Annex B

GRANT CONCEPT PAPER TEMPLATE

A.1. Purpose

The *Grant Concept Paper Template* is designed to gather basic information about the Applicant and what it is proposing to do. This format should be presented by the applicants in response to an APS, per the instructions in the solicitation.

A.2. Instructions by Section

Items 1-2: Organization’s name, date organization was founded, and current registration status.

Item 3: Contact Information— Contact name, title, address, telephone, fax, e-mail, etc. The contact person (agent) is responsible for communications between USAID Harvest and the Applicant. This applies to all aspects of the grant application, from initial summary through negotiation and award. The agent must have full authority and responsibility to act on behalf of the Applicant. The agent should be someone who will be directly involved with the grant activity and has a proven, established relationship with the Applicant.

Item 4: Briefly describe the organization and its activities—This section should introduce the Applicant and its background: how it was formed, its mission or purpose, major accomplishments in the area of the targeted activity, current activities, past related experience, and clients.

Item 5: References—List three donors, partner organizations, or community leaders that can provide references for your organization’s ability to successfully carry out the financial, administrative, and technical requirements of the grant activity. Briefly describe your relationship to the reference and the nature and duration of your work together. If the reference is a previous donor, list the activity and location of the activity(s) they funded. Be sure to provide complete information, including a point of contact, with telephone and email.

Item 6: Grant activity title—The title given to the activity should relate to the grant activity objective.

Item 7: Background—Identify the problem that the grant’s activities propose to address.

Items 8-9: State the grant objective; describe the activities that are proposed to meet this objective, the expected results to be achieved through the grant activities, and how the activities are linked to the grant objective. The grant objective and activities must be linked to USAID Harvest objectives as described in the solicitation.

Item 10: Identify beneficiaries, disaggregated by gender if possible, estimated number, location, how the grant activities will reach the intended beneficiaries, and how they will benefit from the grant.

Item 11: Anticipated duration should be stated with a degree of accuracy of plus or minus two weeks.

Item 12: Main task phases of the activity—Provide details regarding the subtasks of the activity.

Item 13: Estimate implementation period.

**A.3. Grant Concept Paper Form**

USAID Harvest Activity  
 Grant Concept paper

1. Organization name:
2. Date organization was founded and registration status:
3. Contact information:

|  |  |
| --- | --- |
| Key contact person(s) and title: | |
| Office address: | Office phone: |
| Mobile: |  |
| Email: | Website: |
|  |  |

1. Briefly describe the organization, its purpose, and past related experience:
2. List contact information for three (3) references from previous donors or organizations (U.S. and other) that your organization has collaborated with in the last two years:

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Agency or Organization | Nature of Relationship or  Title of Project, Location | Start & End Dates of Collaboration | Contact Person |
|  |  |  | Name & Position: |
|  | Email: |
|  | Tel: |
|  |  |  | Name & Position: |
|  | Email: |
|  | Tel: |
|  |  |  | Name & Position: |
|  | Email: |
|  | Tel: |

1. Have any of the key personnel or leadership of this NGO been terminated or resigned in lieu of termination for any misconduct, including fraud or sexual harassment? If yes, please list name and title.
2. Title of the proposed grant activity:
3. Background: What is the issue or problem that the activity will address? Why is it critical to address this issue?
4. Objective of the proposed grant activity:
5. Describe the proposed activity and expected results in detail, keeping in mind the merit review criteria contained in the solicitation.
6. Identify beneficiaries, disaggregated by gender if possible, number, how the grant activities will reach the intended beneficiaries, and how they will benefit from the grant:
7. Anticipated duration of activity from start to finish:

|  |  |
| --- | --- |
| Overall length (total number of months) |  |
| Start and end date (day, month, and year) |  |

1. Implementation Timeline: Please list the main task phases with estimated start and end dates for each task. Please include all events, trainings, publications, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Description of Main Tasks* | *Responsible Party(s)* | *Grant Resources Required* | *Non-Grant Resources Required* | *Start & End Dates* | *Milestone of Achievement* |
| *Task 1:* |  |  |  |  |  |
| *Task 2:* |  |  |  |  |  |
| *Task 3:* |  |  |  |  |  |
| *Task 4:* |  |  |  |  |  |
| *Task 5, etc: (please add rows as needed)* |  |  |  |  |  |

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

Submitted by (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| FOR PROJECT USE ONLY |
| Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Reference No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The undersigned hereby certifies that: (a) the prospective grantee has received an official delivery receipt for its *Grant Concept*, (b) a copy of that receipt has been filed, (c) a reference number has been assigned, and (d) a grant application file has been opened. In addition, the prospective grantee has been advised as to the review and appraisal process, and its primary project point of contact.  Grants Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |