

Form <b>13981</b> (June 2025)	Department of the Treasury - Internal Revenue Service <b>Grant Agreement</b>	<b>VITA</b> OMB Number 1545-2222
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**General Federal Award Information**

Recipient name	Federal Award Identifier Number (FAIN)
Recipient address	Federal award date
	Period of performance October 1, _____ to September 30, _____
	Amount of federal funds obligated
UEI	Total amount of federal funds obligated
Indirect cost rate	Total cost sharing or match required
Budget approved	Total amount of federal award + Total cost sharing or match
Minimum federal returns to be accomplished by your program	Multi-year period <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

**General Program Information**

CFDA number and name
Program source
Federal award project description

**Contact Information for IRS Grant Officer**

Name	
Address	Email address
	Email grant acceptance
	Email questions

This **Grant Agreement** is entered into by the Internal Revenue Service, Department of the Treasury, United States of America, hereinafter referred to as IRS, and the recipient shown above and hereinafter referred to as recipient.

**Period of Performance:** The Grant Agreement covers the grant period shown above and is conditional on compliance with terms and conditions in [Publication 5247](#) on [IRS.gov](#). Recipients are cautioned to review the terms and conditions specific to this agreement in its entirety prior to signing. Expenses incurred before or after this period are not covered by this grant.

No additional expense reimbursements or other payments shall be made by the IRS unless the total amount of federal award set forth above is increased in writing.

Your organization is an approved multi-year grant recipient. Your grant will be renewed in year two or year three, provided your organization meets the multi-year grant criteria as outlined in the application package for your initial multi-year award. Funding for the subsequent grant cycle may be increased or decreased, depending on the Congressional appropriation for the VITA Grant Program and your organization's performance during the grant cycle covered by this award.

Approved by an Authorized Representative of the Recipient      Approved for the Internal Revenue Service by

_____ Name (Print)	_____ Name (Print)
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_____ Title (Print)	_____ Title (Print)
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_____ Signature	_____ Date	_____ Signature	_____ Date
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**Privacy Act and Paperwork Reduction Act Notice**

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The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-2222. The time estimated for participation is 30 minutes. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.