PROPOSAL

# Section 1: Applicant’s information

| **CFP reference no.** | [xxx/xxxxxxx] |
| --- | --- |
| **Name of applicant** |  |
| **Submission date** | **July 08, 2024** |

## Background of applicant

| **Full legal name of the applicant** |  |
| --- | --- |
| **Year the entity was established**  (*not applicable for individual applicants*) |  |
| **Address of registered office**  (*not applicable for individual applicants*) |  |
| **Name of applicant representative(s)** |  |

## UNGM registration and UNOPS vendors

As part of the proposal, the applicant is requested to complete the registration on the [United Nations Global Marketplace (UNGM) registration website](https://www.ungm.org/Account/Registration).

The applicant may submit a proposal without registering on the UNGM website. However, if the applicant is selected to receive the grant/funding, the applicant shall register on the UNGM website before signing the Agreement unless UNOPS has provided another mechanism in accordance with the [Instructions to Applicants](https://content.unops.org/service-Line-Documents/Infrastructure/Grant-Support-Call-for-Proposals-Instructions-to-Applicants_EN.pdf), Article 21.

| **Are you registered in the UNGM?** | Select answer |
| --- | --- |
| If “Yes”, provide the UNGM vendor number and ensure that the information in the UNGM is current |  |
| **Are you a UNOPS vendor?** | Select answer |

## Contact information

Provide the contact information and signature(s) of person(s) that UNOPS may contact for any requests for clarification during proposal evaluation.

**NOTE:** This person must be available during the [XX] weeks following the receipt of the proposal.

| **Name** |  |
| --- | --- |
| **Title** |  |
| **Telephone/mobile (direct)** |  |
| **Email (direct)** |  |

# Section 2: Past experience

**2.1. Organization overview**

**2.2. Past Experience and Engagement (this section pertains to the lead entity, in case of a consortium)**

## Similar agreements during the last 5 years

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Grant amount** |
| --- | --- | --- | --- | --- |
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## All ongoing agreements

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Grant amount** | **Remaining budget** |
| --- | --- | --- | --- | --- | --- |
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## All agreements committed to start

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Expected budget** |
| --- | --- | --- | --- | --- |
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# Section 3: Approach and Methodology

Please describe the approach and methodology to demonstrate the applicant’s response to overcome the stated problem or situation, as explained in the **CFP**, Section 2 “Requirements.” This section should explain how the proposed methodology meets or exceeds the identified requirements while ensuring the appropriateness of the approach for the local conditions and the specific operating environment.

**3.1 Executive Summary**

**3.2 Situational Analysis**

**3.3 Programme Approach**

**3.3.1 Logical Framework**

| **Intervention Logic** | **Objectively Verifiable Indicators of Achievements** | **Means of verification** |
| --- | --- | --- |
| **GOAL:** | | |
| **SPECIFIC OBJECTIVES:**  **(Please add more rows if more specific objectives are planned)** | **Output Indicators**  **Impact Indicators** |  |
| **EXPECTED RESULTS** | | |
| ***Expected result 1*** | **Input Indicators**  **Output Indicators**    **Impact Indicators** |  |
| ***Expected result 2*** | **Input Indicators**  **Output Indicators**    **Impact Indicators** |  |
| ***Expected result 3….***  **(Please add more rows, if more for expected results )** | **Input Indicators**  **Output Indicators**    **Impact Indicators** |  |
| **ACTIVITIES** | | |
| **For Result 1:**  **For Result 2:**  **For Result 3:** | | |

**3.4 Sustainability and Post-project Plan:**

**3.5 Lessons Learned:**

##### 

##### **3.6 Health and Safety Requirements:**

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##### **3.7 Gender, Social, and Environmental Requirements:**

**3.8 Risk and Mitigation Measures:**

| **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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# Section 4: Implementation Plan

Complete the information in the following table. Identify the relevant outputs, activities, responsible position and organization, and the sequence and timing for the delivery of activities. Please add rows as necessary.

| Output no 1: | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Responsible position and organization** | **Quarterly** | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **1.1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Output no 2:** | | | | | | | | | | | | | |
| **Activity** | **Responsible position and organization** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **2.1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Section 5: Implementing Partner Monitoring Plan

Provide a comprehensive monitoring and evaluation plan that outlines procedures for tracking program activities, outputs, and outcomes, including data collection methods, frequency of monitoring, and responsible parties. Also, describe the methods and timeline for conducting formative, process, and summative evaluations to assess program interventions' effectiveness, efficiency, and impact.

Complete the following table for each results area and output, as applicable. Extract each relevant indicator, insert it in the table below, and provide the information requested. Please add rows as necessary.

| **Outcomes and Outputs** | **Indicator** | **Tools for data collection** | **Frequency of data collection** | **Responsible position** | **Disaggregation by age (children and Adults) and gender** |
| --- | --- | --- | --- | --- | --- |
| **Impact** |  |  |  |  |  |
| **Results 1:** |  |  |  |  |  |
| **Output 1.1:** |  |  |  |  |  |
| **Output 1.2:** |  |  |  |  |  |
| **Results 2:** |  |  |  |  |  |
| **Output 2.1:** |  |  |  |  |  |
| **Output 2.2:** |  |  |  |  |  |

# Section 6: Proposed team structure

Provide details on governance mechanisms, program management, implementation, and staffing.

**6.1 Programme governance structure:** Define roles and responsibilities within the proposed programme team, including programme management, technical support, and monitoring and evaluation functions. It should also include the details of the team members from the consortium partner (if applicable).

| **Functional roles** | **Description of responsibilities** |
| --- | --- |
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## **6.2 Organizational chart:** Please visually represent the management structure (lead entity in case of consortium), how the proposed team (including consortium partner, if applicable) will be organized, and how it is placed within the lead entity's overall structure.

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# Section 7: Joint venture, consortium, or association members

This schedule should only be completed and returned with the proposal if the proposal is submitted as a joint venture, consortium, or association.

| **Joint venture, consortium, or association information** | |
| --- | --- |
| **Name** |  |
| **Names of each member and contact information**  (address, telephone numbers, fax numbers, email address) |  |
| **Name of leading member**  (with authority to bind the consortium during the proposal process and, in the event an Agreement is awarded, during Agreement execution) |  |
| **Proposed proportion of responsibilities between members (in %) with an indication of the role to be performed by each** |  |

## Signatures of all members of the joint venture, consortium, or association

We hereby confirm that if the joint venture, consortium, or association is selected for the grant/funding, all parties of the joint venture, consortium, or association shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Agreement.

| **Name of member:** |  |  | **Name of member:** |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Date:** |  |
| **Signature** |  |  | **Signature** |  |

| **Name of member:** |  |  | **Name of member:** |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Date:** |  |
| **Signature** |  |  | **Signature** |  |

## Similar agreements (past and ongoing) during the last five years (only for the entity other than the lead partner in the consortium)

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Grant amount** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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# Section 8: Key personnel

Please identify the proposed team personnel (including consortium partners). If the personnel is unavailable per the proposed functional role and is expected to be hired after securing the grant, please use ‘TBD’ under the ‘Name of Personnel’ column and provide information about the qualification and years of experience expected in that role.

| **No.** | **Functional role description** | **Name of Personnel** | **Name of Entity** | **Qualification** | **Years of relevant experience** |
| --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

# Section 9: Curriculum vitae (CV) or resume

Please provide the experience and qualifications of one key personnel in the table below; add additional rows as necessary. In the case of a consortium, the key personnel should be from the lead entity.

| **Position** |  | |
| --- | --- | --- |
| **Name of personnel** |  | |
| **Title** |  | |
| **Years with entity** |  | |
| **Nationality** |  | |
| **Language proficiency** |  | |
| **Education/ qualifications**  List college/university and other specialized education or qualifications of personnel. Add rows as necessary. | School:  Dates attended:  Degree/qualification: |  |
| School:  Dates attended:  Degree/qualification: |  |
| **Professional certifications**  Provide professional certifications relevant to the scope of services. Add rows as necessary. | Name of institution:  Date of certification (Day/Month/Year): |  |
| Name of institution:  Date of certification (Day/Month/Year): |  |
| **Employment experience**  Start with the present position and list in reverse order all previous positions. For all positions during the last five (5) years, provide the activities and responsibilities of the position, the location of assignments and any other information relevant to the present proposal for the grant/funding. Add rows as necessary. | Position title:  Employer:  Dates of employment:  Location:  Activities/responsibilities: |  |
| Position title:  Employer:  Dates of employment:  Location:  Activities/responsibilities: |  |
| Position title:  Employer:  Dates of employment:  Location: |  |
| **References**  Provide the names, addresses, phone and email contact information for two (2) references. | Name and contact information: |  |
| Name and contact information: |  |

# Section 10: Sub-grantees

Please identify any sub-grantees and the associated activities they are proposed to implement, if known at the time of proposal submission.

| **No.** | **Description of the activities** | **Name of the sub-grantee** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |