

# 2018 Application Form

Scaling Up Nutrition Movement Pooled Fund

Reference: SUN\_Grants\_2018\_001

Funded by



Global Affairs  
Canada  
Affaires mondiales  
Canada

**Applications Due: 31<sup>st</sup> May 2018 by 15:00 (GMT+2)**

## Instructions

Please download this file and respond to the questions in Sections 1-5. [For Section 6: Statement of Assurances](#), please print this page, sign, and scan. Please submit the application according to the Submission Instructions on Section 2 of the Call for Proposals. The completed application form should remain as an MS Word document. [Section 6: Statement of Assurances](#) should be submitted as a signed pdf.

## Section 1: General Information

### 1.1 Organisational Details

Name of SUN Country

- |   |                                      |
|---|--------------------------------------|
| 1 | Full Legal Name – In UN Language     |
| 2 | Full Legal Name – In Local Language  |
| 3 | What is your UN Language Preference? |

4 Mailing Address

5 Physical Office Address (If different from above)

6 Office Telephone Number (Please include country code)

7 Email Address

8 Website Address (If applicable)

9 Social Media Link(s) (If applicable)

9 Contact Person, Title

Contact Person, E-mail address

Contact Person, Phone number

Year organization was registered

Legal status of organization

Examples:

- Non-profit/non-governmental organisation
- SUN Civil Society Alliance (CSA), registered as a non-profit/non-governmental organisation
- Educational institution
- Tribal entity
- Governmental agency
- Research institution
- International non-governmental organization
- Community Association
- Other (Please

Registration Number (or equivalent)

Tax ID Number (of applicable)

## 1.2 Executive Officer

**Name (Family Name, Given Name)**

Title

Email

Address

Phone Number with Country Code

### 1.3 Project Focal Point

Please list one individual with whom the Monitoring & Evaluation Specialist could contact regarding the project’s implementation, progress, data, timeline, and reports. You may add multiple contacts if necessary.

**Name (Family Name, Given Name)**

Title	
Email	
Address	
Phone Number with Country Code	

### 1.4 SUN CSA Information

- 1.4.1 In what year did the applying organization become a member of the SUN Country’s Civil Society Alliance (CSA)? If your CSA is a legally independent nonprofit, please indicate the year in which it was founded.

### 1.5 SUN Movement Representatives

- 1.5.1 Please indicate the SUN Movement Government Focal Point for your SUN Country. Contact information can be found [here](#). Not every country will have a Focal Point. If this is the case, please write the name of your CSA Coordinator or Chair instead.

*If a SUN Government Focal Point has not nominated and in position, written support for the project from the Civil Society Alliance Chair or Coordinator is acceptable. The letter should confirm that the proposed activities are in line with national needs or priorities.*

\_\_\_\_\_   
 Focal Point or CSA Committee Chair or CSA Coordinator

- 1.5.2 Please indicate your SUN country’s donor convener (or the main bilateral agency present in the country or the global SUN Donor Network in the absence of a Country Donor Convener). Information can be found [here](#).

*If a donor convener is not listed, written support for the project from the main bilateral or multilateral agency present in the country or the global [SUN Movement Donor Network](#) is mandatory. Please indicate the name of your contact below.*

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*Donor Convener or Bilateral/Multi-lateral Agency or SUN Donor Network*

**1.5 Part H: Host(ing) Information**

Is your organization applying as a hosting entity in which your organization will act as a fiscal agent on behalf of another organization(s)? If yes, do you intend to sub-grant funding to one or more of these organizations? If so, please explain and list names of sub-grantees if possible.

*Organisation Name*

*Responsibilities of the Sub-Grantee*

<i>Organisation Name</i>	<i>Responsibilities of the Sub-Grantee</i>

## Section 2: Organisational Capacity

### Evaluation Criteria 1: Has the organization demonstrated experience to successfully implement the grant activities?

2.1. Project Management – Please elaborate on your organization’s ability/experience managing grant-funded projects. This could include information on grant projects that you have previously undertaken and/or a description of administrative capacity to handle vendors, financial reports, and procurement.

For organizations who intend to sub-grant these funds, please elaborate on your ability to maintain oversight on the proper use of these funds and their related activities.

