

**Appendix L  
Cooperative Agreement Form OSHA-110**

<p align="center"><b>U.S. DEPARTMENT OF LABOR</b> Occupational Safety and Health Administration</p> <p align="center"><b>COOPERATIVE AGREEMENT</b></p> <p align="center"><b>OSHA 21(d) CONSULTATION PROGRAM</b></p>	<p 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> _____</p> <p><b>Starting Date:</b> October 1, 2004 <b>Ending Date:</b> September 30, 2005</p>												
<p>(2) Recipient</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ Recipient Liaison Representative</p> <p>_____ Area Code and Telephone Number</p>	<p>(3) U.S. Department of Labor</p> <p>_____ OSHA Liaison Representative</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: none;"> <tr> <td style="width:50%;"></td> <td align="right" style="width:50%;"><b>Percent Total Funds (Nearest 0.1%)</b></td> </tr> <tr> <td><b>1. Federal Base Award Amount:</b></td> <td align="right">_____ %</td> </tr> <tr> <td><b>2. 100% Federal Funds for Travel and Training:</b> <small>(Please include in line 1)</small></td> <td align="right">_____ %</td> </tr> <tr> <td><b>3. Total Recipient Share:</b></td> <td align="right">_____ %</td> </tr> <tr> <td><b>4. Recipient 100% Funding:</b> <small>(Please include in line 3)</small></td> <td align="right">_____ %</td> </tr> </table> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Terms and Conditions of the Cooperative Agreement This <b>COOPERATIVE AGREEMENT</b> consists of the entire application, Including all attachments, exhibits, enclosures, etc.</p> </div>			<b>Percent Total Funds (Nearest 0.1%)</b>	<b>1. Federal Base Award Amount:</b>	_____ %	<b>2. 100% Federal Funds for Travel and Training:</b> <small>(Please include in line 1)</small>	_____ %	<b>3. Total Recipient Share:</b>	_____ %	<b>4. Recipient 100% Funding:</b> <small>(Please include in line 3)</small>	_____ %		
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<p>(5) Recipient Approval</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Signature</td> <td style="width:50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td>Type Name and Title</td> <td></td> </tr> </table>	Signature	Date	_____	_____	Type Name and Title		<p>(6) Federal Approval</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Signature</td> <td style="width:50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td>Type Name and Title</td> <td></td> </tr> </table>	Signature	Date	_____	_____	Type Name and Title	
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<p>Form OSHA 110 Revised February 2001</p>													