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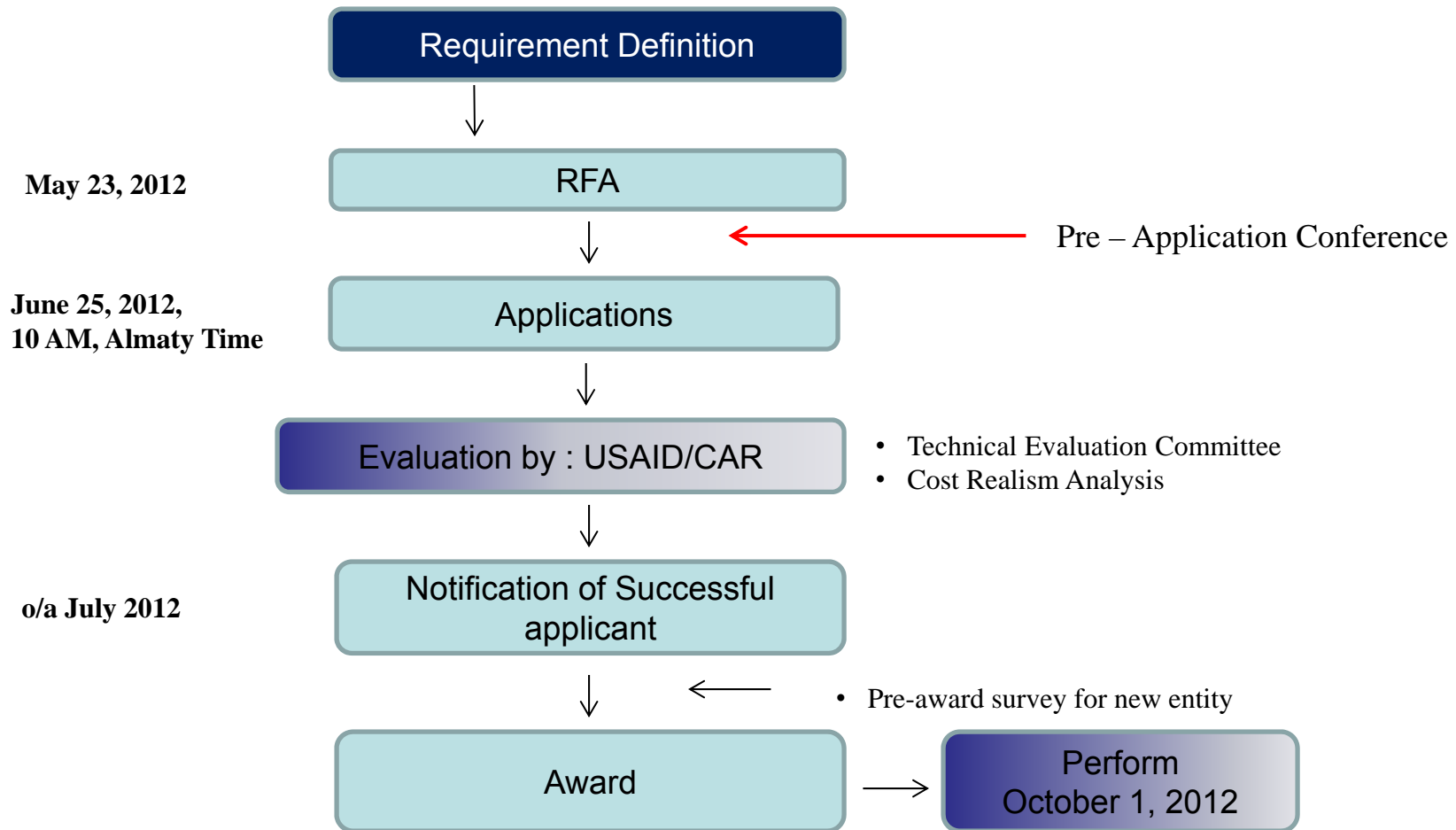
# Development Through Regional Cooperation

**RFA-176-12-000007**

**June 8, 2012**



# Application Process





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## **Award Information**

Duration: 3 year

Award size: \$3,900,000

Activities in: Kazakhstan, Tajikistan, Turkmenistan,  
Uzbekistan, Regional

Cost-Share: must provide cost-share match equivalent to  
or greater than 3 percent



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## **Eligibility requirements**

1. Local NGOs
2. Local For-Profit or Commercial Organizations
3. Local Colleges and Universities:



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## **Eligibility requirements**

1. Be an entity organized under the laws of the cooperating country or under the laws of a country in the region of the proposed activity;
2. Have its principal place of business in the cooperating country or region;
3. Be managed by a governing body, the majority of whom are citizens or lawful permanent residents of the cooperating country or region; and
4. Be able to provide official documentation of formal legal status



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## **Eligibility requirements - Subwards**

**Sub-grantees/subcontracts/partners with other than local entities may not exceed 30% of the total budget**

- Private Voluntary Organizations based in the United States (U.S. PVOs),
- U.S. and International Non-Governmental Organizations (NGOs),
- Public International Organizations (PIO),
- International Organizations (IO),
- U.S. and International For-Profit Organizations,
- U.S. and International Colleges and Universities



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## **Submission instructions**

Electronic at: [AlmatyAASolicitations@usaid.gov](mailto:AlmatyAASolicitations@usaid.gov)

Files format: PDF, MS Word, and/or Excel

E-mail subject line:

- a. “Technical application under RFA RFA-176-12-000007, submitted by: [name of Applicant organization].”
- b. “Cost application under RFA RFA-176-12-000007, submitted by: [name of Applicant organization].”

