## RCMRD/SERVIR E&SA SMALL GRANTS PROGRAM

## REQUEST FOR PROPOSAL (RFP)

## RFP NO. ESA-03

# ANNEX A: CONCEPT PAPER FORM

*Applications should be submitted in MS Word, Times New Roman, Font Size 12, Single-Spaced.*

# SECTION A: APPLICANT ORGANIZATION INFORMATION

| 1. **Organization Name:** | |  | | |
| --- | --- | --- | --- | --- |
| 1. **Date Organization was Founded:** | |  | | |
| 1. **Organization Registration Status:** | |  | | |
| 1. **Contact Information for Authorized Agent of the Organization (***The “Authorized Agent” is someone who has the legal authority to sign documents on behalf of the organization. The Authorized Agent and the Activity Lead can be the same person. If that is the case, only fill out the contact information for the Authorized Agent.)* | | | | |
| 1. **Name:** | |  | | |
| 1. **Position:** | |  | | |
| 1. **Office Address:** | |  | | |
| 1. **Office Telephone Number:** | |  | | |
| 1. **Mobile Telephone Number:** | |  | | |
| 1. **Email Address:** | |  | | |
| 1. **Contact Information for Activity Lead** *(The “Activity Lead” is the person responsible for communications between RCMRD/SERVIR E&SA and the Applicant Organization. This applies to all aspects of the grant application, from initial summary through negotiation and award. The Authorized Agent and the Activity Lead can be the same person. If that is the case, only fill out the contact information for the Authorized Agent.)* | | | | |
| 1. **Name:** | |  | | |
| 1. **Position:** | |  | | |
| 1. **Office Address:** | |  | | |
| 1. **Office Telephone Number:** | |  | | |
| 1. **Mobile Telephone Number:** | |  | | |
| 1. **Email Address:** | |  | | |
| 1. **Briefly describe the organization, its purpose, and past related experience.** *This section should introduce the Applicant and its background, including (1) the type and structure of the organization, (2) its mission or purpose, (3) major functional areas of the organization, (4) how it was formed, (5) major accomplishments in the area of the targeted activity, (6) current ongoing activities, (7) past related experience, and (8) clients. This section* ***must not exceed 1 page in length****.* | | | | |
| 1. **References. *List three (3) donors, partner organizations, or community leaders*** *that can provide references for your organization’s ability to successfully carry out the financial, administrative, and technical requirements of the grant activity. Briefly describe your relationship to the reference and the nature and duration of your work together. If the reference is a previous donor, list the activity and location of the activity(s) they funded. Be sure to provide complete information, including a point of contact, with telephone and email.* | | | | |
| **Donor Agency or Organization** | **Nature of Relationship or**  **Title of Project, Location** | | **Start & End Dates of Collaboration** | **Contact Person** |
|  |  | |  | Name & Position:  Email:  Tel: |

# SECTION B: GRANT CONCEPT INFORMATION

1. **Title of the Proposed Grant Activity:**
2. **Activity Description (***Provide answers to the questions directly below, explaining the background, objective, and expected outputs from your proposed activity. This should be the most detailed section but* ***must not exceed 3 pages in length).***
3. **What is/are the issue(s) or problem(s) that the activity will address? Which of the RCMRD/SERVIR E&SA’s thematic/technical areas does this activity address? Why is it critical to address this issue? Will your activity focus on vulnerable communities and populations in any way?**
4. **Project Objectives and Innovativeness** (*What are the objectives of the activity? What makes this activity innovative?)*
5. **Describe your methodology.**
6. **State the expected outputs of the activity** *(i.e., what will be achieved at the end of the project and the format).*
7. **Stakeholder Engagement** *(Stakeholder engagement is one of the key elements of a successful system or service implementation. It entails user participation and involvement in every step from the inception stage to the implementation and evaluation stage. How can your results affect decision-making in the geographic region of focus? What relevant stakeholders will you engage and who are the potential beneficiaries? Detail at least one engagement activity that you anticipate convening with these partners.*
8. **Sustainability of the project** *(What steps can be taken to ensure that your activity has a sustainable impact?)*

# SECTION C: GRANT IMPLEMENTATION INFORMATION

| 1. **Anticipated duration of activity from start to finish***. (Anticipated duration should be stated with a degree of accuracy of plus or minus two weeks).* | |
| --- | --- |
| 1. **Overall Length (total number of months):** |  |
| 1. **Start and End Date (day, month, and year):** | Start Date:  End Date: |
| 1. **Personnel List.** *List personnel who will be involved in implementing this project. CVs are required for all project personnel, and should be included as attachments in your application submission email, using the template provided in Annex C.*    1. **Name – Position** | |

# SECTION D: GRANT BUDGET INFORMATION

*Approximate cost of this activity (include cash and in-kind needs). An exact detailed budget is not necessary at this point, only a plausible estimated calculation, which should be realistic and within 15 percent (+/-) of the final approved budget. Note that the budget must be provided in US Dollars.*

| **Budget Category** | **Total Resources Needed (in USD)** |
| --- | --- |
| **Salaries:** |  |
| **Travel and Transportation:** |  |
| **Goods and Materials:** |  |
| **Other Costs:** |  |
| **Total Estimated Cost (in USD):** |  |
| 1. **Please indicate if you have any additional sources of funding that will be used to complete this activity. If this concept paper has been developed as a continuation of other work currently being funded through other channels, please indicate where that existing funding is coming from.** | |

**By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:**

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*Name of Authorized Agent (Print) Title*

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*Signature Date*