

## Instructions for Completing Title Page

**Item 1. Application Number:** (Leave blank). An application number will be assigned to your proposals by the Application Control Center.

**Item 2. D-U-N-S Number:** The D-U-N-S number is assigned to you by Dun & Bradstreet. If you do not know your D-U-N-S Number, call the toll-free telephone number maintained by Dun & Bradstreet: 800-333-0505 (Monday – Friday, 8:30 a.m. – 6:00 p.m. Eastern time).

**Item 3. Project Director:** Enter the name and complete mailing address of the designated Project Director at the lead US institution. If no one has been selected, so indicate and enter the name of the person who can be contacted to discuss the programmatic aspects of the project. NOTE: Name and address listed here will be used to mail proposal status notifications. Do not forget to include the telephone number. Both this address and the Legal Applicant address (Item 4) should be fully completed.

**Item 4. Legal Applicant:** Enter the name and complete mailing address of the institution or agency that will serve as the legal applicant (fiscal agent). When more than one institution or agency is involved, enter the name of the one which will be responsible for budget control. Acknowledgement of grant awards are sent to this address. Remember to complete this section fully.

**Item 5. Names of Consortium Members.** List participating institutions from both countries. Additional partners may be listed on a separate page. In addition, please fill out the attached partner forms that identify, for each member of the consortium, the project director, and his or her mailing address, telephone and fax numbers, and email addresses.

**Item 6. Proposal Title:** List the title of your proposal.

**Item 7. Check Project Format:** Please indicate the grant category to which you are applying. Note: You may apply only to one.

**Item 8 Brief Abstract of Proposal:** This should be concise and confined to the space provided, but in no case should you leave this space blank. This description should include a total number of students in each country that you plan to send abroad during the lifetime of the project.

**Item 9. Federal Funds Requested:** Enter the amount of Federal funds being requested from FIPSE in the first year of the project. Because the first year is for preparatory work, please limit this request to \$30,000. Enter the amount requested for subsequent years of funding. Under "total" enter the cumulative amount requested for the life of the project.

**Item 9: Duration of Project:** Enter the beginning date of the project (no earlier than August 1, 2004). Enter the ending date and the total number of months covered. Projects should be four years in length.

**Item 10. Population Directly Benefiting from this Project.** Please indicate the types of students who will benefit from this project.

**Item 11. Certification by Authorizing Official:** Enter the name, title, and telephone number of the official who has the authority to commit the institution to accept Federal funding and to execute the proposed project. Submit the original ink-signed copy of the authorizing official's signature.

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION  
SPECIAL FOCUS PROJECTS**

**US-Brazil Higher Education Consortia Program  
TITLE PAGE**

**This Application should be sent to:**

No. 84.116M  
U.S. Department of Education  
Application Control Center  
General Services Administration Building  
7<sup>th</sup> and D Streets SW Room 3671  
Washington, D.C. 20202-4725  
Tel: 202-708-9493

1. Application Number: \_\_\_\_\_

2. D-U-N-S Number \_\_\_\_\_

3. Project Director (Name and Complete Mailing Address):

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

Email: \_\_\_\_\_

4. Legal Applicant:

5. Names of Consortium Institutions:

**United States**  
(Lead) \_\_\_\_\_

(Partner) \_\_\_\_\_

**Brazil**  
(Lead) \_\_\_\_\_

(Partner) \_\_\_\_\_

6. Title of Project (DO NOT LEAVE THIS BLANK)

7. Check project format:     Four-Year Consortia Project                       Short-Term Complementary Research Project

8. Brief Abstract of Proposal (DO NOT LEAVE THIS BLANK):

9. Federal Funds Requested:

1<sup>st</sup> year (limit: \$30,000) \_\_\_\_\_

2<sup>nd</sup> year \_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_

4<sup>th</sup> year \_\_\_\_\_

Total: \_\_\_\_\_

10. Duration of Project:

Starting Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Total No. of Months \_\_\_\_\_

11. Population Directly Benefitting from the Project:

12. Certification by Authorizing Official. The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by the governing body of the applicant.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**US-BRAZIL BUDGET SUMMARY\***

