OMB Control Number: 0551-0048

Expiration Date:

Organizational Information
Submitted Date:
Organization Name:
Federal Tax Id:
Project Title & Applicant Address Project Title:
Office Name:
Address:
City:
State:
Zip:
DUNS Number:
Contact Chief Executive Officer:
Primary Contact
First Name:
Last Name:
Job Title:
Contact Phone:
Contact Fax:
Contact Email:
Contact URL:
Organization Details
Describe the Organization and its Membership :
Collaborating Organizations :
Targeted Market
Market Definition
Market Title:
Countries List:
Promoted Commodity
Commodity:
Current Conditions

 $\textbf{Current Conditions or Assessment of the Market} \ \textit{(if you have been working in the market)} \ \textbf{that Affect Exports of the Intended Commodity or Product:}$

Constraints and Performance Measures

OMB Control Number: 0551-0048 Expiration Date:

Statement of the trade barrier: [What is the specific phytosanitary export barrier that is being addressed in the proposal? What are the effects of the phytosanitary barrier on the export commodities or products? How will these export barriers be addressed?]

Performance Measures: [Where are you now and where do you want to be after teh activity? Quantifying is always better!]

Description
Baseline Year
Baseline
Goal Year 1
Goal Year 2

Proposal

Goal Year 3

Project Title:

Agreement Number:

Proposal Description:

How will project benefit the whole U.S. industry not just the applicant? How will it reduce trade barriers?

Project Objectives: (What are you trying to accomplish?)

Justification for Technical Issues Resolution Fund(TIRF) and Quick Response Marketing Fund(QRMF): [What caused a change in trade or market that warrants immediate action?] [What is the technical barrier to trade? (Most proposals are for the Central Fund. Answer this question only if applying for TIRF or Quick Response funds.)]

Rationale: [Why this market over other markets? Why are you choosing this activity over another type of activity?]

How will this project benefit the emerging market(s)' food and rural business system?

Explanation as to what specifically could not be accomplished without federal funding assistance and how will federal funds assist in achieving market development objectives of this project?

Activity

Activity List and Budget

Activity Code	Activity Title	Requested Amount(\$)
	Total:	

Activity Description for [activity code]

Activity Code:

Activity Title:

Requested Amount:

Funded Amount:

Activity Description:

TimeLine Start Date:

TimeLine End Date:

Information on whether similar activities are or have previously been funded with USDA resources in target country(ies) (e.g., under MAP and/or Cooperator programs?

Activity Itemization and Applicant Contributions (in-kind or cash):

OMB Control Number: 0551-0048

	nir	ation	n Date:
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Cost Category	Budget Description (include calculation of how you obtained the budget)	Request (include amount your organization is requesting from the program)	Participant Cost Share (include any contributions to line items by third party organizations)	Third Party Contribution (include any contributions to line items by third party organizations)
	Total:			
Direct Admin Cost				
Salaries and Benefits				
Subcontracts, e.g., Mkt Research, Recrui				
Travel				

The public reporting burden for this information collection is estimated to be 30 hours per response. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Department of Agriculture, Foreign Agricultural Service, Attn: OMB Number (0551-0048), 1400 Independence Avenue, SW, Washington, DC 20250-1023. You are not required to respond to this collection of information unless a valid OMB control number is displayed.