

Standard Form 424

Verions7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED 22-Oct-07	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit : Emergency & Humanitarian Assistance Unit	
Legal Name : Cooperative for Assistance and Relief Everywhere Inc.		Division Program	
Organizational DUNS 00-179-3082		Department : Emergency	
Address (give city, county, state and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code) :	
Street: 151 Ellis Street City: Atlanta County: State: GA Zip code: 30303 Country: USA		Prefix: First Name: Rigoberto Middle Name: Last Name: Giron Suffix: Email: rigiron@care.org Phone Number: 404-979-9539 Fax Number: 1-404-577-4840	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-1685039		7. TYPE OF APPLICANT : (enter appropriate letter in box) N	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter (s) in box(es) <input type="text"/> A. Increase Award D. Decrease Duration B. Decrease Award E. Others (specify) _____ C. Increase Duration		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) : Not for Profit Org.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER :		9. NAME OF FEDERAL AGENCY :	
TITLE : N/A		USAID	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) :		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Typhoon Lekima Emergency Relief and Rehabilitation	
13. PROPOSED PROJECT :		14. CONGRESSIONAL DISTRICT OF :	
Start Date : 5-Nov-07 End Date : 5-May-08		a. Applicant b. Project	
15. ESTIMATED FUNDING		16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON : DATE : _____	
b. Applicant	\$ 0	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	_____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 200,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Rigoberto	Middle Name	
Last Name Giron		Suffix	
b. Title Director, Emergency & Humanitarian Assistance Unit		c. Telephone Number: 1-404-979-9539	
d. Signature of Authorized Representative		e. Date Signed 22-Oct-07	

Standard Form 424A

OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1. Typhoon Lekima Emergency Relief and Rehabilitation				200,000	0
2.					0
3.					0
4.					0
5. TOTALS		0	0	200,000	0

SECTION B - BUDGET CATEGORIES

FEDERAL FUNDS Object Class Categories	GRANT, PROGRAM, FUNCTION OR ACTIVITY			Total
a. Personnel	22,245			22,245
b. Fringe Benefits	4,515			4,515
c. Travel	9,344			9,344
d. Equipment				0
e. Supplies	134,194			134,194
f. Contractual				0
g. Construction				0
h. Other	16,470			16,470
i. Total Direct Charges (sum of 6a-6h)	186,768			186,768
j. Indirect Charges	13,232			13,232
k. TOTALS (sum of 6i-6k)	200,000			200,000

7. Program Income				0
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Standard Form 424A (4-92)

Prescribed by OMB Circular A - 102

Standard Form 424A (cont'd)

OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals	
8. Typhoon Lekima Emergency Relief and Rehabilitation	0			0	
9.				0	
10.				0	
11.				0	
12. TOTALS (sums of lines 8 and 11)	0	0	0	0	
SECTION D - FORECASTED CASH NEEDS					
(a) Grant Program	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Typhoon Lekima Emergency Relief and Rehabilitation	200,000	200,000			
14.					
15. TOTALS (sums of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) Year 2	(c) Year 3	(d) Year 4	(e) Year 5	
16. Typhoon Lekima Emergency Relief and Rehabilitation	0	0	0	0	
17.					
18.					
19.					
20. TOTALS (sum of lines 16 and 19)	0	0	0	0	
SECTION F - OTHER BUDGET INFORMATION					
(Attach additional Sheets if Necessary)					
21. Direct Charges :	186,768	22. Indirect Charges :	13,232		
23. Remarks :					

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