Font size: Times New Roman Font 12 or similar





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## **Technical Application, see page 18**

MAXIMUM

1. Cover Page
2. Table of Contents
3. Executive Summary (2 page)
4. Technical Approach (15 pages)
5. Key Personnel (5 pages)
6. Management Plan and Organizational Capacity (3 pages)
7. Institutional Capacity and Past Performance (2 pages)
8. Cost Share Component (1 page)
4. Attachments
  - Draft Performance Monitoring and Evaluation Plan (PMEP)
  - Draft Annual Work Plan for the first year
  - CV for key personnel, 5 persons, 2 pages per each
  - Past Performance Reports Short-Form, see [Annex 2](#)



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## Cost Share Component

- Local NGOs: 3%

## Cost Sharing Is...

“The portion of the project or program costs not borne by the United States Federal Government”

[Source: 22 CFR 226.2 Definitions]



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### ***Cost Share Must:***

- Be **verifiable** from the recipient's **records**
- You need a recording/filing system similar to your accounting system (supporting documentation, referenced)
- **Not** be included as cost share for any **other USG-assisted** project
- **Necessary and reasonable** for proper and efficient accomplishment of **project or program objectives**
- **Allowable** under applicable cost principles
- Be included for in the **approved budget**



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Type of cost share contribution	Valuation	Backup/Supporting documentation
Labor: Volunteer Time must support program performance	Hourly/Daily <b>rates must be justified:</b> Rates for volunteer services must be consistent with those paid for similar work within the organization (if the position is not within the organization, then fair market value);	<ol style="list-style-type: none"><li>1. Signed time sheet showing the hours worked, and</li><li>2. A rate calculation of how the time should be Valued</li></ol>
Donated supplies	Fair market value of the supplies at the time of the donation	<ol style="list-style-type: none"><li>1. Letter of donation being made, and</li><li>2. Valuation of the donated supplies from catalogue or internet prices, bills/invoices, or quotes for same supplies</li></ol>



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Type of cost share contribution	Valuation	Backup/Supporting documentation
Donated equipment, building or land	Value may not exceed fair market value of a good of the same age and condition at the time of donation	<ol style="list-style-type: none"><li>1. Letter stating what was donated, and</li><li>2. Comparable catalogue or market survey prices, or</li><li>3. Independent appraisal of the value</li></ol>
Funds from Non-U.S. Government Sources	Actual cost incurred	<ol style="list-style-type: none"><li>1. Letter from donor stating what was donated, or copy of agreement or contract, and</li><li>2. Copy of invoice paid by the other donor.</li></ol>
Project co-funding		



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Type of cost share contribution	Valuation	Backup/Supporting documentation
Cash contributions	Cash value (of actual cost incurred)	<ol style="list-style-type: none"><li>1. Letter from the donor documenting the amount of cash donated and the name of the project supported, and</li><li>2. A bank statement showing the date and the amount received by the grantee</li></ol>
Program Income (if approved by USAID)	Income = Expenditures for the program	<ol style="list-style-type: none"><li>1. Income statement</li><li>2. Financial Reporting</li></ol>



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## Evaluation Criteria – see page 24

### Relevant order of importance

1. **Technical Approach**
2. **Key Personnel**
3. **Management Plan and Organizational Capacity**
4. **Institutional Capacity and Past Performance**
5. **Cost - cost reasonableness, allowability and allocability**



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## Review criteria –SUMMARY

### **PLEASE SEE FULL CRITERIA**

#### **1. Technical Approach**

1) technically and managerially sound, meets the objectives of the project, provides a logical and sequential approach indicating achievable milestones through measurable outputs and outcomes, seeks to maximize results within budgeted resources

2) The degree to which the application can demonstrate expert level knowledge and understanding of country-specific and regional issues related to civil society strengthening. Also, demonstrate overall knowledge and understanding of civil society strengthening, including best practices, lessons learned, proven successful approaches, and international trends and debates.

3) The degree to which the application addresses a longer-term sustainability vision for this project, especially after USAID funding will end.





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## Review criteria –SUMMARY

**PLEASE SEE FULL CRITERIA**

### **2. Key Personnel**

Professional backgrounds of the proposed key personnel, their work experience related to the project components, management qualifications, and experience in the Former Soviet Union and/or Central Asia

Demonstrated capability, field and relevant management experience in similar projects, education and qualifications of proposed Chief of Party.

Demonstrated relevant experience in similar projects, appropriate academic backgrounds, and qualifications of proposed other Key Personnel.

Chief of Party

Deputy Chief of Party

Tajikistan Country Director

Uzbekistan Country Director

Turkmenistan Country Director



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## Review criteria –SUMMARY

**PLEASE SEE FULL CRITERIA**

### **3. Management Plan and Organizational Capacity**

a) The extent to which the overall management plan is adequate, and technically sound for the implementation of the proposed activities, as well as, the extent to which the applicant convincingly demonstrates an effective management approach, in which composition and structure of the project management team adds value to project implementation. The extent to which the applicant's corporate and institutional capability allows to promptly launch and effectively implement the proposed activity. Demonstrated utilization of local expertise and local organizations involved in program implementation.

b) Proposed sub-partners partners, and a clear rationale for the choice and technical capacity of sub-contractors/technical partner organizations, including  
a) grant making capacity; b) direct experience in civil society strengthening; and  
c) capacity to participate in/conduct regional events.



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## Review criteria –SUMMARY

**PLEASE SEE FULL CRITERIA**

### **4. Institutional Capacity and Past Performance**

- How well an applicant performed,
- The relevancy of that the program work,
- Instances of good performance,
- Instances of poor performance,
- Significant achievements,
- Significant problems, and
- Any indications of excellent or exceptional performance in the most critical areas.

### **5. Cost**

cost reasonableness, allowability and allocability



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## Cost Application

1. Development-Focused Budget format (DFB) by each proposed activity and broken-down by years and by countries

- ACTIVITY                      USAID              Other Sources              Total
- 1. Salaries
- 2. Fringe Benefits
- 3. Travel/Per Diem
- 4. Other Direct Cost

2. Budget Narrative, ([sample](#))

3. [SF-424](#) and [SF-424A](#), [SF-424B](#), <http://www.usaid.gov/forms/sf424.pdf>

4. Breakdown of partners costs (subawards)

5. Breakdown of cost-share



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## Cost Application

6. Legal relationship between the prime applicant and its partners.
7. Organization's financial status and management, including:
  - Audited financial statements for the past three years,
  - Organization chart, by-laws, constitution, and articles of incorporation
  - Copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel accounting management and procurement policies.
8. The application should include information that substantiates that the applicant:
  - Have adequate financial resources or the ability to obtain such resources as required during the performance of the Agreement.
  - Has the ability to comply with the Agreement conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.
  - Has a satisfactory record of performance.



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## CERTIFICATIONS

Certifications, Assurance and Other Statements of the Applicant/Recipient

- <http://www.usaid.gov/policy/ads/300/303sad.pdf>



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## **CERTIFICATIONS**

Data Universal Numbering System (DUNS) and Central Contractor Registration (CCR) instructions:

[How to Request a DUNS number and register in CCR.doc](#)

[DUNS образец анкеты.DOC](#)

[NCAGE code.pdf](#)

[CCR Registration.pdf](#)



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## Branding and Marking - Apparently Successful Applicant

- All USAID-sponsored assistance awards are required to adhere to branding policies and marking requirements
- This includes visibly displaying the USAID Standard Graphic Identity that clearly communicates assistance is, “**From the American people**” on all programs, projects, activities, publications, public communications, and commodities provided or supported through USAID assistance awards
- **Include Branding and Marking expenses into the budget**





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# Questions???



SF424 & SF424a Budget Support Information

Personnel:

Project Director: \$50,000 (based on 50% time)  
Country Director: \$80,000 (based on 100% time)  
Research Assistant: \$20,000 (based on 50% time)

Personnel estimates based on current salaries. Experience of staff was highlighted in our application. Salaries are based on written personnel policies, and represent current staff employed by our organization.

Fringe Benefits:

Project Director: \$10,000 (based on rate of 20% applied to salary)  
Country Director: \$16,000 (based on rate of 20% applied to salary)  
Research Assistant: \$2,000 (based on rate of 10% applied to salary)

Fringe benefits based on negotiated indirect rate agreement dated xx/xx/xx with our cognizant government audit agency (USAID), and represent costs associated with FICA, leave, and retirement benefits.

Travel:

Project Director: \$5,500 (1 RT from a to b @ \$3,000; \$2,000 based on 10 days of per diem at \$200/day; and \$500 based on airport taxis/in-country travel.  
Country Director: \$25,000 (1 RT from a to b @ \$3,000; Living quarters allowance @ \$15,000; Regional air travel @ \$5,000 based on 10 trips at \$500/trip; Regional travel per diem @ \$1,000 based on 20 days at \$50/day; and \$1,000 for miscellaneous in-country travel.  
Research Assistant: \$11,000 (2 RTs from a to b @ \$3,000/each; \$4,000 based on 20 days of per diem at \$200/day; and \$1,000 based on airport taxis/in-country travel.

Airfare based on economy rates quoted from ABC travel agency. Per diems/Allowances based on written travel policies which follow Department of State travel regulations.

Equipment:

\$4,000 (Computer @ \$2,000, Printer @ \$500, Fax @ \$500, and Copier @ \$1,000)  
Equipment based on quotes from ABC company, and meet U.S. source/origin/nationality requirements. Equipment needed to produce/track the extensive research efforts involved in this program, and purchase is more cost effective than leasing.

Supplies:

\$1,500 (Paper, printer/fax/copier cartridges, and general office supplies)  
Supplies based on prior experience with similar projects of this magnitude.

Other:

\$5,000 (Communication costs @ \$3,600 based on \$300/month for international phone/faxes/express mail, and \$1,400 for other expenses including monitoring/evaluation regional site visit reporting, ... The above communication costs are significant based on the extensive dissemination efforts with this program.

Indirect Charges:

\$69,000 (Based on 30% of total direct costs and fringe benefits in accordance with our negotiated indirect rate agreement dated xx/xx/xx with USAID.

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The above sample is for illustrative purposes to serve as one example of the type of minimal detail and rationale needed in order to assist USAID in determining cost reasonableness. Typically, the more effectively the

applicant can detail, support and link costs to their proposed program, the more streamlined negotiations will proceed. USAID Agreement Officer will advise applicants on needed cost information during proposed award negotiations.

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/>	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State                      H. Independent School Dist. <input type="checkbox"/> 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) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> _____ TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ .00	DATE _____	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ .00	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ .00		
<b>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.</b>			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 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 used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:  | Item: | Entry:   |
|-------|---|-------|--|
| 1.    | Self-explanatory.   | 12.   | List only the largest political entities affected (e.g., State, counties, cities).   |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 13.   | Self-explanatory.  |
| 3.    | State use only (if applicable).   | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.   | 15.   | 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 <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 17.   | 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.  |
| 7.    | Enter the appropriate letter in the space provided.   | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as 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.)  |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |  |
| 9.    | Name of Federal agency from which assistance is being requested with this application.  |       |  |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |       |  |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.   |       |  |

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY						Total (5)
	(1)	(2)	(3)	(4)	(5)		
a. Personnel	\$	\$	\$	\$	\$	\$	
b. Fringe Benefits							
c. Travel							
d. Equipment							
e. Supplies							
f. Contractual							
g. Construction							
h. Other							
i. Total Direct Charges (sum of 6a-6h)							
j. Indirect Charges							
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	\$	
7. Program Income	\$	\$	\$	\$	\$	\$	

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**SECTION C - NON-FEDERAL RESOURCES**

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum 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) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	22. Indirect Charges:
---------------------	-----------------------

23. Remarks:

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), 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.**

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

*For new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

*For continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

*For supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program



## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 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 (0348-0040), 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.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

## Instruction on how to request a DUNS number and register in CCR

"In accordance with the U.S Federal rules, all firms or individuals doing business with the U.S. Government must have a DUNS number (Data Universal Numbering System).

A Data Universal Numbering System (DUNS) number, is the nine-digit number assigned by Dun and Bradstreet Information Services to an establishment, and is the Identification Number for U.S. Federal Awardees.

Vendors must obtain their own DUNS numbers. At the D&B website <http://www.dnb.com>, you will click on "Get a DUNS Number". You will then click in the box entitled **For U.S. Government Contractors, Vendors and Grant Recipients. You will reach CCR where you will click on either Start new registration or Find my DUNS. You will then click under web registration. Find your country in the country drop down list and proceed. You will have your DUNS within 48 hours.**

For NIS Registrants submit the form "Dun & Bradstreet CIS" to [Anastasiya.Makeeva@interfax.ru](mailto:Anastasiya.Makeeva@interfax.ru)

You should be prepared to provide the following information:

1. Company legal business.
2. Tradestyle, doing business, or other name by which your entity is commonly recognized.
3. Company Physical Street Address, City, State, and ZIP Code.
4. Company Mailing Address, City, State and ZIP Code (if separate from physical).
5. Company Telephone Number.
6. Date the company was started.
7. Number of employees at your location.
8. Chief executive officer/key manager.
9. Line of business (industry).
10. Company Headquarters name and address (reporting relationship within your entity).

After you obtained your DUNS number, you must register in [ccr.gov](http://ccr.gov) (please see <https://www.bpn.gov/ccr/default.aspx> ). Vendors' registrations in [ccr.gov](http://ccr.gov) are important for USAID to fulfill the validation of mandatory procurement reports.

In order to register, please find the detailed steps below:

1. Go to <https://www.bpn.gov/ccr/default.aspx>

2. Click on 'International Registrants'
3. Then click on NCAGE online form
4. In the second paragraph of the text in red font, click on <http://nmcrplus.namsa.nato.int>
5. In the NATO Codification tools screen, on top, click on CAGE Code Request
6. Fill in your organization name, and click on the magnifier on your right under the "search criteria". You will get a message saying that "no result has been found", so you click on "Request New CAGE" at the bottom of the page (right side)
7. Make sure you request for "S-CAGE" and not "I-CAGE". To do that,
  - Choose "private company" under "Type of Entity";
  - Emergency under Emergency Level;
  - Respond "no" to the question: "Is the entity to be registered ....";
  - Country: Madagascar. Then click on ok
8. On the next screen, you fill out all fields marked with \* (First Name, Last Name, email). Then, click on Step 2
9. Fill in the fields and then click on Step 3
10. On the Organization Data - Generals screen, choose all applicable responses. Under Questionnaire - future business, select "No" for the question related to "invitation to Tender" and "yes" to question saying "CAGE Code requested by the US CCR". Choose "No" as well to the Questionnaire - former CAGE Code. Then, click on Step 4.
11. You will be prompted to a screen asking you to verify the information you have provided. If ok, click on "Create".
12. Go back to [www.bpn.gov/bincs](http://www.bpn.gov/bincs) and check if your assigned NCAGE code is listed there. If not, send a message to [NCAGE@dla.mil](mailto:NCAGE@dla.mil).
13. If the NCAGE code is listed in the above website, then you can go back to <https://www.bnp.gov/ccr/international.aspx> and go to step 3 where you can "START REGISTRATION".

The above steps should be detailed enough to enable you to obtain your DUNS number, and to help you registered in ccr.gov.



Decide with Confidence

# Дан энд Брэдстрит СНГ

## Dun & Bradstreet CIS

Full name of company: \_\_\_\_\_

Head-office address: \_\_\_\_\_

Office area

sq. m

owned

leased

Legal address: \_\_\_\_\_

Abbreviated or other name of the company / trade mark: \_\_\_\_\_

Telephone

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

:

www \_\_\_\_\_

Are there any other premises occupied by the company? Indicate the size and type (office, shop, warehouse, factory, other)

Yes

No

List of

addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal form of the company: \_\_\_\_\_

Date operations commenced: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Registration number of the company (OGRN):

Date of latest registration (OGRN assignment):

OKPO code:

Tax number (INN):

Change in name:

Yes

No

Previous name/date of change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Change in legal form:

Yes

No

Previous legal form /date of change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized capital:

Number of shares and par value: \_\_\_\_\_

Paid-in capital: \_\_\_\_\_

Principals:

1 General Director

2 Commercial Director

3 Financial Director

4 Chief Accountant

5 Other

Principals' Antecedents

1 General Director

- Date of birth
- Citizenship
- Education
- Name of spouse
- Foreign languages
- Work history:

Period	Worked in (Company name)	Position held

2 Commercial Director

- Date of birth
- Citizenship
- Education
- Name of spouse
- Foreign languages
- Work history:

Period	Worked in (Company name)	Position held

3 Financial Director

- Date of birth
- Citizenship
- Education
- Name of spouse
- Foreign languages
- Work history:

Period	Worked in (Company name)	Position held

4 Chief Accountant

- Date of birth
- Citizenship
- Education
- Name of spouse
- Foreign languages
- Work history:

Period	Worked in (Company name)	Position held

5 Other

- Date of birth
- Citizenship
- Education
- Name of spouse
- Foreign languages
- Work history:

Period	Worked in (Company name)	Position held
--------	--------------------------	---------------


Shareholders (owners)	% shares (interest)	Shareholders (owners)	% shares (interest)

COMPANY ACTIVITIES (line of business and % of total sales)

---



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Imports: **Yes**  **No**  % of total sales \_\_\_\_\_ Period \_\_\_\_\_

Countries \_\_\_\_\_ Terms of payment \_\_\_\_\_

:

Exports: **Yes**  **No**  % of total sales \_\_\_\_\_ Period \_\_\_\_\_

Countries \_\_\_\_\_ Terms of payment \_\_\_\_\_

:

Name of the company's bank: \_\_\_\_\_

Settlement account (rubles): \_\_\_\_\_

Other firms and organizations in which your company has share participation:

Name, legal form	City	Activities	Date operations commenced	%

Branches (cities): \_\_\_\_\_

**We would ask that you provide a Balance Sheet and Profit & Loss Account for the latest accounting period, or supply brief financial details on the operations of the company according to the list below, indicating figures in (underline unit you show accounts in):**

- roubles
- thousand roubles
- million roubles

<u>Date of fiscal report</u>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Sales	_____	_____	_____
Cost of goods sold	_____	_____	_____



Net profit			
Total assets / liabilities			
Intangibles			
Fixed assets			
Investments			
Other fixed assets			
Stock and WIP			
Trade debtors			
Cash			
Other current assets			
Paid-up capital and reserves			
Long deferred liabilities			
Trade creditors			
Other current liabilities			

Future plans for development:

---



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Projected sales in 2010 \_\_\_\_\_

Full name of person who completed this questionnaire \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

---

Submit form to [Anastasiya.Makeeva@interfax.ru](mailto:Anastasiya.Makeeva@interfax.ru)

Получение NCAGE кода

NMCR + CAGE Code Request ACodP2/3



Home > CAGE Code Request

Welcome in the online Cage Code request tool.  
STEP 1 : Screening/search on existing CAGE Codes (activated with ).

настройка

Search Criteria 2)

<b>CAGE Code</b>	<b>Postal Code</b>
<b>Organization Name</b> Interfood SKGP TOO <i>название компании</i>	<b>Phone Number</b>
<b>Country</b> Type Here	<b>Website URL</b>
<b>City</b>	<b>Identification Number (IDN)</b>

1)

2)

NMCR + CAGE Code Request ACodP2/3



Home > CAGE Code Request

If no CAGE Code available, activate "Request New CAGE" button.

Search Criteria	
<b>CAGE Code</b> .....	<b>Postal Code</b> .....
<b>Organization Name</b> Interfood SKGP TOO	<b>Phone Number</b> .....
<b>Country</b> Type Here	<b>Website URL</b> .....
<b>City</b> .....	<b>Identification Number (IDN)</b> .....

**Results**  
No result has been found, according to your search criteria

*если нет результатов*

3)

Request New CAGE

NMCR + CAGE Code Request ACodP2/3



Home > Request New Cage Assignment

Current application allows to request S-CAGE Codes for entities located in non-NATO countries or I-CAGE codes for SUPRA-national organizations like ISO, United Nations UN, NATO agencies etc

Country Check	
Type of Entity*	Всѣрств тип организаци
Other*	
Emergency Level*	всѣрств emergency
Is the entity to be registered is a supranational organization?*	отметить No
Country*	назв. страны

NMCR + CAGE Code Request ACodP2/3



Home > Request New Cage Assignment



Information related to the CAGE request initiator (data not recorded in the CAGE database). Please make sure your email address is valid, if not your request won't be processed.

