**Grant Application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Organization name and acronym* |  | | | |
| *Legal address (city, street, phone)* |  | | | |
| *Mailing address (city, street, phone)* |  | | | |
| *Name, Surname, Position of the organization supervisor* |  | | | |
| *Legal Type* | \_ For Profit:   * + - 1. \_ Private shareholding company       2. \_ Public shareholding company       3. \_ Limited liability company       4. \_ Other (please, specify)   \_ Not for Profit   * + - 1. \_ Non-Government Organizations (NGOs)       2. \_ Foundation       3. \_ Union of Legal Entities       4. \_ Other (please, specify) | | | |
| *Project title* |  | | | |
| *Project planned start date* |  | | | |
| *Project duration in months* |  | | | |
| *EDMC sector(s) covered* | \_ High Technologies  \_ Hospitality  \_ Food Processing  \_ Pharmaceutical/ Biotechnologies | *EDMC component(s) covered* | \_ Value Chain Competitiveness  \_ Workforce Development  \_ Legal Reform  \_ Access to Finance | |
| *Name, Surname, Position of the contact person* |  | | | |
| *Phone numbers of the contact person (including area code)* |  | | | |
| *Contact person’s e-mail* |  | | | |
| *Budget requested from EDMC in USD* |  | *Applicant’s contribution in USD* | |  |
| *TOTAL budget in USD* |  | | | |
| *Partner organization 1 name* |  | | | |
| *Partner organization 1 contacts (address, phones, e-mail)* |  | | | |
| *Partner organization 2 name* |  | | | |
| *Partner organization 2 contacts (address, phones, e-mail)* |  | | | |

**Project Description**

***Executive Summary***

*In one paragraph summarize the presented project including the problem to be addressed, project goal, objectives, activities and expected results.*

*We advise to fill this part at the end to ensure that all main points are included.*

***Problem Statement***

*Describe the specific issues related to the selected EDMC sector(s) that the project is going to resolve. Provide quantitative and qualitative evidences of the problem (e.g. researches, statistics, examples and any other facts) to justify its existence and significance. The following questions should be addressed:*

* *What is the problem affecting EDMC sectors that this grant is designed to resolve?*
* *What are root causes of the problem?*
* *What are the economic consequences of the problem?*

***Problem Solution Strategy***

*Describe the strategy you are going to adopt in order to resolve the presented problem. Present project goal, its objectives and main activities for achieving the stated goals. The objectives should address the goal, while activities should contribute to the achievement of the objectives set. Project goal, objectives and activities should be achievable and measurable.*

*Present the detailed activities and their timeline using the Gantt chart presented below.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Activity** | **Responsible staff & organization** | **Months** | | | | | | | | | | | | | | | | | | | | | | | |
| I | | | | II | | | | III | | | | IV | | | | V | | | | VI | | | |
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***Expected Results***

*Describe expected results/impact of the project. Provide measurable quantitative and qualitative indicators for evaluation of the declared results/impact. Indicators may include, but not limited to:*

* *Quantitative measurements of the grant success*
* *Quantitative economic effect on SMEs (in USDs, as appropriate)*
* *Qualitative effect on the business environment*

***Sustainability***

*Explain how activities and/or their results will continue after the grant is concluded.*

***Beneficiaries***

*Describe direct and in-direct beneficiaries of the project and their involvement in the implementation process. Explain how they will benefit from the project.*

***Staffing***

*Provide a list of the project staff members and describe each member’s role and responsibility in the project. Attach corresponding CVs.*

***Previous Experience***

*Describe similar experience your organization had during past 3 years. Demonstrate your organization’s capacities to implement proposed project. You are advised to use a table below for your convenience, otherwise, provide the requested information in text format.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title of the project or initiative** | **Dates, duration** | **Location** | **Goal** | **Main activities** | **Budget** | **Source of funding** | **Contact person’s name, phone and email** |
|  |  |  |  |  |  |  |  |
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***Partnership***

*Provide short description of the partner organization(s) specifying their capacities and role in the proposed project. Describe their previous similar experience and History of cooperation with you. Each partner organization should provide signed and sealed declaration (attachment 9) in support of your application.*

***Budget***

*Fill in attached Budget form (attachment 1) and Budget narrative (attachment 1.1) that should provide description/justification for each budget line.*

*Grant funds can be used only for activities directly connected with the implementation of the project. Grants will not cover costs of operations, overhead, or routine activities. Expenses such as office rent, administrative salaries, and equipment, in most cases, would not be acceptable uses of grant funds.*

*Applicant organizations should ensure at least 20% contribution to the amount requested. Contributions could be done in a form of cost-share (own or other donors funds used to pay for project related activities) or in-kind (such as space, equipment, the value of volunteers or staff time, etc). Contributions can have different source of funding (other donor, private funds and esc), however funds provided by US Government will not be considered as cost-sharing or in-kind contribution.*

*Within this grant competition allowable expenses requested from donor include:*

*Personnel*

*Includes salaries and benefits for project related staff. Each current and any anticipated position should be listed including the position title and gross salary (including taxes) per month. Clear justification must be provided for establishing necessity of the proposed staff member, the salary level and percentage of working time dedicated to the project.*

*Travel and Transportation*

*Travel and transportation could include the following expenditure line items:*

* *bus and taxi fares*
* *per diem (lodging, meals, and incidental expenses)*
* *reimbursement for personal vehicle use*
* *official vehicle expenditures including fuel, oil, maintenance, and spares*
* *vehicle rental*
* *shipping costs*

*Direct Costs*

*This section includes costs associated with the implementation of the main steps of the planned project activities. For example, if the core activity of your proposal is the printing and distribution of a book, these costs (printing and distribution costs) would be included in this section.*

*Other Direct Costs*

*All other costs would fall into this category. The list would likely include:*

* *Stationery*
* *Telephone & communications*
* *Postage*
* *Educational materials (if not a part of Program Costs, above)*
* *Equipment and office maintenance*

*Training and Technical Assistance (TA)*

*If your organization will be requiring specific training or technical assistance to fulfill the objectives of the project you should include these costs here. If you have identified or would like to suggest particular providers of these services you should include this information in the narrative.*

*Grant funds cannot be used for expenses considered unallowable under established cost principles of the United States government. This includes:*

* *Purchase of goods and services not in accordance with 22 CFR Part 228, Rules on Source, Origin, and Nationality for Commodities and Services financed by USAID. The authorized source for procurement is Geographic Code 000 (US) and 110 (NIS);*
* *Purchase of goods or services restricted and prohibited under USAID regulations including, but not limited to, the following: surveillance equipment, military equipment and/or arms, police and/or law enforcement equipment, abortion equipment and/or services, weather modification equipment, luxury goods, alcohol, gifts and/or gambling equipment;*
* *Purchase of goods or services restricted under USAID regulations, including but not limited to the following: agricultural commodities, motor vehicles, pharmaceuticals and contraceptives items, pesticides, fertilizer, used equipment, US Government excess property;*
* *Purchase of goods or services that have their origin in Afghanistan, Cambodia, Cuba, Iran, Iraq, Laos, North Korea, and other countries or suppliers as may be identified by USAID’s consolidated list of debarred, suspended or ineligible contractors*
* *Purchase of goods or services, which are illegal under the local law;*
* *Purchase or activities unnecessary to accomplish the grant purpose as defined by the COP;*
* *Bad debts of the grantee;*
* *Any previous obligations by USAID to the grantee;*
* *Fines and/or penalties imposed on the grantee;*
* *Expenses related to ceremonies, parties and/or celebrations;*
* *Labor costs for Government employees;*
* *Creation of endowments;*
* *Profit and fees;*
* *International travel, unless specifically approved;*
* *Sub-agreements unless included in the approved grant application or with the written approval of the Grantor.*

***Attachments***

1. Budget
   1. Budget Narrative
2. Staff CVs
3. Copy of Registration Certificate
4. Copy of Statute *(pages with goal and objectives description only)*
5. Financial statements and audit reports *(if available)* for last three years
6. Organizational chart with number of full and part-time employees
7. List of the staff authorized to sign documents under this project
8. Applicant Declaration *(in case the proposal is submitted by a consortium, each member applicant has to sign this declaration)*
9. Partner Declaration *(if applicable, each partner organization has to sign this declaration)*