

**Disaster Recovery Employment Program (DREP) Application Cover Sheet**

Legal Organization Name:

Address:

Organization DUNS Number:

Primary Contact

Name:

Title:

Email:

Phone:

Secondary Contact

Name:

Title:

Email:

Phone:

Number of Worksite Worksheets:

Number of DREP Participants:

Application Includes Heavy Equipment Form:

Yes

No

Total Budget Amount Requested:

## Indirect Costs

The subrecipient has a federally approved Negotiated Indirect Cost Rate Agreement (NICRA). A copy is attached with this Application Package submission.

The subrecipient has never had a federally approved NICRA and is electing to utilize the 10% De Minimis Rate in accordance with 2 CFR 200.414.

The subrecipient has elected to not include indirect costs in the budget.

## Certification

I certify that all the information contained in this application package, including all requested supplemental information, is true, complete and accurate to the best of my knowledge.

**Authorized Representative**

Name:

Title:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_