1. Name of the Institution/Organization \_\_\_\_\_

Check one

\_\_\_\_\_ a. Lead (fiscal agent)

\_\_\_\_\_ b. Partner (subcontractor)

<b>DIRECT COST</b>	<b>YR 1</b>	<b>YR 2</b>	<b>YR 3</b>	<b>YR 4</b>	<b>TOTAL</b>
2. Salaries & Wages ( <i>Professional and Clerical</i> )					
3. Employee Benefits					
4. Travel					
5. Equipment (Purchase)					
6. Materials and Supplies					
7. Consultants and Contracts ( <i>Enter partner totals here</i> )					
8. Other ( <i>Equipment Rental, printing, etc.</i> )					
<b>9. Subtotal Direct Costs</b> ( <i>lines 2-8</i> )					
<b>10. INDIRECT COST</b> ( <i>8% of line 9</i> )					

**STIPENDS**

<b>11. Mobility Stipends</b> ( <i>not allowable for first year of project</i> ) ___ students x \$3500					
<b>12. Language Stipends</b> ___ students x \$1000					
<b>13. Subtotal of Stipends</b> ( <i>Lines 11 +12</i> )					
<b>14. TOTAL REQUESTED FROM FIPSE:</b> ( <i>Lines 9+10+13</i> ) ( <i>These figures should appear on the Title Page</i> )					

**PROJECT COSTS NOT REQUESTED FROM FIPSE**

<b>15. Institutional Support</b>					
<b>16. Other Funding Sources</b>					

\*Budget items for each institutional partner, including institutional support figures, must be detailed in an attached spreadsheet and budget narrative.

## Instructions Summary Budget Form for US Lead/ Fiscal Agent

**1.** Please fill in name of institution/organization. Please indicate whether this is the summary budget form for the lead institution by checking item “a” or for the subcontractor by checking item “b”. For the lead institution, the Summary Budget Form must list totals for the US lead plus the total of the partners as subcontracts (in line 6). Subcontract (partner) budget must be calculated on a separate Summary Budget Form. Please enter amounts in whole dollars. Please attach a budget narrative and a spreadsheet with detailed explanations for lead institution and partners. For example, for the salary category, please list the name of the individual and how the salary request is being calculated.

**2. Salaries and Wages:** Enter totals for the salaries and wages for the US Lead only.

**3. Employee Benefits:** Enter totals for the US lead only.

**4. Travel: Enter travel costs for the US lead only.** There are three categories of travel—1) the annual program meeting for all projects (2004 Brazil/2005 United States etc), 2) individual consortium meetings (in the United States or Brazil). In 2004 the program meeting will be held in Brazil, in 2005 in the United States, in 2006 in Brazil and in 2007 in the United States. Travel funds for a second individual consortium meeting in the US or in Brazil should also be submitted for each budget year. Typically a consortium meets twice in each year of the grant—once at the annual program meeting in the Fall and once at a separate meeting for the individual consortium (either in the United States or Brazil). Short-term projects should budget accordingly.

**5. Equipment (Purchase).** FIPSE does not typically cover equipment purchases.

**6. Materials and Supplies:** Enter total for the US lead only.

**7. Consultant/subcontracts:** Enter total for subcontracts with the partner institutions, consulting and evaluation. The recommended consulting amount, including travel costs, for a consortium is \$5000 budgeted over four years. One and two-year projects should budget accordingly.

**8. Other:** Enter totals for the US lead only.

**9. Subtotal for Direct Cost. (Add lines 2-8).**

**10. Indirect Costs:** Indirect costs are limited to items totaled under line 8 (direct costs). The U.S. Department of Education uses a training rate of 8% for grants in the US-Brazil Program. The 8% training rate applies to all U.S. partners in the consortium.

**11. Mobility stipends:** Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (minimum 16 students at \$3500 each.) The minimum amount budgeted must be \$56,000 and should be entered only for years two, three, and four. This is a “training stipend” and is restricted to student use only. More mobility stipends may be requested but this will not increase the total amount of the grant. Mobility stipends are entered only on the US lead /fiscal agent budget. Note: Consistent with EDGAR 75.562, c, and 75.564, stipends are not subject to indirect cost.

