

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name:		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:
d. Address:		
*Street1: Street 2: *City: County: *State: Province: Country: *Zip/ Postal Code:		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: First Name: Middle Name:		
*Last Name: Suffix:		
Title:		
Organizational Affiliation:		
*Telephone Number:		Fax Number:
*Email:		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

- *a. Federal
- *b. Applicant
- *c. State
- *d. Local
- *e. Other
- *f. Program Income
- *g. TOTAL

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: *First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

*Email:

*Signature of Authorized Representative:

Date Signed:

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>																								
20.			<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="154 420 844 997"> <tr> <td data-bbox="154 420 503 451">A. State Government</td> <td data-bbox="511 420 844 493">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="154 451 503 483">B. County Government</td> <td data-bbox="511 493 844 567">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="154 483 503 514">C. City or Township Government</td> <td data-bbox="511 567 844 619">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="154 514 503 546">D. Special District Government</td> <td data-bbox="511 619 844 651">P. Individual</td> </tr> <tr> <td data-bbox="154 546 503 577">E. Regional Organization</td> <td data-bbox="511 651 844 682">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="154 577 503 609">F. U.S. Territory or Possession</td> <td data-bbox="511 682 844 714">R. Small Business</td> </tr> <tr> <td data-bbox="154 609 503 640">G. Independent School District</td> <td data-bbox="511 714 844 745">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="154 640 503 672">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="511 745 844 777">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="154 672 503 703">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="511 777 844 808">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="154 703 503 735">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="511 808 844 840">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="154 735 503 766">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="511 840 844 871">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="154 766 503 798">L. Public/Indian Housing Authority</td> <td data-bbox="511 871 844 903">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)																										
C. City or Township Government	O. Private Institution of Higher Education																										
D. Special District Government	P. Individual																										
E. Regional Organization	Q. For-Profit Organization (Other than Small Business)																										
F. U.S. Territory or Possession	R. Small Business																										
G. Independent School District	S. Hispanic-serving Institution																										
H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)																										
I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)																										
J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions																										
K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity																										
L. Public/Indian Housing Authority	X. Other (specify)																										

**The Overseas Institute
Chad, Africa**

**Proposal Project Title: Empowering Youth through Education, Economic Opportunities,
and Civic Responsibility**

**Project Director: Ron Swanson
Program Coordinator: Tom Haverford**

Proposal Summary

Through this project, the Overseas Institute seeks to empower the youth of Chad to fight against poverty and disease through various educational workshops. Specifically, this project will involve a five-month youth enrichment program that will include various three-day workshops/courses in reading, mathematics, science, communications, computers, and arts and cultures. Community service initiatives and material dissemination will also be included.

Introduction to Organization

The Overseas Institute is one of the world's premiere organizations that aims to tackle the root causes of poverty in Africa and contribute to sustainable, long-term social changes through the empowerment of the youth in Africa. Through various programs, including independent and cooperative workshops, the Overseas Institute has seen success in assisting local youths in empowering themselves and taking more control of their lives.

Ron Swanson, Project Director and former Fulbright scholar, has engaged in a variety of practical and educational teaching modes during his career. He has directed numerous successful educational initiatives throughout the world.

Tom Haverford, Project Coordinator, has facilitated various workshops for educators concerned with empowering impoverished youths at the undergraduate level in two- and four-year institutions. These workshops, held at various state universities, were very well received as educationally underpinning teaching and learning modes of impoverished youth worldwide.

Problem Statement

The poverty rate among Chad's population of 11.2 million is estimated at 55%, with a rate of 87% in rural areas. This highlights the need for proactive programs to transform the countryside. Youth violence and poverty is pervasive in Chad. It is believed by the Overseas Institute that education will help prevent future generations from perpetuating the cycle thereby decreasing violence and poverty over the long run. Parents in Chad are often reluctant to send their children to school. Only a small percentage of children are actually schooled. Although education in Chad is mandatory, only some children, especially boys, carry on learning after primary school.

The Overseas Institute will provide proactive programs to engage the youth of Chad in various avenues of fundamental learning. The Overseas Institute believes that this program will greatly benefit the United States of America and will aid in the countering of threats to regional security, while strengthening relations between Chad and the United States. It will also benefit the Chadian youth by providing different levels of knowledge and training. These skills will empower the youth of Chad to take more control of their lives.

Project Objectives

The development and retaining of certain skills and knowledge in a large number of young Chadian citizens is the project focus. Participants will be assessed by Overseas Institute staff and placed in one of three “tracks” with the intention of providing education and training based on need. When possible, student development will be realized by introducing benchmarks for students and acknowledging achievements in individual subject areas. Community services will be emphasized and included as a workshop/course in each of the three “tracks.” Exposure to new environments and cultures will also be emphasized. It is hoped that student excellence may be rewarded with possible international cultural or student exchange programs.

Program Methods and Program Design

Timeframe:

- 2-3 months of recruitment will be necessary to reach total enrollment of the workshops. Recruitment and enrollment will begin April 1, 2013.
- Workshops will begin November 1, 2013 and run through the week before Christmas, December 18, 2013.
- It is hoped that following successful completion of the program, six students (two from each “track”) will be able to participate in the above-mentioned exchange program.

Criteria:

Student selection will be separated into 3 “tracks” as follows:

- Track 1** (Critical need) – These students represent Chadian youth who need very basic reading, math, and communication skills.
- Track 2** (Intermediate) – These students represent Chadian youth who have received basic education but would also greatly benefit from further developments in these skills.
- Track 3** (Advanced) – These students represent the Chadian youth who may be able to focus on certain areas over others, as they have already attained satisfactory knowledge and skills in critical areas.

Measurable:

- Students’ interaction and participation will be monitored and evaluated by independent professionals who will provide reports to the program director detailing student development. Tests will be administered when possible but are believed to be a deterrent to recruitment.

Engagement:

- Each “track” will participate in a community enrichment project, which will be developed as students are assessed.
- Students will be provided with cultural engagement opportunities with domestic and international speakers.

Project Evaluation

Assessments of student entry skill level will be measured against a final report of student progress to determine each individual student’s achievement. Evaluation of usefulness of each community enrichment project will be conducted at the end of the program.

Future Funding and Sustainability

The Overseas Institute has experienced phenomenal results with its other programs around the world. It expects nothing less from this project and hopes to continue the program into the next year.

Proposed Budget

Budget Categories	Amount
1. Personnel	12,000
2. Fringe Benefits	1,200
3. Travel	6,300
4. Equipment	--
5. Supplies	2,000
6. Contractual	2,500
7. Construction	--
8. Other Direct Costs	--
9. Total Direct Costs (lines 1-8)	24,000
10. Indirect Costs	--
11. Total Costs (lines 9-10)	24,000
12. Cost Sharing	--

	<u>Federal</u>	<u>Non-Federal</u>
1. Salaries		
a. Project Director	\$4,000	
b. Project Coordinator	\$4,000	
c. Instructor	\$4,000	
2. 10% fringe benefit rate = \$12,000 = \$1,200	\$1,200	
3. Travel	<u>Per Person(3)</u>	<u>Total</u>
a. Visa applications, photos, transportation	\$500	\$1,500
b. International Airfare Tickets	\$1,500	\$4,500
c. Transport (transit)	\$100	\$300
4. Equipment – N/A		
5. Supplies		
a. Books	\$500	
b. Computers	\$1,500	
6. Contractual (Rent)	\$2,500	
7. Construction – N/A		
8. Other Direct Costs – N/A		
	<hr/>	
	\$24,000	