PROPOSAL

# Section 1: Applicant’s information

| **CFP reference no.** | [xxx/xxxxxxx] |
| --- | --- |
| **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 [XX] 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 [XX] years, as well as all ongoing agreements and any that the applicant has committed to start.

## Similar agreements during the last [XX] years

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

## All ongoing agreements

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

## All agreements committed to start

| **No.** | **Agreement title** | **Donor/Client** | **Location** | **Expected budget** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# 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.

# Section 4: Implementation Plan

Complete 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** | **Schedule and duration of activity in months/weeks** | | | | | | | | | | | |
| **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

Complete the following table for each outcome and output, as applicable. Extract each relevant indicator and insert it to 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 (regional/age/gender)** |
| --- | --- | --- | --- | --- | --- |
| **OUTCOME 1:** |  |  |  |  |  |
| **Output 1.1:** |  |  |  |  |  |
| **Output 1.2:** |  |  |  |  |  |
| **OUTCOME 2:** |  |  |  |  |  |
| **Output 2.1:** |  |  |  |  |  |
| **Output 2.2:** |  |  |  |  |  |

# Section 6: 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** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Governance mechanism

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

# 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 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** |  |

# Section 8: 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 9: 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 10: 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. [xxx/xxxxxxx]. 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** |
| --- | --- |
| [start of period 1] | [end of period 1] |
| [start of period 2] | [end of period 2] |
| [etc.] | [etc.] |

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:** |  |
| **Signature:** |  |

# Section 11: 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** |  |  |