2019 Application Form

Scaling Up Nutrition Movement Pooled Fund for Multi-Sector/Stakeholder Platforms

*Reference: SUN\_Grants\_2019\_002*

Funded by

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**Applications Due: 14 July 2019 by 15:00 (Geneva Time)**

# Instructions

Please download this file and respond to the questions in Sections 1-4. The completed application form should remain as an MS Word document. [For Section 5: Checklist & Statement of Assurances](#_Section_6:_), please print this page, sign, and scan. Please submit the application according to the Submission Instructions on Section 7 of the Call for Proposals. [Section 5: Checklist & Statement of Assurances](#_Section_6:_) should be submitted as a pdf document, signed by the executive or designee of the applicant organization.

# Section 1: General Information

**A. Organisational Details**

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| **1** | **Name of SUN Country** |  |
| **2** | **Full Legal Name – In UN Language** |  |
| **3** | **Full Legal Name – In Local Language** |  |
| **7** | **What is your UN Language Preference?** |  |
| **8** | **Mailing Address** |  |
| **9** | **Physical Office Address (If different from above)** |  |
| **10** | **Office Telephone Number (Please include country code)** |  |
| **11** | **Email Address** |  |
| **12** | **Website Address (If applicable)** |  |
| **13** | **Social Media Link(s) (If applicable)** |  |
| **14** | **Contact Person, Title** |  |
| **15** | **Contact Person, E-mail address** |  |
| **16** | **Contact Person, Phone number** |  |
| **17** | **Year organization was registered** |  |
| **18** | **Legal status of organization**  *Examples:*  *-Non-profit/non-gouvernemental organisation),*  *-National government entity*  *-Local government entity*  *-Media -Educational institution -Tribal entity  -Research institution -International non-governmental organization*  *-Community Association -Other (Please Specify)* |  |
| **19** | **Registration Number (or equivalent if available)** |  |
| **20** | **Tax ID Number (if applicable)** |  |

**B. Executive Officer**

In the instance that the applicant/primary recipient is a government entity, please list the ministry official with the authority to enter into financial and legal agreements.

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| **Name (Family Name, Given Name)** |  |
| **Title** |  |
| **Email** |  |
| **Address** |  |
| **Phone Number with Country Code** |  |

**C. Multi-Stakeholder Platform (MSP) Contact**

Please list one individual with whom the Monitoring & Evaluation Specialist and Country Liaison Team Member could liaise regarding the project’s progress, data, and reports. This may be the project leader or a designated representative. Please designate an individual who has experience with the MSP and who will be directly involved in the project.

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| **Name (Family Name, Given Name)** |  |
| **Title** |  |
| **Email** |  |
| **Address** |  |
| **Phone Number with Country Code** |  |

**D. Project Summary**

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| **Project Summary:** In **maximum 5 sentences**, write a brief webpage summary of your project for using the following format: "(Your Organization) will/plans to..." |
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**E. Multi-Sector/Stakeholder Platform**

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| **Question 1.4.1** | |
| In what year did the applying organization become a member of the Multi-Sector/Stakeholder Platform? Is your agency member of the Multi-Sector/Stakeholder Platform at the sub-national level as well? | <year> |
| What is your organization’s role in the Multi-Sector/Stakeholder Platform? Please describe. | |
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# Section 2: Background

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| **Question 1.0: Has the organization demonstrated experience to successfully implement the grant activities?** |
| **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.* |
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| **Question 1.1: Has the organization demonstrated experience to successfully implement the grant activities?** | | |
| **Financial Capacity Questionnaire –** Complete the table below to the best of your abilities. In the column “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 Multi-Sector/Stakeholder Platform. | | |
| **No.** | **Question** | **Response Options** |
| **1.** | **What is your organization’s fiscal year?** | MM/YYYY – MM/YYYY |
| **2.** | **When was the most recent audit?** | Within the past 12 months -Within the past 2 years  -More than two years ago -Not applicable -Audit not yet conducted |
| **3.** | **Was it a programmatic or organization-wide audit?** | -Programmatic -Organizational -Not applicable |
| **4.** | **Name of Auditing Agency/Firm? (If applicable)** |  |
| **5.** | **On the most recent audit, what was the auditor’s opinion?** | -No findings -Findings -Disclaimer, Going Concern or Adverse Opinions -Unknown |
| **6.** | **Which of the following describes your accounting system?** | -Manual -Computerized -Combination -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?** | -Yes -No -Not sure -Not applicable |
| **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?** | -Yes -No -Not sure -Not applicable |
| **14.** | **Does your organization maintain a standard travel policy for its employees traveling on official business?** | -Yes -No -Not sure -Not applicable |

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| **Question 2.0: Does the proposal clearly outline the project partners?** |
| **Partnerships** – It takes a coordinated effort to effectively address malnutrition. Therefore, the Pooled Fund Grants project requires the involvement of nutrition partners and stakeholders in the project design. Partners and stakeholders may include: community leaders, academia, tribal units, grassroots organizations, parliamentarians, national businesses, journalists, researchers, etc.  Considerations include:   1. *A variety of partnerships, particularly at the local level?* 2. *The specific roles and responsibilities of the partners?* 3. *Any sub-grantee/sub-contracting between the primary applicant and partner(s)?* 4. *Any formal/informal contributions from specific partners in support of the project?* |
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| **Question 2.1: Roles and Responsibilities of Partners** | | |
| ***Organisation Name (please add rows if needed and be as specific as possible.)*** | ***Type of Partner*** *(co-implementing/sub-grant recipient/ sub-contract recipient)\** | ***Responsibilities of the Partner*** |
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| *\*Note: If you list a partner as a sub-grant or sub-contract recipient, you must clearly dedicate a line item in the grant budget to that partner in the “Other Costs” category to demonstrate the intended expense.* | | |

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| **Question 3: Is the proposal accompanied by letter of commitment from the** [**SUN Government Focal Point**](http://scalingupnutrition.org/sun-countries/sun-government-focal-points/)**?** |
| Letter of Commitment: The proposal should be accompanied by letter of endorsement from the [SUN Government Focal Point](http://scalingupnutrition.org/sun-countries/sun-government-focal-points/) on behalf of the national SUN Multi-Sector/Stakeholder Platform to:   1. Confirm alignment of the proposal with country strategies or plans for nutrition. 2. Endorse the existence of a functional Multi-Sector/Stakeholder Platform at a national and sub-national level. 3. Confirm that there are at least two SUN networks in-country.   *Please attach the letter of endorsement from the SUN Government Focal Point with the grant submission. The mandatory template is provided as Form F, attached to the Call for Proposals. If any of the points mentioned above (a-d) are not confirmed by the SUN Government Focal Point, please explain below. Otherwise, state “Not applicable” in the space below.* |
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| **Question 4: Is there a functional SUN Multi-Sector/Stakeholder Platform or a coordination mechanism in place?** |
| **Organizational Summary** –Include information about how often do the members of the Multi-Sector/Stakeholder Platform come together to discuss joint planning, areas of collaboration, discuss challenges and solutions. |
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# Section 3: Scope of Work

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| **Question 5: Is the Statement of Need specific, compelling, and aligning to national nutrition priorities, policies, and strategies?** |
| **Statement of Need:** Concisely state the underlying problem, gaps, and/or implications that your project will specifically seek to address. |
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| **Question 6: Does the proposal show how the needs were established in a participatory way?** |
| **Participatory approach:** Please describe how the needs were established and what were the partners’ roles in establishment of the needs. |
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| **Question 7: Is the project innovative?** |
| **Innovation:** Please describe in which way the project and the project activities are innovative. You may be improving upon an existing model, applying an approach that worked in other SUN Countries, proposing an innovative use of partnerships or geographic localities, etc. |
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| **Question 8: Have gender considerations been included in the project design?** |
| Empowerment: Please elaborate on how the project design/activities will contribute to increasing gender equality and the empowerment of women, adolescent girls, youth, grassroots groups and 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.  *Note that, if selected, your organization will be required to disaggregate reporting data by gender and age in progress reports.* |
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| **Question 9: Is the proposed project workplan and indicators ambitious but achievable?** |
| **Project Plan**: This criteria will be evaluated based on the excel sheet *Form D: Project Logframe and Form E: Project Workplan.* |

# Section 4: Methodology/Technical Approach

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| **Question 10: Does the proposal present a sound, competent project team to achieve the expected results?** |
| Key Project Focal Points: Please describe key staff members involved in this project. 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 Contact, Technical Contact, and an M&E Contact. 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).  *Note: List personnel that are directly hired and managed by the applicant in the Personnel Category. List individual contractors/consultants individually in the “Other Costs” category. If the applicant intends to pay for a partner organization’s staff, e.g. training specialists, create a separate budget line item as a sub-grant or sub-contract to that organization and document that subsidy by written agreement after the grant has been awarded.* |
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| **Question 11: Is the grant budget specific, accurate, complete, and realistic?** |
| Project Budget and Budget Narrative: Please complete Form 3: Grant Budget (MS Excel) and explain the purposes/calculations of the budget in Form 4: Budget Narrative (MS Word) that are included as separate files with this application form.  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 communication 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.  *Note: Even though a workshop may include a variety of expenses (e.g. personnel, travel, operations (supplies), other costs, indirect costs), do NOT organize your budget around activities. Please follow the budget template and separate expenses according to their budget category*. |
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| **Question 12: Have substantial risk factors, based on internal and external conditions, been taken into account?** |
| **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, partnerships fail 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. |
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| **Question 13: How will the interventions be sustained and scaled up? How will the Multi-Sector/Stakeholder Platform continue at the national and subnational level?** |
| **Sustainability & Scalability:** How will the nutrition interventions be sustained and scaled up? How will the Multi-Sector/Stakeholder Platform continue at the national and subnational level? Describe how you will ensure continuity of the activities and of the platform after the grant funding expires. This may include fundraising strategies, capacity-building, future co-financing, etc. |
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# Section 5: Checklist & Statement of Assurances

*Prior to submission, please ensure that you have completed the following:*

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| **No.** | **Description** |  |
| 1 | [Grant Application Form](#_Annex_A:_) (MS Word) (Mandatory) |  |
| 2 | The last page of this document: Annex A – Grant Application Form, signed and scanned (PDF) (Mandatory) |  |
| 3 | Project Logframe (Mandatory) |  |
| 4 | Project Workplan (Mandatory) |  |
| 5 | Grant Budget (MS Excel) (Mandatory) |  |
| 6 | Grant Budget Narrative (MS Word) (Mandatory) |  |
| 7 | SUN Government Focal Point Letter of Endorsement (Mandatory) |  |
| 8 | Attached documentation certifying organization’s legal registration (Mandatory) |  |
| 9 | **Team member**(s) to be involved in the project implementation with their responsibilities in brief and curriculum vitae/resumes. (Optional) |  |

*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](http://scalingupnutrition.org/news/2017-update-the-international-code-of-marketing-of-breast-milk-substitutes-frequently-asked-questions/) 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.](http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx)

\_\_\_\_ 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.*

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| Date: |  |
| Name & Title of Executive Officer: |  |
| Signature of Executive Officer: |  |