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OMB 0551-0035

Food Aid Proposal Entry

Food for Progress 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.

Last modified: Wednesday, July 16, 2003



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Proposal Submit Number:
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[Sample](#)

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) | Use of | Quantity MT | Package Size | Requested Delivery to US Port |
|-------|---------------------------------------|--------|-------------|--------------|-------------------------------|
| | | | | | |

| | commodity is not found) | Commodity | | | 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 |
| Total | | | 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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Expenses of Proposal

Note: CCC dollar funding for the expenses below is not available under Section 416(b), except in urgent and extraordinary situations.

| Expense | Dollar Funding |
|--|----------------------|
| Administrative Expenses | <input type="text"/> |
| Indirect Cost Recovery Expenses on Administration ** | <input type="text"/> |
| Internal Transportation, Storage, and Handling | <input type="text"/> |
| Total | 0 |

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 |
|----------------------|----------------------|-----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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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 | | | |
| | | | | | |
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| | | | | | |

* 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 |
| Total | 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 |
| Subtotal | 0 |
| Indirect Cost Recovery (ICR) on Administrative and ITSH only | 0 |

| | |
|---|---|
| Total Administrative/ITSH Expenses | 0 |
|---|---|

| Project | Equivalent Dollar Amount of Proceeds |
|--|---|
| | |
| | |
| | |
| | |
| | |
| Subtotal | 0 |
| ICR on allowable program activity expenses* | 0 |
| Total Program Activity Expenses | 0 |

| | |
|---|---|
| Total Administrative, ITSH and Program Activity Expenses | 0 |
|---|---|

Procedures for Assuring Receipt and Deposit of Sale Proceeds *

* 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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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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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-0035. The time required to complete this information collection is estimated to average 230 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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