

<p><b>U.S. DEPARTMENT OF LABOR</b> Occupational Safety and Health Administration</p> <p><b>COOPERATIVE AGREEMENT</b></p> <p><b>OSHA 21(d) CONSULTATION PROGRAM</b></p>	<p style="text-align: right;">(1) <span style="float: right;">Page 1 of 1</span></p> <p><b>Region:</b> _____</p> <p><b>State:</b> _____</p> <p><b>Grantee:</b> _____</p> <p><b>Grant Number:</b> <u>E9F2-</u>_____</p> <p><b>Starting Date:</b> October 1, 2001 <b>Ending Date:</b> September 30, 2002</p>												
<p>(2) Recipient</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Recipient Liaison Representative</p> <p>_____</p> <p>Area Code and Telephone Number</p>	<p>(3) U.S. Department of Labor</p> <p>_____</p> <p>OSHA Liaison Representative</p> <p>_____</p> <p>Area Code and Telephone Number</p>												
<p>(4) Authorized under P.L. 105-197, under Section 21(d)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Percent Total Funds (Nearest 0.1%)</th> </tr> </thead> <tbody> <tr> <td><b>1. Federal Base Award Amount:</b> _____</td> <td style="text-align: right;">_____._____%</td> </tr> <tr> <td><b>2. 100% Federal Funds for Travel and Training:</b> (Please include in line 1) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>3. Total Recipient Share:</b> _____</td> <td style="text-align: right;">_____._____%</td> </tr> <tr> <td><b>4. Recipient 100% Funding:</b> (Please include in line 3) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>5. Total State and Federal Funds Allocated to This Agreement:</b> (line 1 plus line 3) _____</td> <td style="text-align: right;"><b>100.00%</b></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Terms and Conditions of the Cooperative Agreement</i> This COOPERATIVE AGREEMENT consists of the entire application, including all attachments, exhibits, enclosures, etc.</p> </div>			Percent Total Funds (Nearest 0.1%)	<b>1. Federal Base Award Amount:</b> _____	_____._____%	<b>2. 100% Federal Funds for Travel and Training:</b> (Please include in line 1) _____	_____	<b>3. Total Recipient Share:</b> _____	_____._____%	<b>4. Recipient 100% Funding:</b> (Please include in line 3) _____	_____	<b>5. Total State and Federal Funds Allocated to This Agreement:</b> (line 1 plus line 3) _____	<b>100.00%</b>
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<p>(5) Recipient Approval</p> <p>Signature _____ Date _____</p> <p>_____</p> <p>Type Name and Title</p>	<p>(6) Federal Approval</p> <p>Signature _____ Date _____</p> <p>_____</p> <p>Type Name and Title</p>												