**12. Language stipends:** Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (minimum 16 students at \$1000 each.) The minimum amount budgeted must be \$16,000 and may be used in years one, two, three, and four. This is a “training stipend” and is restricted to student use only. Note: Consistent with EDGAR 75.562, c, and 75.564, stipends are not subject to indirect cost. Unused funds in this line may only be used for additional mobility stipends. Language stipends are entered only on the US lead /fiscal agent budget.

**13. Subtotal of stipends:** Enter subtotal of lines 11 and 12.

**14. Total requested from FIPSE:** Add lines 9,10 and 13. Consortia totals may be up to \$75,000 for a Complementary Research Activities project and up to \$200,000 for a Four-Year Consortia Project.

**15. Institutional Support.** Please enter in total institutional support for US lead and partner institutions. Please provide separate budget spreadsheets and breakdowns and narratives for lead and partner institutions.

**16. Other funding sources.** Please enter in total funding from other sources.

## Instructions Summary Budget Form for US Partner/Subcontractor

**1.** Please fill in name of institution/organization. Please indicate whether this is the summary budget form for the lead institution by checking item “a” or for the subcontractor by checking item “b”. For the lead institution, the Summary Budget Form must list totals for the US lead partner plus the total of the partners as subcontracts (in line 6). Subcontract (partner) budget must be calculated on a separate Summary Budget Form. Please enter amounts in whole dollars. Please attach a budget narrative and a spreadsheet with detailed explanations for lead institution and partners. For example, for the salary category, please list the name of the individual and how the salary request is being calculated.

**2. Salaries and Wages:** Enter totals for the salaries and wages for the partner only.

**3. Employee Benefits:** Enter totals for the partner only.

**4. Travel: Enter travel costs for the US partner.** There are two categories of travel—1) the annual program meeting for all projects (2004 Brazil/2005 United States, etc.) and 2) individual consortium meetings (in the United States or Brazil). In 2004 the program meeting will be held in Brazil, in 2005 in the United States, in 2006 in Brazil and in 2007 in the United States. Travel funds for a second individual consortium meeting in the US or in Brazil should also be submitted for each budget year. Typically a consortium meets twice in each year of the grant—once at the annual program meeting in the Fall and once at a separate meeting for the individual consortium (either in the United States or Brazil). Short-term projects should budget accordingly.

**5. Equipment (Purchase). FIPSE does not typically cover equipment purchases.**

**6. Materials and Supplies:** Enter total for the US partner only.

**7. Consultant/subcontracts:** Please list any consultant fees that the partner plans to charge to the grant.

**8. Other:** Please list additional costs on this line.

**9. Subtotal for Direct Cost. (Add lines 2-8).**

**10. Indirect Costs:** Indirect costs are limited to items totaled under line 9 (Subtotal direct costs). The U.S. Department of Education uses a training rate of 8% for grants in the US-Brazil Program. The 8% training rate applies to U.S. partners in the consortium.

**11. Mobility stipends: Please leave blank.** These totals are entered on the lead partner budget only.

**12. Language stipends: Please leave blank.** These totals are entered on the lead partner budget only.

**13. Subtotal of stipends: Please leave blank.**

**14. Total requested from FIPSE:** Enter the totals for items 9 and 10. These figures must be included in line 6 of the U.S. Lead (fiscal agent) budget sheet.

**15. Institutional Support.** Please enter total institutional support for the partner institution only on the partner budget sheet. Please provide separate budget spreadsheets and breakdowns and narratives for lead and partner institutions.

**16. Other funding sources.** Please leave blank.

**US-BRAZIL HIGHER EDUCATION CONSORTIA PROGRAM**  
**CONSORTIAL PARTNER IDENTIFICATION FORM**

Information provided in this form should be identical for the US and Brazilian submissions.

**Title of Project** (one line).....

**US Project Leader:**

**Name/Title**.....

Institution.....

Department/Faculty.....

Address.....

Address.....

