[CARE Letterhead]

[Date]

[Name of Organization]

[Address of Organization]

RE: [Solicitation Name, Donor and Reference Number]

Dear \_\_\_\_\_\_\_\_\_\_\_ [insert name]:

The Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and \_\_\_\_\_\_\_\_\_\_ [insert legal name] will enter into good faith negotiations for the award of a subgrant agreement of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert donor name] funds for implementation of the \_\_\_\_\_\_\_\_\_\_\_\_\_ [insert project name and location].

In order not to delay the start-up of the project, CARE authorizes you to begin charging reasonable, allowable and allocable expenses up to $\_\_\_\_\_\_\_\_\_ [insert amount] effective as of \_\_\_\_\_\_\_\_\_\_ [insert date]. This authorization is effective until the date of signing of the subgrant agreement or \_\_\_\_\_\_\_ [insert date], whichever comes sooner. Costs incurred pursuant to this letter will be reimbursed under the resultant subgrant agreement, which will supersede the terms of this preauthorization.

This authorization is limited to planning, project launch and other start up activities as follows:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert amount and brief description]
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert amount and brief description]
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert amount and brief description]
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert amount and brief description]

If unforeseen circumstances prevent the issuance of the subgrant agreement, CARE is not responsible for reimbursing expenses during this start-up period. It is understood that the subgrant agreement will include rules and regulations of the donor, which requirements may or may not be referenced in the donor solicitation or proposal.

Please indicate your acceptance of the terms and conditions of this preauthorization by signing below and returning a signed original to me. Please contact me if you have any questions.

Sincerely,

[Name]

[Title]

**AGREED TO**, this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_, 2014:

Name:

Title:

Organization: