

AER Instructions for FY 2005

1. **Country:** Enter name of country, countries or region covered by estimate
2. **Cooperating Sponsor:** Enter name or initials of Cooperating Sponsor (CS)
- **AER Type:** Select AER type by clicking on the cell. An arrow in a gray box will appear to the right of the cell, click on this arrow and select an AER type from the drop down list.

Standard: Use this type for the first AER of a fiscal year. Continue to us this type until the AER is approved.

Supplemental: If you have an approved AER for the fiscal year but your commodity requirements have changed.

Incremental: Use this type if current fiscal year funding is available to fund program activities in the next fiscal year.

- **FY of Program Activities:** Select the appropriate year by clicking on the arrows
- **Submission Date:** Please change the date **every** time you submit a revision to the AER prior to approval by USAID/FFP
- **Page X of X:** If you will be requesting more than 3 commodities you will need to submit a 2 page AER. If so please note complete the box to indicate "1 of 2". This must be completed prior to filling out information on the subsequent pages. If you do not enter this information on page 1, the 2nd page will be gray.

3. **Recipient Categories:** From the drop down list select the appropriate recipient category. See below for explanation of recipient categories. If you have questions as to which recipient category you should select contact the USAID Country Backstop Officer. List each recipient category; do not list food recipients under two different categories.

Maternal Child Health-Mother: Include women of child bearing age attending out-patient clinics, first aid stations, family planning center, or other professionally staffed facilities providing medical, health, family planning, nutrition, related education and/or related assistance (at least one), where food is distributed 30 days/month.

Maternal Child Health-Child: Include children under the age of six years living in the area serviced by the above-described health related facilities.

Preschool Child Feeding: Include children under the age of six years attending day nurseries, day care centers, day kindergartens or similar facilities, where food is provided 25 days/month.

Other Child Feeding (Institutional) Include institutionalized fourteen year olds and younger, who receive food 30 days/month in children's hospitals, boarding schools, orphanages, summer camps, etc.

Other Child Feeding: Include non-institutionalized children from six to fourteen, who receive food 25 days/month in a daily organized child feeding facility.

School Feeding: Include only primary school children from six to fourteen, who attend day school (ration to be calculated on the basis 20 days/month).

Food for Work: Include workers and dependents in agriculture, economics, community and health development projects, where the ration is fixed for a minimum number of days work/month.

Technical Sectors: From the drop down list, select from the following:

Agriculture
Education
Health and Nutrition
Humanitarian Assistance
Micro-Finance

If you have questions as to which technical sector you should select, contact the USAID Country Backstop Officer.

3(a) Number Feeding Days/Month: Indicate the number of feeding days per month for the recipient groups entered under “**3. Recipient Categories.**”

4. Number Recipients: Indicate the total recipients in each recipient category regardless of whether they receive one or more commodities.

5. Number Months Operating: Indicate the number of months during the fiscal year in which the CS plans to distribute food.

5(a). Number Distributions/Year: Enter the number of times distribution will be made to each recipient category during the fiscal year.

6. Proposed Distributions:

6 (a). Click on the cell to select the commodity and its general specification (ex: soy fortified vs. all purpose) from the drop down list.

6 (b). **Number of Recipients:** Enter the number of recipients only if different than the number indicated in “**4. Number of Recipients**”.

6 (c). **Rate KGs:** Enter the rate of kilograms/month at which the commodity will be distributed to each recipient.

6 (d). **Total:** Enter the total quantity (in thousands of kilograms) of each commodity to be distributed to each category. Derive the figure by multiplying number of recipients (see 4 or 6) x number of months of operation (see 5) x rate of kilograms/month (see 6(c)).

7. Total Recipients: Enter the sums of the figures posted in columns 4 and 6(b).

8. Total Requirements for FY05: For each commodity, enter the sum of the entries in 6(d).

9. Emergency/Non-Emergency: From the drop down box select ‘ER’ for commodities to be used in emergency programming and ‘NER’ for non-emergency programming.

Adjusted Total Requirements

10. Quantity on Hand 9/30/03: Enter the total quantity on hand (in metric tons [MT]/thousands of kilograms) in warehouses on 9/30 of the past fiscal year. Do not include commodities delivered to the warehouses of recipient institutions or individuals for their own utilization.

11. Quantity Received 10/1/03-2/28/2004: Enter total quantity (MT) actually received during the period 10/1-2/28 of the **current fiscal year**.

10(a). From Prior Year Approval: Enter the quantity received during **FY 2004** from the **FY 2003** approval (incremental funding).

10(b). From Current Year Approval: Enter the quantity received during **FY2004** from the **FY 2004** approval.

12. Quantity on Hand 2/28/2004: Enter total quantity (MT) on hand in warehouses as of 2/28 of the current fiscal year, which have not been delivered to recipient institutions or individuals for their own utilization.

13. Quantity Due or Received for FY2004 After 2/28/2004: Indicate by commodity the quantity (MT) of food for the current fiscal year program due to be received, or actually received after 2/28/04.

14. Total Line 11 + Line 12: Enter line 11 + line 12. Automatically calculated.

15. Projected Distribution 3/1/2004-9/30/2004: Enter the quantity of each commodity (MT) to be distributed during the seven month period 3/1-9/30 of FY2004.

16. Estimated Inventory, 9/30/2004: “line 15”= “line 13”-“line 14”. Automatically calculated.

17. Commodities for Initial Follow-on Distribution: The CS should indicate the quantity of each commodity needed to insure continued distribution on an orderly basis to all eligible participating outlets. In determining this quantity, consideration must also be given to the storage space. Also, each operational reserve must be justified.

18. Adjusted Total Requirements FY 2005:

“line 17”=“line 8” – “line 15” + “line 16”. Automatically calculated.

SIGNATURES

19. Submitted by Field Representative: Signature and title of U.S. citizen representative of the CS submitting the estimate. If the U.S. citizen representative does not sign, please explain fully, and indicate responsibility of the person signing instead. Also, indicate date submitted.

20. Reviewed and Recommended by USAID or U.S. Embassy: Signature and title of USAID or U.S. Embassy official. Enter date recommended.

21. Cooperating Sponsor Approval: Signature and title of person approving estimate for the home office of the sponsor in the U.S. Enter date approved.

22. ISC/AID/Washington Approval: Signature and title of AID/Washington official approving the estimate. Enter date approved by AID/FFP.