## CALL FOR PROPOSALS (CFP) ANNEX A:

# GRANT APPLICATION TEMPLATE

| All applicants must submit an application that outlines their response to the CFP. This application must follow the below outline, and applicants must respond to all the points below using the relevant space provided. Applicants should not copy content directly from the CFP when completing this section.   | **Organization Full Name:** |  | | --- | --- | | **Year established:** |  | | **Headquarter Location:**  **(Complete Address)** |  | | **Project Office Location (if different from Headquarter)** |  | | **UNOPS Grant Reference No.:** |  |   Contents of this Grant Application Template:  Stages:   1. Stage 1: Eligibility and Formal Requirements    1. Component 1: Organizational Background and Capacity to implement the grant activities 2. Stage 2: Technical Evaluation    1. Component 2: Project Rationale    2. Component 3: Project Design, Technical Approach, and Results    3. Component 4: Cross Cutting Issues    4. Component 5: Implementation Plan    5. Component 6: Monitoring, Quality and Project Management Systems    6. Component 7: Risks to Successful Implementation 3. Appendices    1. Appendix 1: Consortium Application Partner Form (as applicable)    2. Appendix 2: Project Organizational Chart    3. Appendix 3: Logical Framework    4. Appendix 4: Implementation Plan    5. Appendix 5: Indicator Monitoring Plan    6. Appendix 6: Risk Log    7. Appendix 7: List of Past Experience   Stage 1: Eligibility and Formal Requirements  Component 1: Organizational Background and Capacity to implement the grant activities | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | **No.** | **Minimum Requirements/Qualifications** | **Compliant (Yes/ No)** | **Document Submitted to Demonstrate Compliance** | | --- | --- | --- | --- | | **1** | Grant applications shall only be accepted from not-for-profit and Non-Governmental Organizations (NGOs) that are registered to operate in Kenya. **UN agencies are allowed to bid for this CFP.** | [Applicant to complete] | [Applicant to complete] | | **2** | Demonstrated 3 years experience in fund management and capacity building for multi-year, multi-million dollar program(s), program coordination, and capacity building, this should include;   1. Experience working in Kenya or country of similar setting and; 2. Experience working with governments and ministries | [Applicant to complete] | **Applicants must submit:**   1. **CFP Annex A, Appendix 7: “List of Past Experience”; and** | | **3** | Applicant organizations must confirm their acceptance/adherence to the:   1. Grant Support Agreement; 2. General Conditions for Grant Support Agreements; 3. Grant audit (as applicable); 4. The conditions for ‘Preventing Sexual Exploitation and Abuse & Harassment, Harsh, or Inhumane Treatment’ outlined in Section 3: “Scope of Work”. | [Applicant to complete] | **Signature of organization’s authorized representative affixed below to this document.** | | | | | | | | |

**Stage 2: Technical Evaluation**

***Please provide your response to each Component using the space provided, titled: “Applicant Response”.***

| Component 2: Project Rationale | | | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This section should contain a clear and specific **problem statement** that examines the challenge that the grant activities are intended to address. Demonstrate that the organization has the experience and capacity to deliver the proposed project. Consider the following guidance as an indication of your response to this section but please note that your response will be evaluated against the criteria specified in section 5 of the CFP:   1. **Understanding the problem**    1. What is the problem to be addressed, and why is it significant?    2. Who is being affected and how? Consider both the macro effect of the problem at the appropriate geographical or institutional level and also the direct impact it has on the lives of people with functional difficulties including people with disabilities? 2. **Organisational capacity, relevant experience, and lessons learned**     1. Why is your organisation best suited to deliver this project?    2. Is your organisation already operating in the targeted location, if not, describe the mobilisation process and timeframe?    3. What lessons did you learn from implementing similar projects?    4. What other projects is your organization currently implementing that might complement the project being proposed?    5. If delivering as part of a consortium or with other partners, describe the rationale for the consortium, how was the team developed, and what complementarities were considered. How and why were the roles and responsibilities of each organisation determined? | | | | | | | |
| **Applicant Response:** [Applicant to complete] | | | | | | | |

| Component 3: Project Design, Technical Approach, and Results | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This component should describe clearly and specifically the technical approach that will be taken to address the problem and meet the needs that were described in Component 2. Describe what results will be achieved. Consider the following guidance as an indication of your response to this section but please note that your response will be evaluated against the criteria specified in section 5 of the CFP.   1. **Project Design**    1. Describe how the project addresses the problem and needs you have identified in Paragraph 1 of Component 2 above (“Understanding the Problem”). Consider outlining a high-level analysis of the problem at hand, its overall impact, and major issues or factors to consider when designing the project response.    2. Highlight how the project design incorporates the specific requirements of the CFP as stated in the background and scope of worksection. 2. **Stakeholders**    1. Who are the key stakeholders for this project, were they consulted or considered in the design of your project, and if so, please describe?    2. Describe any stakeholder accountability measures that will be in place. What efforts will the project make to access and gain the trust of stakeholders engaged, how will they be consulted about the delivery of the project, and inform potential improvements to the project design while it is ongoing?    3. Describe other stakeholders that will be involved in the project, and why are they required for the project to succeed?    4. How will people benefit (specify and quantify the individuals, groups, and/or institutions intended to **directly** benefit from the project? Disaggregate the beneficiaries by domain and assistive products. Briefly describe indirect beneficiaries. 3. **Technical Approach**    1. Carefully review the Scope of Work in the Call For Proposals and use this section to ensure you respond to all the requirements therein. Describe in detail the technical approach being proposed to address the problem(s) you have identified in Paragraph 1 of Component 2 above (“Understanding the Problem”) and explain why this course of action was selected. Articulate clearly ‘how’ the concept note will be successfully implemented in close coordination and support of the Ministry of Health. Describe transition approaches and innovative practices that will be used. 4. **Team Structure**    1. Describe the composition of your project team including the location and qualifications of senior management and technical roles and the responsibilities they will hold.    2. Attach an **Organizational Chart to Appendix 2** of this Grant Application Template. 5. **Results**    1. **Complete the Logical Framework attached in Appendix 3 to this Grant Application Template** | | | | | | | |
| **Applicant Response:** [Applicant to complete] | | | | | | | |

| Component 4: Cross-Cutting Issues | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Describe briefly how the project will respond to a variety of cross-cutting issues, **it is mandatory to outline approaches to Gender, Health and Safety, and Environmental Protection**. Add any other issues you consider to be important and relevant.  **Environmental Protection:** Please describe briefly (100 words) what efforts will be made in supporting the implementation of the activities in the concept note, to advance environmental sustainability and mitigate negative the environment impact..  **Health and Safety:** Please describe briefly (100 words) how general health and safety of the TA staff will be assured.    **Additional issues to consider:** Please describe for each component below in around 100 words.  **Gender and Diversity Mainstreaming**: The proposal describes what measures the project will take to ensure that the project delivers equitable benefits to women, men with a disability, and different members of the community (in terms of sex, age, ethnicity, religion, physical ability, etc.).  **Sustainable Development Goals**: Assistive Technology clearly contributes to SDGs “1: Eradicate poverty in all forms and dimensions, targeting the most vulnerable; 3: Ensure healthy lives and promote well-being for all; 4: Ensure inclusive and equitable quality education for all; 8: Promote inclusive and sustainable economic growth and productive employment; 9: Promote sustainable industries, particularly investing in scientific research and innovation; 10: Reduce inequality within and among countries; and, 17: Enhance North-South and South-South cooperation by supporting national plans”. Describe how the project will contribute to the SDGs. | | | | | | | |
| **Applicant Response:** [Applicant to complete] | | | | | | | |

| Component 5: Implementation Plan | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Using the Outputs and Activities you have formulated in view of achieving the Project Outcomes, complete the ***Implementation Plan below in Appendix 4.*** The Implementation Plan should accurately show the sequence and timeframe for the delivery of each Activity. | | | | | | | |

| Component 6: Monitoring, Quality, and Project Management System | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Monitoring**  Complete the **Indicator Monitoring Plan template in Appendix 5.** If any additional monitoring or evaluation will be undertaken which is not captured in Appendix 5, such as any internal or external evaluation, please describe the scope and approach to be taken.  **Quality and Project Management Systems**   1. Briefly describe the organisation’s Quality Management System and where relevant, the standards/SOPs that are (or will be) in place. How will the quality of outputs and activities be assured? 2. What system is in place to assess whether the project is achieving optimal efficiency and to initiate course correction and adjustment of the design as required. | | | | | | | |
| **Applicant Response:** [Applicant to complete] | | | | | | | |

| | Component 7: Risks to Successful Implementation | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | | Using the **Risk Log Template in Appendix 6**, Identify and list risks that could impede or alter the delivery of the project. | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| Confirmation of Acceptance/Adherence to the GSA; UNOPS General Conditions for Grant Support Agreements; and other UNOPS conditions. | | | | | |
| --- | --- | --- | --- | --- | --- |
| If your organization is interested in submitting a grant application in response to this CFP, please sign the below in confirmation of your acceptance of/adherence to the:   1. Grant Support Agreement/UNtoUN Agreement; 2. General Conditions for Grant Support Agreements (Not applicable in case of UNtoUN Agreement; 3. Grant audit (as applicable); and 4. The conditions on ‘Preventing Sexual Exploitation and Abuse & Harassment, Harsh, or Inhumane Treatment’ outlined in Section 3: “Scope of Work”.. | | | | | |

| **Authorized Signature:** |  | | |
| --- | --- | --- | --- |
| **Title:** |  | | |
| **Organization** |  | | |
| **Date:** |  | | |

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# **Appendix 1: Consortium Application Form (if applicable)**

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

**Grant Reference Number:** [insert Grant Reference No. identified in the CFP]

**Name of Lead Partner:** [insert name of Applicant]

**Date:** [insert submission date]

To be completed and returned with your application if the application is submitted as a Consortium

| **Consortium Information** | |
| --- | --- |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [Complete] |
| **Name of leading partner** (with authority to bind the Consortium during the CFP process and, in the event a Grant Support Agreement is awarded, during the execution of said Grant Support Agreement) | [Complete] |
| **Please briefly outline the roles and responsibilities of each partner.** | [Complete] |

**Signatures of all partners of the Consortium:**

We hereby confirm that if the Grant Support Agreement is awarded, all Parties of the Consortium shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Grant Support Agreement.

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

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

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

**Appendix 2: Project Organizational Chart**

As a minimum, include all positions that will be fully or partially funded through this project. Where positions are filled, provide the staff/personnel member’s name and indicate gender. Otherwise, state vacant.

**Appendix 3: Logical Framework**

Refer to CFP section 3 and Annex E of the CFP to define your impact and outcomes, and design your outputs and activities.

**Please add rows as necessary.**

| **Impact:** [Applicant to complete] | | | |
| --- | --- | --- | --- |
| **Result** | **Indicator** | **Means of Verification** | **Assumptions** |
| **Outcome 1:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| Output 1.1: [Applicant to complete] | 1.1.1 [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| Activities that lead to Output 1.1: [Applicant to complete] | | | |
| Output 1.2: [Applicant to complete] | 1.2.1 [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| Activities that lead to Output 1.2: [Applicant to complete] | | | |
| **Outcome 2:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| Output 2.1: [Applicant to complete] | 2.1.1 [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| Activities that lead to Output 2.1 [Applicant to complete] | | | |

**Appendix 4: Implementation Plan**

Extract the activities from your Logical Framework and use the following table, to indicate the sequence and timeframe for delivery. **Please add rows as necessary.**

| **Output No 1:** [Applicant to complete] | | | | | | | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Schedule and duration of Activity in Quarters** [Applicant to complete the below] | | | | | | | | | | | |
| **Activity** [Applicant to complete the below] | **Responsible Position and Organization** [Applicant to complete the below] | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** |
| 1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Output No 2 :**[Applicant to complete] | | | | | | | | | | | | |  |
| **Activity** [Applicant to complete the below] | **Responsible Position and Organization** [Applicant to complete the below] | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** |
| 2.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix 5: Indicator Monitoring Plan**

Extract each Outcome/Output Indicator for your Logical Framework and insert it to the table below together and complete with the additional information requested. **Please add rows as necessary.**

| **Outcomes and Outputs** | **Indicator** | **Tools for data collection** | **Frequency of data collection** | **Responsible position** |
| --- | --- | --- | --- | --- |
| **Outcome 1:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| **Output 1.1:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| **Output 1.2:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| **Outcome 2:**[Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| **Output 2.1:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |
| **Output 2.2:** [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] | [Applicant to complete] |

**Appendix 6: Risk Log**

There is a link between the risks and the key assumptions in your Logical Framework. While the assumptions are stated positively (“*We assume that the government will provide subsidies to persons with disability so they can have access to Assistive Technology*”) the risk is the negative consequence if your assumption is false (“*The government does not provide subsidies thus the persons with disability will not have access to Assistive Technology*”). You will also have risks that are not directly related to the Logical Framework. **Please add rows as necessary.**

Guidance for Filling RIsk Log:

| **Risk:** Clearly state the risk causes and consequences. For example: “Due to [cause(s)] there is a risk of [event] leading to the following consequences [impact].” |
| --- |
| **Probability** is the estimated likelihood or probability of a particular threat or opportunity. Assess how likely the risk is to materialize:   1. Low 2. Low to Medium 3. Medium to High 4. High |
| **Proximity** is the relative nearness of the risk. Assess how quickly the risk is likely to materialize:   1. Within one month 2. Within three months 3. Within six months 4. One year and beyond |
| **Impact:**   1. Low: Minor or little impact on the entity 2. Low to Medium: Moderate impact on the entity 3. Medium to High: Significant impact on the entity 4. High: Very significant impact on the entity with potential consequences for the entity above |
| **Response Summary:**  Describe the actions to be taken to reduce the likelihood and/or impact of the identified risk. Here, also identify the team member(s) responsible for actioning the agreed response and by when. |

| **Risk** | **Probability** | **Proximity** | **Impact** | **Response Summary** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Appendix 7: List of Past Experience**

Please provide a detailed list of your delivery of previous projects in the past 10 years prior to this CFP release, using the following table:

| **#** | **Description of Project** | **Client** | **Was the project delivered to a Government? (Yes or NO)** | **If yes, to the previous column, please name the Government Agency** | **Country** | **Amount (USD)** | **Implementation Dates (Month/Year - Month/Year)** | **Were activities and obligations fully delivered as per agreement? (Please note any deviations in implementation that affected successful delivery)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |

**Please add rows as necessary.**