2.2. Financial Capacity Questionnaire – Complete the table below to the best of your abilities and indicate in the third column if you would like additional support in this field. In the column “Suggested Response Options,” you may highlight or delete all but your response. Please note that these questions are directed to the organisation that is submitting the grant application. The applicant should respond to financial questions about itself. It should not answer these questions based on the capacity of other organisations in the CSA.

*The SUN Movement Civil Society Network is able to offer technical assistance to CSAs. Technical assistance can cover a range of areas including: Governance, Fundraising, Advocacy, and Communications. To apply for **additional** technical assistance from the SUN Civil Society Network unrelated to the proposed activities, please fill in the application form [here](#).*

No.	Question	Suggested Response Options	Technical Support Request/Remarks
1.	What is your organization's fiscal year?	MM/YYYY – MM/YYYY	
2.	When was the most recent audit?	<ul style="list-style-type: none"> <li>-Within the past 12 months</li> <li>-Within the past 2 years</li> <li>-More than two years ago</li> <li>-Not applicable</li> <li>-Audit not yet conducted</li> </ul>	
3.	Was it a programmatic or organization-wide audit?	<ul style="list-style-type: none"> <li>-Programmatic</li> <li>-Organizational</li> <li>-Not applicable</li> </ul>	
4.	Name of Auditing Agency/Firm? (If applicable)		
5.	On the most recent audit, what was the auditor's opinion?	<ul style="list-style-type: none"> <li>-Unqualified opinion</li> <li>-Qualified Opinion</li> <li>-Disclaimer, Going Concern or Adverse Opinions</li> <li>-Unknown</li> </ul>	
6.	Which of the following describes your accounting system?	<ul style="list-style-type: none"> <li>-Manual</li> <li>-Computerized</li> <li>-Combination</li> </ul>	

		-Not sure -Not applicable
7.	Does the organization retain supporting documentation that correlates with receipt and expenditure of funds, e.g. invoices, cancelled cheques, etc.	-Yes -No -Not sure -Not applicable
8.	Can the accounting system separate and identify the receipt and expenditure of individual grant funds from its ordinary funds?	-Yes -No -Not sure -Not applicable
9.	Does the organization have a written code or standard of conduct that prevents conflicts of interest in procurement, either in the selection, award, or administration of a contract?	-Yes -No -Not sure -Not applicable
10.	Does the organization have a written procurement policy for the purchase of items with a value greater than USD 2,500.00?	-Yes -No -Not sure -Not applicable
11.	Does the organization use employee records that correspond to payroll?	-Yes -No -Not sure -Not applicable



- |     |   |   |
|-----|---|---|
| 12. | Does the organization maintain property records of non-expendable equipment with an acquisition value of USD 500.00 or more?                                      | <ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> <li>-Not sure</li> <li>-Not applicable</li> </ul> |
| 13. | [If “Yes” to above] Do the property records include a description of the item, serial number, date of purchase, original cost, and other identifying information? | <ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> <li>-Not sure</li> <li>-Not applicable</li> </ul> |
| 14. | Does your organization maintain a standard travel policy for its employees traveling on official business?  | <ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> <li>-Not sure</li> <li>-Not applicable</li> </ul> |

**Evaluation Criteria 2: Is the organization a leader in combating malnutrition, or an otherwise appropriate agency to convene CSA activities? Is the wider CSA support demonstrated by signed letters?**

- 2.3. Organizational Summary – Please provide a brief description of your organization, such as its history and proven experience in combating malnutrition in the country of proposed grant activities. Please include information such as the number of paid staff members, role in the nutrition community, core activities and delivery methods, and its primary beneficiaries.

## Section 3: Scope of Work

**Evaluation Criteria 3: Is the Statement of Need specific, compelling, and aligning to national nutrition priorities, policies, and strategies?**

- 3.1. Project Summary: In 1-3 sentences, write a brief summary of your project for using the following format: "(Your Organization) will/plans to..."
- 3.2. Statement of Need: Concisely state the underlying problem, gaps, and/or implications that your project will specifically seek to address.

