**2022 Application Form**

Scaling Up Nutrition Movement Pooled Fund 2.0 (extended period 2022)

*Reference: SUN\_Grants\_2022\_001*

**Application Deadline: 15 August 2022 by 15:00 (Geneva Time)**

# Instructions

Please download this file and respond to the questions in Sections 1-4. The completed application form should remain as an MS Word document. [Section 5: Checklist & Statement of Assurances](#_heading=h.tyjcwt) should be submitted as a pdf document, signed by the executive or designee of the applicant organization. Please submit the application according to the Section 5: Submission Instructions of the Call for Proposals.

# Section 1: General Information

#### 1.1 Organizational Details

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| **1** | **Name of applying organization** |  |
| **2** | **What is your UN Language Preference?** |  |
| **3** | **Mailing address** |  |
| **4** | **Office Telephone Number (Please include country code)** |  |
| **5** | **Email Address** |  |
| **6** | **Website Address (If applicable)** |  |
| **7** | **Contact Person, Title** |  |
| **8** | **Contact Person, E-mail address** |  |
| **9** | **Contact Person, Phone number** |  |
| **10** | **Legal status of organization**  *Examples:*  *-Non-profit/non-governmental organization),*  *-National government entity*  *-Local government entity*  *-Media -Educational institution -Tribal entity  -Research institution -International non-governmental organization*  *-Community Association -Other (Please Specify)* |  |
| **11** | **Registration Number**  **(or equivalent if available)** |  |
| **12** | **Tax ID Number (if applicable)** |  |

#### 1.2 Project Contact

Please list one individual with who can be contacted regarding the project’s implementation, progress, data, timeline, and reports. You may add multiple contacts if necessary.

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| **Name (Family Name, Given Name)** |  |
| **Title** |  |
| **Email** |  |
| **Address** |  |
| **Phone Number with Country Code** |  |

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#### 1.3 Host(ing) Information

Do you intend to sub-grant funding to one or more organizations? If so, please explain and list names of sub-grantees if possible.

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| ***Organization Name*** | ***Responsibilities of the Sub-Grantee*** |
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# Section 2: Background

#### Evaluation Criteria 1: Has the organization demonstrated experience to successfully implement the grant activities?

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| **Question 1.1: Project Management** – Please elaborate on your organization’s ability/experience managing grant-funded projects. This could include information on grant projects that you have previously undertaken and/or a description of administrative capacity to handle vendors, financial reports, and procurement.  For organizations who intend to sub-grant these funds, please elaborate on your ability to maintain oversight on the proper use of these funds and their related activities. |
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| **Question 1.2: Financial Capacity Questionnaire** – Complete the table below to the best of your abilities. In the column “Suggested Response Options,” you may highlight or delete all but your response. Please note that these questions are directed to the organization that is submitting the grant application. The applicant should respond to financial questions about itself. It should not answer these questions based on the capacity of other organizations in the CSA. | | |
| **No.** | **Question** | **Response Options** |
| **1.** | **What is your organization’s fiscal year?** | MM/YYYY – MM/YYYY |
| **2.** | **When was the most recent audit?** | -Within the past 12 months -Within the past 2 years  -More than two years ago -Not applicable -Audit not yet conducted |
| **3.** | **Was it a programmatic or organization-wide audit?** | -Programmatic -Organizational -Not applicable |
| **4.** | **Name of Auditing Agency/Firm? (If applicable)** |  |
| **5.** | **On the most recent audit, what was the auditor’s opinion?** | -No findings -Findings -Disclaimer, Going Concern or Adverse Opinions -Unknown |
| **6.** | **Which of the following describes your accounting system?** | -Manual -Computerized -Combination -Not sure -Not applicable |
| **7.** | **Does the organization retain supporting documentation that correlates with receipt and expenditure of funds, e.g. invoices, cancelled cheques, etc.?** | -Yes -No -Not sure -Not applicable |
| **8.** | **Can the accounting system separate and identify the receipt and expenditure of individual grant funds from its ordinary funds?** | -Yes -No -Not sure -Not applicable |
| **9.** | **Does the organization have a written code or standard of conduct that prevents conflicts of interest in procurement, either in the selection, award, or administration of a contract?** | -Yes -No -Not sure -Not applicable |
| **10.** | **Does the organization have a written procurement policy for the purchase of items with a value greater than USD 2,500.00?** | -Yes -No -Not sure -Not applicable |
| **11.** | **Does the organization use employee records that correspond to payroll?** | -Yes -No -Not sure -Not applicable |
| **12.** | **Does the organization maintain property records of non-expendable equipment with an acquisition value of USD 500.00 or more?** | -Yes -No -Not sure -Not applicable |
| **13.** | **[If “Yes” to above] Do the property records include a description of the item, serial number, date of purchase, original cost, and other identifying information?** | -Yes -No -Not sure -Not applicable |
| **14.** | **Does your organization maintain a standard travel policy for its employees traveling on official business?** | -Yes -No -Not sure -Not applicable |

# Section 3: Scope of Work

#### Evaluation Criteria 2: Is the Statement of Need specific, compelling, and aligning to countries’ nutrition priorities, policies, and strategies?