Initiator Data	
First Name*	Country
UMG регистратора	Type Here
Last Name*	Email*
фамилия	e-mail
Organization Name	Phone Number
Address	Fax Number

Step 2

[NMCR L +](#)
[CAGE Code Request](#)
[ACodP2/3](#)



[Home](#) > Request New Cage Assignment



Enter a maximum of information related to the entity to be recorded in the CAGE database.  
 At least 1 of the 2 addresses (Geographical Location or Postal Location), has to be provided.

<b>Cage Data</b>	
<b>Organization Data - Generals</b>	
Organization Name*	Identification Number (IDN)
Country KAZAKHSTAN	State
полнее назв. организации страна	
<b>Organization Data - Geographical Location (*)</b>	
Address 1	City
Address 2	Postal Code
адрес адрес город индекс	
<b>Organization Data - Postal Location (*)</b>	
Post Office Box	City
	Postal Code
<b>Organization Data - Contact</b>	
Phone Number	Email*
Fax Number	Website URL
тел факс e-mail организации л	
<b>Organization Data - Additional Information</b>	
Organization Code	Universal Standard Product And Services Classification (UNSPSC)
National Standard Industrial Classification Code (NSICC)	North American Classification System (NAICS)
Classification System of Economic Activities (NACE)	Common Procurement Vocabulary Code (CPVC)

Back

Step 3

NMCR + CAGE Code Request ACodP2/3



Home > Request New Cage Assignment



Additional information related to your request (not recorded in the CAGE database).

<b>Request Data</b>	
<b>Organization Data - Generals</b>	
<p><b>Type of Entity</b></p> <p>A Private company</p> <p>Other</p>	
<b>Questionnaire - Type of activity</b>	
<p>Тип деятельности (В каком направлении) <i>Yes and No</i></p> <p>Development of Public Standards* <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Designer of Goods* <i>разработчик товаров</i> <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Manufacturer of Goods* <i>произв. товаров: yes/no</i> <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Vendor of Goods* <i>Продажа товаров</i> <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Service Provider* <i>Предоставление сервиса</i> <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Other : <i>гп.</i></p>	
<b>Questionnaire - Future business</b>	
<p>The CAGE Code Needed for an Invitation to Tender* <input type="radio"/> Yes <input checked="" type="radio"/> No <i>нет</i></p> <p>A Contract With an Armed Force or a NATO Agency Is in Preparation or Already Signed?* <input type="radio"/> Yes <input checked="" type="radio"/> No <i>нет</i></p> <p>The CAGE Code is Requested by the US Central Contract Registration (CCR)* <input checked="" type="radio"/> Yes <i>да</i> <input type="radio"/> No</p>	
<b>Questionnaire - Former CAGE code</b>	
<p>A CAGE Code Was Previously Allocated* <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	

Back Step 4



NMCR + CAGE Code Request ACodP2/3

Home > Request New Cage Assignment

Details of your request.

*Информация по запросу где проверка*

<b>Initiator Data</b>	
<b>First Name</b> YUnus	<b>Country</b>
<b>Last Name</b> rita	<b>Email</b> info@mail.ru
<b>Organization Name</b>	<b>Phone Number</b>
<b>Address</b>	<b>Fax Number</b>
<b>Cage Data</b>	
<b>Organization Data - Generals</b>	
<b>Organization Name</b> IFAS	<b>Identification Number (IDN)</b>
<b>Country</b> KAZAKHSTAN	<b>State</b>
<b>Is the entity to be registered is a supranational organization?</b> No	
<b>Organization Data - Geographical Location (*)</b>	
<b>Address 1</b> AUEZOVA 11	<b>City</b> ALMATY
<b>Address 2</b>	<b>Postal Code</b> 050008
<b>Organization Data - Postal Location (*)</b>	
<b>Post Office Box</b>	<b>City</b>
	<b>Postal Code</b>
<b>Organization Data - Contact</b>	
<b>Phone Number</b>	<b>Email</b> info@mail.ru
<b>Fax Number</b>	<b>Website URL</b>
<b>Organization Data - Additional Information</b>	
<b>Organization Code</b>	<b>Universal Standard Product And Services Classification (UNSPSC)</b>
<b>National Standard Industrial Classification Code (NSICC)</b>	<b>North American Classification System (NAICS)</b>
<b>Classification System of Economic Activities (NACE)</b>	<b>Common Procurement Vocabulary Code (CPVC)</b>
<b>Request Data</b>	
<b>Organization Data - Generals</b>	
	<b>Type of Entity</b> A Private company <b>Other</b>
<b>Questionnaire - Type of activity</b>	

<b>Development of Public Standards</b> N	<b>Vendor of Goods</b> Y
<b>Designer of Goods</b> N	<b>Service Provider</b> N
<b>Manufacturer of Goods</b> N	<b>Other</b> N
<b>Questionnaire - Future business</b>	
<b>The CAGE Code Needed for an Invitation to Tender</b> N	<b>The CAGE Code is Requested by the US Central Contract Registration (CCR)</b> Y
<b>A Contract With an Armed Force or a NATO Agency Is in Preparation or Already Signed?</b> N	
<b>Questionnaire - Former CAGE code</b>	
<b>A CAGE Code Was Previously Allocated</b> N	<b>If YES, Provide the CAGE Code</b> N
	<b>And the Organization Name</b> N

↗  
есть код. Вернуть  
назад Create

От кого: postmaster@natolog.com  
Кому: info.ccr@mail.ru  
Дата: Чт 12 Авг 2010 06:43:57  
Тема: Your NCAGE request Ref KZ1022432763 Dated 12 Aug 2010

Dear ...,

Thank you very much for your interest in the NCAGE database.

Your NCAGE registration request is pre-recorded in our system with the following data:

[click here to see your request](#)

Your request will be activated once we have received your confirmation by clicking on the following [validation link](#).

If needed you may contact the NCAGE team(ncage@namsa.nato.int) and refer to the following request Number KZ1022432763.

Quick Links

- Dynamic
- Small Business Search
- ORCA
- SBA Request DUNS Number
- Federal Business Opportunities

New Registration

Enter Your Organization's Information

Organization Information

\* Required Information

DUNS\*:

Legal Business Name:

Doing Business As (DBA):

Physical Street Address:

City:

U.S. State or Canadian Province:

Foreign Province:

Zip+4/Postal Code:

Country:

→ полное название

→ адресная (не односторонняя)

→ физический адрес

→ город

улицы

страна

**Continue Registration** Cancel

Mr. Robert E. Burton II, CCR/FedReg Program Manager

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



### General Information

Page Help

Missing or Invalid Data     Required Data     View-Only Data (Edits not allowed)

#### Identifying Information

DUNS: 535076657

CAGE/NCAGE Code: SHY63 \*NCAGE Mandatory if outside the U.S. Search for CAGE/NCAGE.

Legal Business Name: BAUMARKT TOO

Doing Business As (DBA):

TIN/EIN:

SSN: Enter SSN only if sole Proprietor without a TIN

Division Name:

Division Number:

Company URL:

*по нине  
название*

#### Physical Address

*Физический адрес*

Physical Street Address 1: 189A TOLE BI STREET

Physical Street Address 2:

City: ALMATY

State: USA and Canadian registrants only.

Province: All countries other than USA or Canada.

Zip+4/Postal Code: 050009

Country: KAZAKHSTAN

*физ. адрес*

*город*

*индекс*

#### Mailing Address

*Почтовый адрес*

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

Create Contact Template

Paste Contact Template

Name: BAUMARKT TOO

Address Line 1: 189A TOLE BI STREET

Address Line 2:

City: ALMATY

U.S. State or Canadian Province:

Province: All countries other than USA or Canada.

Zip+4/Postal Code: 050009

U.S. Zip+4 Code Look-up

Country: KAZAKHSTAN

#### Business Information

\* Business Start Date:  (MM/DD/YYYY) *Дата основания*  
 \* Fiscal Year End Date:  (MM/DD) *Окончание финансового года*

*(мм.гг.гг)  
 (мм.гг)*

**Location (Optional)**  
 Please enter the following data for the location on this registration:

Receipts (3 year average) at this Location:

Number of Employees (12 months average) at this Location:

The Small Business Administration may use this information for programs such as HUBZone and Small Business Size Status Determinations.

**The following information will be used to derive your business size status based on SBA size standards.**

**World-wide Organization (Required)**

Please enter the worldwide data for your organization to include parent, all affiliates, and all locations including your individual location. If you entered location information above, the numbers you enter for worldwide must be greater than or equal to the numbers entered in the location size.

Penalties for misrepresentation as a small business include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies; and suspension and debarment as specified in subpart 9.4 of title 48, Code of Federal Regulations.

\* Total (3 year average) Receipts:

\* Total Number (12 months average) of Employees:

*годовой оборот за 3 года  
 кол-во сотрудников*

Company Security Level:

Employee Security Level:  Select the highest employee security level.

**Information Opt-Out**

You may opt out from displaying your company information on the CCR Public Search page. This may result in a reduction in federal government business opportunities.

If you are a SBA certified HUB Zone or 8A firm (or applying for one of these certifications), you must authorize the display of your company's information in CCR's Public Search.

Please select one of the following options:

I authorize my company information to be displayed in CCR's Public Search. *поместить*

I DO NOT authorize my company information to be displayed in CCR's Public Search.

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## Corporate Information

Page Help

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 Required Data   
 View-Only Data (Edits not allowed)

## Relationship

**\*** What type of relationship do you or your organization want to have with the Federal Government? (Please indicate the type of opportunities you plan to pursue with the Government. Select one.)

- Grants  
 Contracts  
 Contracts and Grants

## Organization Type

**\*** Please categorize your organization:

- U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency  
 Business or Organization

## Organizational Structure

Please indicate the form of your Business or Organization as defined by the IRS. (Select one)

- Corporate Entity, Not Tax Exempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes)  
 Corporate Entity, Tax Exempt (Firm does not pay U.S. Federal Income Taxes nor U.S. Possession Income Taxes)  
 Partnership or Limited Liability Partnership  
 Sole Proprietorship  
 International Organization  
 Other

## Business Information

Is your Business/Organization one of the following?

- Foreign Owned and Located  
 Small Agricultural Cooperative  
 Limited Liability Company (if applicable)  
 Subchapter S Corporation (if applicable)  
 Manufacturer of Goods

**\*** What is your Organization's Profit Structure? Please select one of the following.

- For-Profit Organization  
 Nonprofit Organization  
 Other Not for Profit Organization

If your business qualifies in one of the following Socio-Economic Categories, check all that reflect the current status of your business. Small Business status will automatically be derived from the receipts, number of employees, assets, or megawatt hours, and NAICS codes entered in the General Information portion of the registration.

- Community Development Corporation Owned Firm  
 Labor Surplus Area Firm

These categories require that the firm is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group.

- Self Certified Small Disadvantaged Business  
 Veteran Owned Business  
 Service Disabled Veteran Owned Business  
 Woman Owned Business  
 Minority Owned Business (If selected then one sub-type is required.)  
 Asian-Pacific American Owned  
 Subcontinent Asian (Asian-Indian) American Owned  
 Black American Owned  
 Hispanic American Owned  
 Native American Owned  
 Other than one of the preceding

## Other Business Factors (Optional Information)

**Does your Organization qualify as one of the following? (Optional information, Check if the types apply to your organization.)**

- Community Development Corporation
- Domestic Shelter
- Educational Institution
  - 1862 Land Grant College
  - 1890 Land Grant College
  - 1994 Land Grant College
  - Historically Black College or University (HBCU)
  - Minority Institutions
  - Private University or College
  - School of Forestry
  - Hispanic Servicing Institution
  - State Controlled Institution of Higher Learning
  - Tribal College
  - Veterinary College
  - Alaskan Native Servicing Institution (ANSI)
  - Native Hawaiian Servicing Institution (NHSI)
- Foundation
- Hospital
- Veterinary Hospital

**Is your business certified by a state certifying agency as a Department of Transportation (DOT) Disadvantaged Business Enterprise (DBE)?**

- Yes - DoT Certified DBE

**If your organization is a Federally Recognized Native American Entity, check all that apply.)**

- Alaskan Native Corporation Owned Firm
- American Indian Owned
- Indian Tribe (Federally Recognized)
- Native Hawaiian Organization Owned Firm
- Tribally Owned Firm

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### Financial Information

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**Electronic Funds Transfer (EFT)**  
This content is optional for Non-U.S. Businesses.

Financial Institution: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Re-enter Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

Lockbox Number: \_\_\_\_\_

**Automated Clearing House (ACH)**  
At least one method of contact must be entered for your financial institution unless you are a government organization or a Non-U.S. Business.

US Phone Number: \_\_\_\_\_

Non-US Phone Number: \_\_\_\_\_

FAX (US Only): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Remittance Information *Корпузекский адрес*

Address to mail check to if EFT is temporarily unavailable.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

Name: BAUMARKT TOO

Address Line 1: 189A TOLE BI STREET

Address Line 2: \_\_\_\_\_

City: ALMATY

U.S. State or Canadian Province: \_\_\_\_\_

Province: \_\_\_\_\_ All countries other than USA or Canada.

Zip/Postal Code: 050009

U.S. Zip+4 Code Look-up

Country: KAZAKHSTAN

Accounts Receivable Point of Contact *КОНТАКТНОЕ ЛИЦО ПО СЧЕТУ*

NOTE: All CCR Financial email correspondence will be directed to this person at this email address.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

Name: N. MASLOVA

E-mail Address: shop@bm-shop.kz  
(e.g. email@bpn.gov)

U.S. Phone Number: \_\_\_\_\_  
Telephone Extension: \_\_\_\_\_  
\* Non-U.S. Phone Number: 7272500814  
Fax Number: 7272505095

Credit Cards  
\* Does the company accept credit cards as a method of payment?  Yes  No  
*Принимает ли компания кредитные карты в качестве оплаты*

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### Points of Contact (POC)

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**\* CCR POC (Registrant Name) Primary**

*КОНТАКТНОЕ ЛИЦО*

The Registrant acknowledges that the information provided is current, accurate, and complete.  
NOTE: All CCR email correspondence will be directed to this person at this email address.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

**\***

Name:

**\***

E-mail Address:   
(e.g. email@bpn.gov)

U.S. Phone Number:

Telephone Extension:

**\***

Non-U.S. Phone Number:

Fax Number:

**\* CCR POC Alternate**

*Альтернативное Контактное Лицо*

*КОНТАКТНОЕ ЛИЦО*

NOTE: All CCR email correspondence will be directed to this person at this email address.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

**\***

Name:

**\***

E-mail Address:   
(e.g. email@bpn.gov)

U.S. Phone Number:

Telephone Extension:

**\***

Non-U.S. Phone Number:

Fax Number:

**\* Government Business Point of Contact - Primary**

The person in the company responsible for marketing and sales with the government. This information will be publicly displayed on the CCR Search Web Site. All methods of contact are required if the Government Business Point of Contact is entered.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

**\***

Name:

**\***

E-mail Address:   
(e.g. email@bpn.gov)

**\***

Address Line 1:

Address Line 2:

**\***

City:

U.S. State or Canadian Province:

Province:  All countries other than USA or Canada.

**\***

Zip/Postal Code:

U.S. Zip+4 Code Look-up

\* Country:

U.S. Phone Number:

Telephone Extension:

Non-U.S. Phone Number:

Fax Number:

\* **Government Business Point of Contact - Alternate**

The person in the company responsible for marketing and sales with the government. This information will be publicly displayed on the CCR Search Web Site.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

\* Name:

\* E-mail Address:   
(e.g. email@bpn.gov)

\* Address Line 1:

Address Line 2:

\* City:

U.S. State or Canadian Province:

Province:  All countries other than USA or Canada.

\* Zip/Postal Code:

U.S. Zip+4 Code Look-up

\* Country:

U.S. Phone Number:

Telephone Extension:

Non-U.S. Phone Number:

Fax Number:

\* **Electronic Business Point of Contact - Primary**

The person in the company responsible for authorizing individual company personnel access into government electronic business systems [e.g. Electronic Document Access (EDA), Wide Area Work Flow (WAWF), etc.] This information will be publicly displayed on the CCR Search Web Site.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

\* Name:

\* E-mail Address:   
(e.g. email@bpn.gov)

\* Address Line 1:

Address Line 2:

\* City:

U.S. State or Canadian Province:

Province:  All countries other than USA or Canada.

\* Zip/Postal Code:

U.S. Zip+4 Code Look-up

\* Country:

U.S. Phone Number:

Telephone Extension:

\* Non-U.S. Phone Number:

Fax Number:

\* Electronic Business Point of Contact - Alternate

This information will be publicly displayed on the CCR Search Web Site.

Copy address information to multiple contacts by clicking the [Create Contact Template] button and following the instructions.

\* Name:

\* E-mail Address:   
(e.g. email@bpn.gov)

\* Address Line 1:

Address Line 2:

\* City:

U.S. State or Canadian Province:

Province:  All countries other than USA or Canada.

\* Zip/Postal Code:

U.S. Zip+4 Code Look-up

\* Country:

U.S. Phone Number:

Telephone Extension:

\* Non-U.S. Phone Number:

Fax Number:

Marketing Partner Identification Number (MPIN)

\* MPIN:  *создать собственный MPIN код (9 знаков)*

Create your own MPIN that will be shared with authorized partner applications (e.g. Grants.gov, Online Representations and Certifications Application (ORCA), Past Performance Information Retrieval System (PPIRS), etc.).

The MPIN acts as your password in these other systems, and you should guard it as such.

The MPIN must be nine characters long and contain at least one letter, one number, and no spaces or special characters.

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Proceeding

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**\*** Is there a Federal solicitation on which your business or organization, as represented by the DUNS number on this specific CCR record, is bidding that contains the Federal Acquisition Regulation (FAR) provision 52.209-7, or has your business or organization, as represented by the DUNS number on this specific CCR record, been awarded a Federal contract that contains FAR clause 52.209-8?

Yes  No

**\*\*** Does your business or organization (represented by the DUNS number on this specific CCR record) have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Yes  No

**\*\*** Within the last five years, has your business or organization (represented by the DUNS number on this specific CCR record) and/or any of its principals, in connection with the award to or performance by your business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Yes  No

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### Executive Compensation

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In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes  No

Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes  No

#### Compensation

Provide the following information for the five (5) most highly compensated executives in your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs):

Name	Position Title	Total Compensation Amount for the Entity's last complete fiscal year
<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	\$0

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**СТРАНЫ ЦЕНТРАЛЬНОЙ АЗИИ**

# Развитие через Региональное Сотрудничество

Прегрантовая информационная сессия

Мария Стефурак  
Отдел по развитию демократии  
USAID/CAR

8 июня 2012 г.



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## Цель проекта

Основной целью проекта является укрепление и/или наращивание потенциала организаций гражданского общества (ОГО) в Центральной Азии, чтобы они могли эффективно участвовать в диалоге с представителями соответствующих государственных органов по вопросам развития демократии и способствовать принятию прогрессивных социальных, экономических и политических решений на республиканском и местном уровне.



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## Задачи проекта

1. Укрепление институционального потенциала организаций гражданского общества с целью поддержки диалога и координационных механизмов внутри гражданского общества и между группами гражданского общества, уделяя особое внимание ОГО, расположенным в отдаленных и менее благополучных районах, и определенным демографическим группам.



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## **Задачи проекта (продолжение)**

2. Налаживание связей, обмен опытом и сравнительные исследования на региональном уровне с целью увеличения сотрудничества по вопросам, представляющим взаимный интерес на региональном уровне, таких как экология, проблемы женщин, борьба с торговлей людьми или экономическое развитие.



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## **Задачи проекта (продолжение)**

3. Создание региональной площадки для взаимодействия ОГО на постоянной основе, например, виртуальной платформы в регионе, которая могла бы являться механизмом обмена информацией, в том числе, информационной рассылки, не только на время проекта, но и после его окончания.



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## Двухуровневый подход



- Мероприятия на уровне страны (республики) – Задача 1
- Мероприятия на региональном уровне – Задачи 2 и 3



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## Республиканский уровень: Казахстан











## Республиканский уровень: Узбекистан





## Республиканский уровень: Туркменистан





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## Кыргызстан

- В самом Кыргызстане не предусмотрено мероприятий в рамках проекта; планируется, что организация – исполнитель данного проекта будет напрямую приглашать кыргызских участников для участия в региональных мероприятиях и для развития связей с ОГО из других стран ЦА.



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## Региональный уровень: Задача 2







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## Региональный уровень: Задача 2

Каждый из этих видов деятельности на региональном уровне должен основываться на определенной региональной тематике: технической или организационной

### Примерная тематика для исследований, обмена опытом, стажировок

Развитие лидерства	Проблемы женщин
Управление знаниями	Управление водными ресурсами
Стратегическое планирование	Молодежь
Управление волонтерами	Права человека
Человеческие ресурсы и обучение	Миграция/Борьба с торговлей людьми
Контроль исполнения за проектами	ВИЧ/СПИД
Финансовое управление	Образование
Маркетинг и новые СМИ	Проблемы людей с ограниченными возможностями
Разработка проектов	Предприятия малого и среднего бизнеса
Формирование команды	Экологические проблемы
Внутреннее управление	Сельское хозяйство



# Региональный уровень: Задача 3





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## Ожидаемые результаты

- Увеличение сотрудничества ОГО на региональном уровне через более широкий доступ и обмен специальными знаниями, инструментами адвокати и ресурсами
- По крайней мере 30 ОГО ежегодно проходят региональные стажировки
- Улучшение организационного развития по крайней мере 8 ОГО ежегодно в каждой стране в отдаленных или менее благополучных районах
- По крайней мере 3 адвокати-инициативы в каждой стране в год, осуществляемых ОГО в сотрудничестве с другими ключевыми партнерами (СМИ, компании, частный сектор, государство и т.д.)
- Увеличение числа ОГО в отдаленных или менее благополучных районах, начинающих первые адвокати-проекты
- Увеличение числа ОГО, распространяющих информацию о своей деятельности/достижениях через традиционные и новые СМИ;
- Создание устойчивой виртуальной платформы для ОГО в Центральной Азии с целью развития связей и сотрудничества
- Увеличение числа ОГО из всех стран в регионе, имеющих доступ к публикациям и ресурсам по развитию гражданского общества, разработанных в рамках проекта
- По крайней мере 500 ОГО в регионе подписываются на информационную рассылку и регулярно предоставляют информацию виртуальной платформе



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# **Развитие через Региональное Сотрудничество**

## **СПАСИБО ЗА ВНИМАНИЕ!**



# **Development Through Regional Cooperation Pre-Proposal Conference**

Maria Stefurak

Democracy & Governance Office

USAID/CAR

# Purpose of the Project

The central purpose of this project is to strengthen and/or build capacity of civil society organizations (CSOs) in the Central Asian region, so that they can effectively participate in a dialogue with their respective government counterparts on all aspects of national and regional democratic debate and policymaking.

# Objectives of the Project

1. Strengthen the institutional capacity of civil society organizations to promote dialogue and coordination mechanisms within civil society and between civil society groups, with a focus on CSOs located in remote and disadvantaged areas and demographic groups in individual Central Asian countries

# Objectives of the Project (cont'd)

2. Promote networking and comparative research at the regional level to increase cooperation over issues of mutual interest, such as the environment, women's issues, anti-trafficking, or economic development

# Objectives of the Project (cont'd)

3. Create a sustainable mechanism, such as a virtual platform, for CSOs in the region that could serve as an information portal and list serve beyond the life of the project, for country-specific advocacy groups to share information and tools that can be helpful in their work

# Two-tiered approach



- Country level activities
- Regional level activities

# Country Level: Kazakhstan



# Country Level: Tajikistan





# Country Level: Uzbekistan



# Country Level: Turkmenistan



# Kyrgyzstan

- There will be no in-country activities in Kyrgyzstan in this project, the implementer is expected to directly invite Kyrgyz participants to participate in regional events and networking.

# Regional Level: Objective 2



# Regional Level: Objective 2

Each of these **regional** activities will need be based on particular **regional themes**: either technical or organizational.

Illustrative Technical and Organizational Development Areas	
Leadership Development	Women's Issues
Knowledge Management	Water Management
Strategic Planning	Youth
Volunteer Management	Human Rights
Human Resources & Training	Migration/Anti-trafficking
Performance Monitoring	HIV/AIDs
Financial Management	Education
Marketing & New Media	Disability Issues
Project Design & Development	Small & Medium Enterprises
Team Building	Ecological Issues
Internal Management	Agriculture

# Regional Level: Objective 3



# Expected Results:

- Increased cooperation of CSOs on the regional level via broader access to and exchange of expertise, advocacy tools and resources
- At least 30 CSOs annually benefit from regional study tours
- Increased organizational development of at least 8 CSOs annually per country in remote or disadvantaged populations
- At least 3 advocacy initiatives per country per year carried out by CSOs in coalitions with other key stakeholders (media, businesses, private sector, state, etc.)
- Increased number of CSOs in remote and disadvantaged communities undertake their first advocacy projects
- Increased number of CSOs that disseminate information on their activities/accomplishments through traditional and new media tools;
- Virtual platform for CSOs in Central Asia created and provides a sustainable venue for regional CSO networking and cooperation
- Increased number of CSOs from all countries in the region have access to and benefit from project's produced publications and resources on civil society development
- At least 500 CSOs in the region subscribe to the list-serve and regularly contribute information to the virtual platform

# **Development Through Regional Cooperation**

**THANK YOU FOR YOUR ATTENTION!**