERAL ASSISTANCE AWARD

1. Recipient Name University of Raparin		2. Assistance Type:	
3. Address 1002 MAIN STREET, PRESIDENCY, 3RD FLR SULAYMANIYAH IRAQ		<input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Fixed Amount Award <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Property Grant <input type="checkbox"/> Voluntary Contribution	
4. Recipient POC: MOFAQ KHALID IBRAHIM Phone Number 07501470216 Email grant-relations@uor.edu.krd			
5. Type of Entity Foreign Educational Institution	6. Unique Entity Identifier 557899872	7. EIN/ TIN *****	
8. CFDA Number 19.021	9. Statutory Authority for Assistance Fulbright-Hays	10. Award Number SIZ10019GR0014	
11. Period of Performance Start Date 09-Apr-2019 End Date 30-Sep-2019		12. Amendment Number	
13. Accounting and Appropriation Data 1900-2018-2019-19__89011300EP-4432-NEA-443203-1365-SIZ10019GR0014-4121-BPFLS001----- \$20,000.00 USD		14. Funds Certified By <i>Ralph A. Hamilton</i> Ralph A. Hamilton	
Funding Distribution			
15.	Total Prior Costs	New Costs	Total Cost
U.S. Share of Costs		\$20,000.00 USD	\$20,000.00 USD
Recipient Share of Costs		\$0.00 USD	\$0.00 USD
Total Costs		\$20,000.00 USD	\$20,000.00 USD
16. Purpose of the Federal Award Activity To hold a conference & bring together nursing professionals from IKR & US for growing academically and interacting with best practices from US			
17. Specific Award Conditions <input type="checkbox"/> Attached			
Agreement			
The recipient agrees to execute the work in accordance with the Notice of Award, the approved application incorporated herein by reference or as attached, and 2 CFR Parts 200 and 600 including any subsequent revisions.			
18a. Recipient Name MOFAQ KHALID IBRAHIM		19a. Grants Officer Name Richard Custin	
18b. Recipient Signature 		19b. Grants Officer Signature 	
18c. Title President	18d. Date (dd-mmm-yyyy) 16 - April - 2019	19c. Bureau/Office/Post AMERICAN EMBASSY BAGHDAD	19d. Date (dd-mmm-yyyy) 09-Apr-2019
By signing this Federal award, the recipient acknowledges that it will comply with Federal regulations, the Terms and Conditions, and any Special Award Conditions associated with this award. Receipt of the recipient's signature and return of the Federal Award Coversheet is required within ten (10) business days of the Grants Officer's signature. Please return to the Grants Officer address indicated here: CustinDR@state.gov			