**Evaluation Criteria 4: Does the proposal's results framework (results chain, indicators, baselines, targets, and means of verification) follow SMART guidelines and link directly to the stated activities and budget? Are the activities sufficiently ambitious but doable? Or, are they unrealistically ambitious?**

- 3.3. Project Plan: This criteria will be evaluated based on your *project plan, which you may detail in the table at the end of this application*. Applicants are encouraged to use the outputs and activities listed in congruent with the overall Annex D: SUN Movement Pooled Fund Results Framework.

**Evaluation Criteria 5: Do the stated outcomes, outputs and indicators align with the Annex D - SUN Movement Pooled Fund Results Framework, i.e. it matches one or more Outcome areas in the Annex D?**

- 3.5. Activities and Expected Results: Clearly state what your proposed project will accomplish and how it contributes to the achievement of the overall goal and outcomes indicated in the Annex SUN Movement Pooled Fund Results Framework. Explain how your approach is the most effective, sustainable manner of addressing the challenges outlined in the Statement of Need. There should be a clear and direct linkage between the activities, the outputs, and the outcome(s). Please be explicit enough that the activities can be clearly related to the project budget.
- 3.6. Geographic Scope: What regions will be served by your project? If the project's reach is national, please state it as such. If there are regions that will be particularly impacted or addressed in your activities, please define them.

## Section 4: Methodology/Technical Approach

### Evaluation Criteria 6: Does the proposal present a sound, competent project team to achieve the expected results?

- 4.1. Key Project Focal Points: Please describe the key project staff involved in this project or that are planned to be recruited, particularly if their salaries/stipend are included in the grant budget. Information can include staff/team name, position, key responsibilities to this project, and/or brief background on competencies. The team should be comprised of a Project Focal Point, Technical Focal Point, and an M&E Focal Point. These may be the same individuals. Applicants are invited to attach the staff CVs as an annex (please limit to two-page maximum per staff member).

### Evaluation Criteria 7: Does the organization demonstrate political and social commitment for grassroots, subnational partners and other stakeholders?

- 4.2 Stakeholders: It takes a coordinated effort to effectively address malnutrition. Therefore, the Pooled Funds Grant project encourages applicants to consider the involvement of nutrition partners and stakeholders in the project design. Partners and stakeholders can include: community leaders, tribal units, grassroots organizations, parliamentarians, etc.

*Please complete the table below to demonstrate linkages between the project and its partners and stakeholders. Please list only partners with whom you have worked in-country. It is recommended that applicants consult with partners prior to listing them on the application form.*

<b>Name of Partner</b>	<b>Type of Partner [Stakeholder, Partner, Both]</b>	<b>Primary Function of Partnership (e.g. programmatic evaluation, policy development, service delivery)</b>
e.g. ABC Alliance	e.g. Partner	e.g. policy development-participation in panel.
e.g. ABC Clinic	e.g. Stakeholder	e.g. service provider in X district-will support communication efforts.



**Evaluation Criteria 8: Does the proposed project have a particular focus on the empowerment of women and girls, indigenous people, grassroots groups and/or vulnerable communities?**

4.3 Empowerment: Please elaborate on how the project design/activities will contribute to increasing gender equality or the empowerment of indigenous people, grassroots groups and/or vulnerable communities. Please define the group and explain why you have chosen these approaches, referring to the social and cultural factors specific to your area.

You may use Annex G: Project Checklist on Gender Sensitivity in the CFP as a prompt. Not all questions on checklist will be relevant to your project. Note that, if selected, your organization will be required to confer with the Monitoring & Evaluation Specialist and submit updates within progress reports. Annex G is not required at the proposal stage.

**Evaluation Criteria 9: Are the assumptions underlying the grant project's design specific, accurate, and complete and realistically budgeted? Have substantial risk factors, based on internal and external conditions, been taken into account?**

4.4. Project Risks: Identify major risk factors that could result in the grant activities not producing the expected results. These should include both internal factors (for example, partnership fails to work as projected) and external factors (for example, national or local elections that shift the focus of partners away from grant activities). Please note that risk analysis and mitigation measures

should be as specific to the project sites and unique circumstances as possible. General analysis should be avoided.