City.....State.....Zip.....

Telephone.....E-mail.....Fax.....

**Brazilian Project Leader:**

**Name/Title**.....

Institution.....

Department/Faculty.....

Address.....

Address.....

City.....State.....Postal Code.....

Telephone.....E-mail.....Fax.....

Signature of US Project Leader.....Date.....

Signature of Brazilian Project Leader.....Date.....

## US Partner Information Sheet

Please fill out the information for the US Partner institutions.

### US Partner Number 2

Name/Title.....  
Institution.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Zip.....  
Telephone.....E-mail.....Fax.....

### US Partner Number 3

Name/Title.....  
Institution.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Zip.....  
Telephone.....E-mail.....Fax.....

### US Partner Number 4

Name/Title.....  
Institution/Company.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Zip.....  
Telephone.....E-mail.....Fax.....

## Brazilian Partner Information Sheet

Please fill out the information for the Brazilian Partner institutions.

### Brazilian Partner Number 2

Name/Title.....  
Institution.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Postal Code.....  
Telephone.....E-mail.....Fax.....

### Brazilian Partner Number 3

Name/Title.....  
Institution.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Postal Code.....  
Telephone.....E-mail.....Fax.....

### Brazilian Partner Number 4

Name/Title.....  
Institution.....  
Department/Faculty.....  
Address.....  
Address.....  
City.....State.....Postal Code.....  
Telephone.....E-mail.....Fax.....

## Assurances

The Applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines and requirements, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been dully adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of the Act, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effect this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance.
5. It will comply with Title IX of the Education Amendments of 1972, as mended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance.
6. It will comply with the Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance.
7. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and Federally-assisted programs.
8. It will comply with provisions of the Hatch Act which limit the political activity of employees.
9. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.
10. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
11. It will give the sponsoring agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
12. It will comply with all requirements imposed by the Federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
13. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
14. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, P.L. 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on or after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
1. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 U.S.C. 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1966 (16 U.S.C. 469a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

# **Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with the certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

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## **1. Lobbying**

As required by Section 1352, Title 31, of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000 as defined at 34 CFR Part 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
  - (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
  - (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.
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## **2. Debarment, Suspension, and Other Responsibility Matters**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (1)(b) of this certification; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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## **3. Drug Free Workplace (Grantees Other Than Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Section 85.605 and 85.610-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 7th and D St., S.W. (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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Check  if there are workplaces on file that are not identified here.

## **Drug-Free Workplace (Grantees Who Are Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610-

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 7th and D St., S.W. (Room 3124, GSA Regional Office building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Name of Applicant

PR/Award Number and/or Project Name

Printed Name and Title of Authorized Representative

Signature

Date

## Use This Checklist to Assist You in Preparing Your Application Package

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### The Application Package

- You have completed the Title Page according to the instructions.
- An authorized official of your institution has signed and dated the Title Page and you have included the signed original in your application materials to FIPSE.
- You have stapled or otherwise fastened each proposal copy in the upper left corner (not in binders or folders) with a Title Page on top of *each* copy.

### Include in Your Proposal Package

The original proposal plus two (2) copies. Each of the three copies includes the following

- a signed title page
- a proposal summary (one page narrative)
- a proposal narrative (10 single-spaced pages maximum)
- consortia partner identification forms
- personnel information (appendix with *short* resumes of key staff from lead and participating institutions)
- budget forms and narratives for each institution and each year.
- planning timetable with outcomes to be achieved for each year of the project
- appendix with letters of support from the senior executive officer of each partner institution (e.g. Rector, Vice-Chancellor, President) and other officials responsible for international student activities (directors of international affairs, registrar, academic deans and/or department heads).
- signed assurances and certifications

**REMEMBER: Proposals must be submitted by 4:30 p.m. no later than April 16, 2004 to the address below:**

#### Mailing Address for Proposals:

US-Brazil Higher Education Consortia Program

Attn: 84.116M

Application Control Center – Room 3671

General Services Administration Building

7<sup>th</sup> and D Streets SW

Washington, DC 20202-4725

Tel: 202-708-9493