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OMB 0551-0035

## Food Aid Proposal Entry

### Section 416(b) Program

#### Enter a New Proposal

Fiscal Year of Submission:

...  
OR ...

#### Modify a Saved Proposal

Enter the proposal submission number and PIN number.

Submit #:

PIN #:

Questions or comments can be directed to the Program Development Division at 202-720-4221 or via e-mail at [PPDED@usda.gov](mailto:PPDED@usda.gov).

Last modified: Wednesday, July 16, 2003



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PIN Number:

Proposal Status:

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**Name and Address of Applicant \***

Organization Name:       Check if Consortium:

Contact Person:       First Name       MI       Last Name       Position

Telephone       FAX       Email

Address 1       Address 2

City       State       Zip       Country

If approved, who in the organization would sign the legal agreement (if different from the contact person)?

     First Name       MI       Last Name       Position

In-country contact information, if applicable:

**Program Introduction**

(Includes organization's capabilities to implement the proposed program and the need for the program)

Fiscal Year of Submission \*

Program Type \*

Primary Country of Donation \*

          

**Kind, Quantity, and Delivery Schedule of Commodities Requested \***

(For multiyear proposals, please include all requested deliveries. Requests for multiple shipments of the same commodity should be placed on separate lines.)

Line#	Commodity (Use 'Other' if desired commodity is not found)	Use of Commodity	Quantity MT	Package Size	Requested Delivery to US Port	
					MM	YYYY

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	2004	Clear
<b>Total</b>				0			

Add a row

**Special Delivery, Commodity, Processing, or Packaging Needs (maximum 250 words) \***

If your requested commodity was not included in the dropdown list above, please specify the desired commodity or commodities below. Additionally, if any requested commodity needs to be enriched, preserved, fortified, or specially packaged, please include this information here.

\* Required field

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**Program Description (Section 5, 7 C.F.R. 1499.5)**

**Activity Objectives (bulleted summary) \***

**Method of Choosing Beneficiaries\***

**Program Administration \***

Title	Percent of Time	Main Responsibilities	Funding Source
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

Activity Budget \*

Recipient Agency \*

Governmental or Nongovernmental Entities \*

Method of Educating Consumers \*

**Criteria for Measuring Progress \***

Filling out this table will meet the needs of this section. A text box is provided below if you prefer a different format or if there is any additional information you wish to provide.

Activity	Beneficiaries		Timeframe for Implementation	Region	Food Tonnage (MT)
	Type	Number			

\* Required field

\*\* ICR must be applied in accordance with a negotiated ICR agreement.

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**Use of Funds or Goods and Services Generated (Section 6, 7 C.F.R. 1499.5) \***  
**Amount of Sales Proceeds Anticipated**

Commodity	Amount to be Sold (MT)	Estimated Sales Prices Per MT	Estimated Proceeds
Bread Enriched Flour	0	0	0
Anticipated Interest Earned			0
<b>Total</b>	0		0

**Barter Activities \***

Commodity	Qty (MT)	Kind of Goods or Services	Quantity of Goods or Services	Total Value of Goods or Services
Barley	0		0	0

**Impact on Other Sales \***

**Private Sector Participation in the Sale of the Commodities \***

**Use of Sales Proceeds \***

Expense Categories	Equivalent Dollar Amount of Proceeds
Administrative Expenses	0
ITSH	0
<b>Subtotal</b>	0
Indirect Cost Recovery (ICR) on Administrative and ITSH only	0

<b>Total Administrative/ITSH Expenses</b>	0
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<b>Project</b>	<b>Equivalent Dollar Amount of Proceeds</b>
<b>Subtotal</b>	0
ICR on allowable program activity expenses*	0
<b>Total Program Activity Expenses</b>	0

**Total Administrative, ITSH and Program Activity Expenses**

0
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	▲
--	---

**Procedures for Assuring Receipt and Deposit of Sale Proceeds \***

	▼
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\* Required field

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If commodities are not used for barter or monetization, no information is required. Please proceed to page 4.

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PIN Number: 1Y35

Clear This Proposal

Proposal Status: Incomplete

Submit for Consideration

### Distribution Methods (Section 7, 7 C.F.R. 1499.5)

#### Description of Transportation and Storage, Description of Any Reprocessing or Repackaging, and Logistics Plan \*

#### Duty Free Entry (Section 8, 7 C.F.R. 1499.5) \*

#### Economic Impact (Section 9, 7 C.F.R. 1499.5) \*

#### Other Remarks

Please include any other remarks that you would like to add regarding this proposal submission.

\* Required field

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