**Annex A: concept note template**

| **Lot** *(choose one)* | - Lot 1: Countries affected by both the Myanmar forced displacement situation and disaster/climate related displacement:(Bangladesh, Malaysia and Thailand)  - Lot 2: Horn of Africa Countries highly relevant to the Sudan – South Sudan situation (South Sudan, Sudan, and Uganda)  - Lot 3: Americas: countries highly affected by the Venezuela displacement situation (Aruba and Curacao, Colombia the Dominican Republic, Ecuador and Peru). |
| --- | --- |
| **Project title** |  |
| **Partner 1** | **Name:**  **Type:** *(INGO, LNGO, local authority, national government, private sector…)*  **Contact***: name, address, phone and email of the individual responsible for the application*  **Website**: *if it exists* |
| **Partner 2** | **Name:**  **Type:** *(INGO, LNGO, local authority, national government, private sector…)*  **Contact***: name, address, phone and email of the individual responsible for the application*  **Website**: *if it exists* |
|  | *Add more partners if necessary* |
| **Country/ies of implementation** |  |
| **Cities or region of implementation** |  |
| **LiD Themes selected** | **Theme 1:**  **Theme 2:**  *Add more themes if necessary* |
| **Project beneficiaries** | approximate number including status of displacement status |
| **Proposed Project Duration** |  |
| **Requested estimated amount in USD** | **Total:**  **Partner 1:**  **Partner 2:** |

**1- List of Acronyms**

**2- Project Rational** (½ page)

*The underlying problem(s)/challenges for displacement-affected persons that the project would like to address*

**3- Project description** (2 pages)

*including:*

* *Description of the response*
* *Chosen development-oriented approach and its connection to durable solutions,*
* *Description of the proposed innovative solution (10 l). Please describe at which stage the solution is in its development (new concept, already tested, scaling up) and elaborate on supportive structures (planned or in place).*
* *Role of the targeted population in the project design, implementation, monitoring and evaluation.*

**4- Project results** (1 page)

*impact*

*Outcomes (statement + indicators)*

*Outputs (statement + indicators)*

**5- Description of the partnership** (½ page)

*Role of each partner and added value of the partnership (why did the entities decide to work together)*

**6- Description of the interrelation of themes** (½ page)

*why these themes are necessary to address the problem(s) addressed by the proposed project and how the different outcomes are related to each other*

**7- Description of the added value of the multi country approach** (if applicable) (½ page)

*If submitting a multi-country project, please explain the benefits of the multi-country approach, including specifically for the affected populations*

**8 - Contribution to learning** (½ page)

*Please explain how this project contributes to the continuous learning on development oriented approaches to forced displacement.*

**9- Budget**

| **#** | **Category** | **Partner 1** | **Partner 2** | **Total USD** |
| --- | --- | --- | --- | --- |
| 1 | Personnel |  |  |  |
| 2 | Travel |  |  |  |
| 3 | Third Party Agreements |  |  |  |
| 4 | Equipment |  |  |  |
| 5 | Operating costs |  |  |  |
| 6 | Indirect cost (0, 4 or 7%) |  |  |  |
| 7 | Total Project Cost |  |  |  |
| 8 | Co-funding (15% of total project cost) |  |  |  |
| 9 | Amount requested to UNOPS (# 8-7) |  |  |  |

**Appendix 1: Joint Application Partner Form**

[The Applicant shall fill in this Form in accordance with the instructions indicated below].

**CFP Reference Number:**

**Lot of CFP:**

**Date:**

To be completed and returned with your Proposal

| **Title of project:** | |
| --- | --- |
| **Partner 1** | **Name:**  **Type:** *(INGO, LNGO, local authority, national government, private sector…)*  **Contact***: name, address, phone and email of the individual responsible for the application* |
| **Partner 2** | **Name:**  **Type:** *(INGO, LNGO, local authority, national government, private sector…)*  **Contact***: name, address, phone and email of the individual responsible for the application* |

**Conditions of the Partnership:**

*Please provide details as you see fit (ie. responsibilities, sharing of information, how the partnership is presented to external stakeholders and beneficiaries...)*

**Resolution of conflicts:**

*Please provide details on how potential conflicts between partners shall be addressed and the consequences if those are not resolved.*

**Signatures of all partners of the partnership:**

We hereby confirm that if the Grant Support Agreement is awarded, all Parties of partnership shall be jointly and severally liable to UNOPS for the fulfillment of the Partnership Agreement overarching the individual Grant Support Agreements between UNOPS and each partner individually.

Name of Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Appendix 2: Due Diligence Assessment questionnaire 1**

**Introduction and context**

*As part of its obligations to donors and in line with its risk management framework, the Lives in Dignity Grant Facility Manager conducts due diligence assessments (DDAs) on its partners. The purpose of this assessment is to evaluate the necessity to conduct DDA and identify any red flags that would prevent the Facility Manager to sign a grant agreement with the applicant.*

***Each partner of the project proposal is required to fill the questionnaire.***

*For each of the questions below, please tick one of the answers that you feel best applies to your organisation by putting an “X” in the box. If required, please add additional comments/clarifications in the provided space in the tables or under each of the below questions.*

**Organizational Profile:**

| **Proposal Title** | *To be filled by the Facility Manager* |
| --- | --- |
| **Type of applicant** | *Select one: National Authority, Local Authority, INGO, NNGO, International Organisation, Civil Society Organisation, Private Sector, Other* |
| **Entity Name** |  |

**Section 1. Past Due Diligence Assessment:**

If your organisation has gone through a Due Diligence Assessment over the last three years conducted either by a UN entity, national authority or donor, please provide details. *If not, go directly to section 2.*

*Date of assessment: MM/YYYY*

*Name of the Entity that conducted the assessment:*

*Is the DDA assessment report available: Yes/No/I don’t know*

*If available, please include a copy along with your submission.*

**Section 2 Implementing Partner and Governance**

2.1 What is your entity’s **legal status**? *(please pick 1 option from below)*?

|  | 1. The entity is a national or local authority of the Host Country |
| --- | --- |
| **11** | 1. The entity is legally registered in the Host Country and has the authorization to implement in the specific implementation areas. |
|  | 1. The entity is not registered in the Host Country, but it is registered in another country and has the authorization to implement in the specific implementation areas. |
|  | 1. The entity is not legally registered but has authorization to implement in the specific implementation areas. |
|  | 1. The entity is not legally registered and has no authorization to implement in the specific implementation areas. |

*If option 3, 4 or 5 is chosen, please briefly explain:*

2.2 Do you have any **pending legal action** against your organization?

|  | 1. No, the entity has never received claims, or had any legal actions raised against it. |
| --- | --- |
|  | 1. The entity has no pending legal action against it at the moment. In the case where claims or legal actions may have been raised, the situation was dealt with and resolved in a timely manner. |
|  | 1. The entity has pending legal actions against it but is confident that the situation will be properly dealt with. |
|  | 1. Yes, the entity has pending legal actions against it at the moment. The state of which is unclear/unknown at this stage. |

*If option 3 or 4 is chosen, please briefly explain*

Name:

Title:

Organization Name:

Date of submission:

Signature of Authorized Official & Seal: