PROPOSAL

# Section 1: Applicant’s information

| **CFP reference no.** | **AFR/EU/11934-026/009** |
| --- | --- |
| **Name of applicant** |  |
| **Submission date** |  |

## Background of applicant

| **Full legal name of 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 [6] weeks following the receipt of the proposal.

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

# Section 2: Past experience

Identify all similar agreements during the last [10] years, as well as all ongoing agreements and any that the applicant has committed to start.

## Similar agreements during the last [10] years

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Grant amount** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 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 Document**, 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. Please respond to this section in **maximum (5) five pages**.

Please refer to Section 3.2- criteria - of the CFP document to fill in your application

**Lot Application Information:**

* **Name and Number of the Lot: [Insert Lot Name and Number]**
* **Number of Lots Intended to Apply: [Insert Number of Lots]**

1. Local Conditions and Specific Operating Environment

Please explain how you understand the local conditions for such a project through a preliminary assessment of the socio-economic, cultural and environmental factors that impact the local community.

1. Experience and Expertise

Please explain how your organization's experience in urban development and human mobility will be instrumental in achieving the targeted impact of the grant funding as outlined in Section 1.3 of the CFP document.

1. Applicant Eligibility

Referring to Section 1.10 “Applicant Eligibility” of the CFP document, review all the points and highlight below how your experience makes you eligible for this grant/funding.

Analytical and Diagnosis Phase

1. Please explain how you intend to fulfill the Analytical and Diagnosis Phase, and which actors you will include as part of this work. Additionally, highlight your experiences and connections with the local authorities or any local/national organizations of the targeted municipality, and add a copy of the letter of support to your application.brief context, stakeholder analysis.
2. Please explain how you intend to engage with the target beneficiaries (see section 1.5 of the CFP), especially women and people with special needs.
3. Referring to section 1.6 of the CFP, please explain how you intend to achieve the two outputs of the Analytical and Diagnosis Phase.

Implementation Phase

1. Please explain why you think your organization is the best entity to lead the Implementation Phase of the project once the Analytical and Diagnosis Phase has been approved. Kindly highlight how you will link your experience to this specific project.
2. Please highlight some partners that you foresee having for this specific phase.
3. please explain and confirm that you will be able to do technical and infrastructure work if necessary?
4. Please elaborate on how the project will ensure cash and/or in-kind co-financing for the Implementation Phase.
5. Please explain what the potential project risks are for the implementation of such a project in this specific location area.

# Section 4: Implementation Plan

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

| Output no 1: Realization of a Feasibility Study | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Responsible position and organization** | **Schedule and duration of activity in months/weeks** | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **1.1 Realize a Feasibility Study and complete the Annexes as detailed in Section 1.2 of this CfP** |  |  |  |  |  |  |  |
| **1.2 Participation and presentation of the Feasibility Study during the First Peer-Learning event of the Action.** |  |  |  |  |  |  |  |
| **1.3 Provide full commitment, motivation and proof of capacity of the TIP toward the implementation of the FS** |  |  |  |  |  |  |  |
| **Output no 2: Creation of the National Steering Committee for SUIDAC** | | | | | | | |
| **Activity** | **Responsible position and organization** | **1** | **2** | **3** | **4** | **5** | **6** |
| **2.1 Creation of the Steering Committee** |  |  |  |  |  |  |  |
| **2.2 Organisation of One Steering Committee Meeting** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# Section 5: Proposed team structure

## Organizational chart

Please provide a visual representation of how the proposed team will be organized and how it is placed within the overall structure of the entity.

## Brief description of roles

Please describe the roles and responsibilities of the members in the proposed team.

| **Role** | **Description of responsibilities** |
| --- | --- |
|  |  |
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|  |  |

## Governance mechanism

Please describe any governance mechanism for this specific grant/funding or at the organizational level.

# Section 6: Key personnel

Please identify the key personnel of the applicant, if applicable.

| **No.** | **Position description** | **Name** | **Qualification** | **Years of relevant experience** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

# Section 7: Curriculum vitae (CV) or resume

If identified in the **CFP Document**, Requirements, please provide the experience and qualifications for all identified personnel in the table below, add additional rows as necessary.

| **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 8: Statement of exclusivity and availability

If applicable, please complete and sign the following statement of exclusivity and availability.

I, the undersigned, hereby declare that I agree to participate exclusively with the applicant [insert applicant name] in the grant/funding with reference no. AFR/EU/11934-026/009. I further declare that I am able and willing to work for the period(s) foreseen for the position for which I have been included in this proposal, in the event that this proposal is successful, namely:

| **From** | **To** |
| --- | --- |
| 14 June 2024 | 31 May 2028 |

I confirm that I am not engaged with any other projects in a position that will require my services during the time periods in which my services are required under this proposal.

By making this declaration, I understand that I am not allowed to present myself as a candidate to any other applicant submitting a proposal in this grant/funding process. I am fully aware that if I do so, I will be excluded from this grant/funding process, the proposals in which I am a candidate may be rejected, and I may also be subject to exclusion from other agreements with UNOPS.

Furthermore, should this proposal be successful, I am fully aware that if I am not available at the expected start date of my services for reasons other than ill health or force majeure, I may be subject to exclusion from other agreements with UNOPS, and any grant/funding agreement issued to the applicant from this process may be rendered null and void.

| **Name:** |  |
| --- | --- |
| **Title:** |  |
| **Date:** | **Sep 1, 2022 – insert date** |
| **Signature:** |  |

# Section 9: 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** |  |  |