*You may use Annex I: Project Risk Log as a prompt. Note that, if selected, your organization will need to complete this form and submit updates within programmatic reports. The log is not required at the application stage.*

**Evaluation Criteria 10: Are the proposed workplan activities and their time estimates for implementation sound and realistic?**

- 4.5. Timeline Constraints: Is your project's start or end dates bound by a deadline or event? If so, please list the deadline or event, its date, and a brief description if applicable.

**Evaluation Criteria 11: Does the proposal describe a fundraising strategy to ensure continuity of activities after the grant expires?**

- 4.6. Fundraising Strategy: Describe the manner in which the activities will be funded after the grant expires.

**Evaluation Criteria 12: For established Civil Society Alliance's (CSAs), does the proposal build upon existing efforts? For new or strengthening CSAs, does the proposal support activities that are innovative, collaborative, and sustainable?**

- 4.7. CSA Strength: The SUN Movement Pooled Fund grant project will consider high-scoring applications from strong, growing, and newly established CSAs alike. Please indicate your estimation of the CSA's strength and maturity. Note: CSA strength does not necessarily correlate with the year that it joined the SUN Movement.

Please select one:

- An established CSA that is now delivering plans at sub-national level  
 A CSA that needs strengthening at national level  
 A newly established CSA

- 4.8. CSA Development: Next, please elaborate on the CSA's stage of development in your own words. This could include information about the CSA steering group, multi-sectoral engagements, or other features.

*If you, the applicant, are applying directly as an independently registered CSA, you would elaborate about your own organisation's vision, growth, and challenges. If you, the applicant, are a member of the CSA and writing on behalf of the CSA member organisations, then your response should focus more on the collective body of the CSA.*

**Evaluation Criteria 13: The proposal should be accompanied by written support (by email is sufficient) from the SUN Government Focal Point on behalf of the national SUN multi-stakeholder platform to confirm alignment of the proposal with country strategies or plans for nutrition.**

*If a [SUN Government Focal Point](#) has not been nominated and in position, written support for the project from the Civil Society Alliance Chair or Coordinator is acceptable. The letter should confirm that the proposed activities are in line with national needs or priorities.*

- 4.9. SUN Government Focal Point: Please attach the letter with the grant submission. An optional template is provided in Annex L of the Call for Proposals. If not available, please explain below.

## Section 5: Grant Budget Summary

The development and management of a realistic budget is an important part of developing and implementing successful grant activities. Careful attention to issues of value estimation, financial management, and integrity will enhance effectiveness and impact. Please keep in mind that the budget should not be used for communications tools or others that already exist within the SUN Movement (e.g. website, communication materials) and that can be used at no cost to disseminate results.

Please complete the Annex B: Grant Budget (MS Excel) and Annex C: Budget Narrative (MS Word) that are included as separate files with this application form. Next, summarize the budget categories in the budget summary, below:

<b>Budget Summary</b>	
<i>Please report in USD</i>	
<b>Personnel</b>	
<b>Travel</b>	
<b>Operations</b>	
<b>Other</b>	
<b>Overhead/Indirect Costs</b>	
<b>Total</b>	

<b>Project Logframe and Workplan</b>															
<p><i>Directions: Select which Outcome(s) that best fits your project activities. Using the <u>Annex D: Pooled Fund Common Results Framework</u> in the Call for Proposals, select one or more outputs that fall under that particular Outcome. Finally, place the relevant activities under each Output. Indicate who is responsible for each activity and an indicator of activity accomplishment. Applicants are encouraged to stay within this template, but may attach project plan if necessary. Where and when possible, each indicator is expected to be monitored disaggregated by gender and age.</i></p>															
<b>Outcome 1:</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of Verification</b>			<b>Frequency of Reporting</b>								
<b>Output 1.1:</b>															
							<b>12-Month Timeline</b>								
<b>Activity</b>	<b>Responsible Party</b>	<b>Indicator with target</b>		1	2	3	4	5	6	7	8	9	10	11	12
1.1.1															
1.1.2															



1.1.3																		
1.1.4																		
Output 1.2:	Indicators	Baseline	Target	Means of Verification			Frequency of Reporting											
													12-Month Timeline					
Activity	Responsible Party	Indicator with target		1	2	3	4	5	6	7	8	9	10	11	12			
1.2.1																		
1.2.2																		
1.2.3																		
1.2.4																		
Output 1.33:	Indicators	Baseline	Target	Means of Verification			Frequency of Reporting											
													12-Month Timeline					

Activity		Responsible Party	Indicator with target		1	2	3	4	5	6	7	8	9	10	11	12
1.3.1																
1.3.2																
1.3.3																
1.3.4																
Outcome 2:	Indicators	Baseline	Target	Means of Verification			Frequency of Reporting									
Output 2.1:																
12-Month Timeline																
Activity		Responsible Party	Indicator with target		1	2	3	4	5	6	7	8	9	10	11	12
2.1.1																
2.1.2																

2.1.3																	
2.1.4																	
Output 2.2:	Indicators	Baseline	Target	Means of Verification					Frequency of reporting								
													12-Month Timeline				
Activity	Responsible Party	Indicator with target		1	2	3	4	5	6	7	8	9	10	11	12		
2.2.1																	
2.2.2																	
2.2.3																	
2.2.4																	

**Basic guidance for completing the log-frame template:**

- Outcome and output:** proposed outcome and output statements should be closely aligned with outcome and output statements of Annex D: Pooled Fund Common Results Framework while incorporating the project's country contexts.
- Indicator:** Each outcome and output must include a set of indicators pitched at appropriate level, which will provide key basis to measure progress of the respective outcome and output. It is highly encouraged that the indicators are closely aligned with indicators of Annex D: Pooled Fund Common Results Framework. Three to five indicators per outcome and output would be sufficient. The indicators should be a good mixture of both quantitative and qualitative.
- Baseline:** Each output and outcome indicator must have credible and verifiable baseline written in specific number(s), scale(s) or to the point brief narrative (in case of qualitative indicator – if required). If any baselines are not available during proposal stage, please provide brief explanation.

4. **Target:** Each outcome, output and activity indicator must have realistic and attainable target written in specific number, scale, or brief narrative (in case of qualitative indicator – if required). If any targets are not available at proposal stage, please provide brief explanation.
5. **Means of verification:** Each outcome and output indicator must have means of verification as a specific document or data set, which are verifiable and will be used for progress/data reporting. Please do not include more than one means of verification for one indicator.
6. **Frequency of reporting:** for each outcome and output indicator, the reporting frequency must be specific – monthly, quarterly, bi-annually, or annually - which are realistically planned depending upon the level and type of the indicator(s).

**None:** the applicant(s) are requested to develop the logframe and work plan following SMART guideline and completing above template and guidance. However, the actual logframe and workplan will be agreed during the contract procedure if the proposal is selected for the funding.

## Section 6: Statement of Assurances

*Please print only this page of the application. Read the following certifications and indicate your agreement with your initials on the lines. Sign, scan, and attach to your email submission.*

\_\_\_\_ The SUN Movement does not engage with violators of the WHO International Code of Marketing of Breastmilk Substitutes. By checking this box, your organization certifies that it does not accept funding from known violators of this regulation. For more information about this code, applicants are invited to review the full policy [here](#) and/or contact the UNOPS Grants Analyst via the contact information provided on the CFP.

\_\_\_\_ By checking this box, you indicate that the organization does not engage in any practice inconsistent with the rights set forth in the UN Convention on the Rights of the Child. This provision in its entirety shall be incorporated into all sub-grants to eligible sub-Grantees. The full text of the Convention on the Rights of the Child can be found [here](#).

\_\_\_\_ By checking this box, you indicate that you have read the standard UNOPS Grant Support Agreement and accept its terms and procedures as a pre-condition of applying for a SUN Pooled Fund grant. The Grant Support Agreement and its General Conditions are Annex A and Annex B of the CFP.

\_\_\_\_ By checking this box, you further acknowledge that if selected as a SUN Pooled Fund grant recipient, the financial and programmatic content of progress reports will be verified by UNOPS specialists remotely and at the project site on an agreed upon date with the organization's executive.

By signing this document, you attest that all statements made within this grant application form are true and accurate to the best of your abilities

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

Name of Executive Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Executive Officer: \_\_\_\_\_