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LOGO Applicants

**TECHNICAL PROPOSAL TEMPLATE**

*On “**Provide Grant to create opportunities/products/processes for citizen to express their needs and promoting gender responsive in policymaking, local planning, budgeting and monitoring”*

*Under CPDD Grant No. …………………….*

Submitted to CPDD

1. **Application Information**

|  |  |
| --- | --- |
| 1. Name of Organisation |  |
| Address: | Office Address:  Phone:  Fax:  Email: |
| 1. Contact Person and Job Title |  |
| 1. Type of Organisation | * CBO (Community Base Organization) * International NGO * Local NGO \_ CPDD member * Local NGO \_Non CPDD member |
| Date Established | MM/DD/YYYY  Number of employees: |
| 1. Is your organisation registered? | * Yes * No * Other (please explain)   ………………………………………………… |
| 1. Does your organization have a (please check all if applicable) | * Chairperson * Treasurer * Secretary |
| 1. Budgeting | Total Budget: USD…..  Budget Propose: USD…..  Co-Fund: USD……… |

1. **TECHNICAL PROJECT DESIGN**
2. **Organisational Background** *(Briefly describe your organization background, areas of expertise and the good practice related to the call for proposal, geographic reach and key program or activity)*

*(Max: 1 page)*

1. **Problem Analysis** *(Describe the issues or challenges to be addressed. How the proposed project will address these issues or challenges. (Max: half page)*
2. **Project Description** (*please* *provide the detail of project intervention including project scope of work contribute to the STA project’s objective, outcome, and outputs, target participants, beneficiaries and geographic. Please provide the detail of each project activities including what, when, where, who and how by providing the specific approaches to achieve its expectations [so what].)*

*(Max: 2 pages)*

**Objective** [contribute to the STA project]:……………………….……………………

…….……………………………………………………………………………………

**Outcome** [contribute to the STA project]: ……………………………………………

……………………………………………………………………………….…………

**Output** [contribute to the STA project]………………………………………………

……………………………………………………………………………………..…

Activity 1: xxx

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

Activity 2: xxx

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

Activity 3: xxx

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

Activity 4: xxx

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

**Activity 5: xxx**

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

**Activity 6: xxx**

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

**Activity 7: xxx**

Detail about the activity…………………………………………………………… ………………………………………………………………………………………

(please add more activities when need)

***Project Activity timeframe*** Identify the time allotted for the activities and tasks cited above (under Specific Activities and Methodology). Please use the following format as below table :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Project Activity*** | Timeframe (Month) | | | | | | | | | | | | Implementing body |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Start-up activities: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Output 1.** | | | | | | | | | | | | | |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Output 2.** | | | | | | | | | | | | | |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * + 1. Act. |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Institutional Capacity, Management and Staffing Plan (one page or less)**

Demonstrate the internal capacity required to successfully implement and achieve what you have proposed above, or that you have a plan to develop and acquire those capacities.

* Provide a brief description of key staff member capacity, institutional systems and infrastructure, and any other operational structures you have in place that are relevant to implementing the planned activities.
* If applicable, describe any potential partners in the implementation of the award, and the services to be provided by each partner institution or organization.

1. **Past Performance References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name of Project** | **Budget** | **Sector focus** | **Year implementation** | **Organization (partner/donor)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

|  |  |
| --- | --- |
| **Application Name** |  |
| **Signature** |  |
| **Position** |  |
| **Date** |  |

***Annex I :*** ***Logical Framework***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Result Chain** | **Indicator** | **Baseline** | **Target** | **Frequency** | **Data Source and method** |
| Overall Obj | Contribute to STA project: |  |  |  |  |
| Outcome | Contribute to outcome 1: |  |  |  |  |
| Output 1/2 | %  # |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |
| Act --- |  |  |  |  |  |

***Annex II: Risk Management***

|  |  |  |
| --- | --- | --- |
| **Risk Description** | **Impact & Likelihood, Risk Level (0- low, 5 - high)** | **Risk treatment/management measures** |
| **Example**  **Cause** If there is increasing rates of COVID-19 around the world  **Event**  The organization of the workshop/ in-person activities may increase the transmission of the pandemic.  **Consequence**  COVID-19 would be transmitted among participants. | I = 2  L = 3  Risk level: Low | * CPDD will follow UNDP and government ministry of health guidance on preventative measures including testing, social distancing, and/or face masks. |
| **Cause**  **Event**  **Consequence** |  |  |

***Annex III : Budget of Action***

*Fill out the budget using this budget table as format. Please ensure that the budget corresponds with the activities in the implementation plan.*

*Please find the enclosed Budget Details , Summary & Note Template*