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| **Question 2.1: Statement of Need** - Concisely state the underlying problem, gaps, and/or implications that your project will specifically seek to address. |
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| **Question 2.2: Description of project activities -** Describe the activities you are proposing to implement and elaborate on the following aspects;   1. Key activities with rationale; 2. Expected results; 3. Explain how your project will include both tested and innovative approaches for learning and experience exchange; 4. Explain how your project will share lessons learned, knowledge management and success stories from the projects with the other members of the Multi-Sector/Stakeholder Platform and the Movement (if applicable). |
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| **Question 2.3: Risks -** Identify major risk factors that could negatively affect the grant activities and possible mitigation measures. |
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# Section 4: Methodology/Technical Approach

#### Evaluation Criteria 3: Does the proposal present a sound, competent project team to achieve the expected results?

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| **Question 3.1: Key Project Focal Points** - Please describe the key project staff involved in this project or that are planned to be recruited, particularly if their salaries/stipend are included in the grant budget. Information can include staff/team name, position, key responsibilities to this project, and/or brief background on competencies.  *Note: List personnel that are directly hired and managed by the applicant in the Personnel Category. List individual contractors/consultants individually in the “Other Costs” category. If the applicant intends to pay for a partner organization’s staff, e.g. training specialists, create a separate budget line item as a sub-grant or sub-contract to that organization and document that subsidy by written agreement after the grant has been awarded.* |
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| **Question 3.2: Is the grant budget specific, accurate, complete, and realistic? -** Please complete Form C: Grant Budget  The development and management of a realistic budget is an important part of developing and implementing successful grant activities. Careful attention to issues of value estimation, financial management, and integrity will enhance effectiveness and impact.  *Note: Even though a workshop may include a variety of expenses (e.g. personnel, travel, operations (supplies), other costs, indirect costs), do NOT organize your budget around activities. Please follow the budget template and separate expenses according to their budget category*. |

# Section 5: Checklist & Statement of Assurances

*Prior to submission, please ensure that you have completed the following:*

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| --- | --- | --- |
| **Form** | **Description** |  |
| A | [Grant Application Form](#_heading=h.1t3h5sf) (Mandatory) |  |
| A | The last page of this document: Form A – Application Form, signed and scanned |  |
| B | Project workplan |  |
| C | Grant Budget |  |
| D | Team member(s) to be involved in the project implementation and brief CV/resumes |  |
| E | Attached documentation certifying organization’s legal registration |  |

*Please print only this page of the application. Read the following certifications and indicate your agreement with your initials on the lines. Sign, scan, and attach to your email submission.*

\_\_\_\_ The SUN Movement does not engage with violators of the WHO International Code of Marketing of Breastmilk Substitutes. By checking this box, your organization certifies that it does not accept funding from known violators of this regulation. For more information about this code, applicants are invited to review the full policy [here](http://scalingupnutrition.org/news/2017-update-the-international-code-of-marketing-of-breast-milk-substitutes-frequently-asked-questions/) and/or contact the SUN Pooled Fund team via the contact information provided on the CFP.

\_\_\_\_ By checking this box, you indicate that the organization does not engage in any practice inconsistent with the rights set forth in the UN Convention on the Rights of the Child. This provision in its entirety shall be incorporated into all sub-grants to eligible sub-Grantees. The full text of the Convention on the Rights of the Child can be found [here.](http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx)

\_\_\_\_ By checking this box, you indicate that you have read the standard UNOPS Grant Support Agreement and accept its terms and procedures as a pre-condition of applying for a SUN Pooled Fund grant. The Grant Support Agreement and its General Conditions are Annex A of the CFP.

\_\_\_\_ By checking this box, you further acknowledge that if selected as a SUN Pooled Fund grant recipient, the financial and programmatic content of progress reports will be verified by specialists remotely and at the project site on an agreed upon date with the organization’s executive.

*By signing this document, you attest that all statements made within this grant application form are true and accurate to the best of your abilities.*

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| Date: |  |
| Name & Title of Executive Officer: |  |
| Signature of Executive Officer: |  |