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| **ANNEX A: APPLICATION FORM**  **CALL FOR PROPOSALS**  **SUSTANIABLE BLUE ECONOMY PROJECTS FOR JUMUIYA COASTAL COUNTIES** |

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| --- | --- |
| **PROJECT** |  |
| **PROPOSAL SUMMARY** |  |
| **SITE OF INTERVENTION** |  |
| **DURATION OF THE INTERVENTION** |  |
| **BUDGET** |  |
| **MAIN APPLICANT** |  |
| **OTHER PARTNER APPLICANTS OR AFFILIATED ENTITIES OF THE LEAD APPLICANT** |  |

1. **PROJECT DESCRIPTION**
2. **PROJECT RESULTS & INDICATORS**

|  |  |
| --- | --- |
| **Expected Results** | **Project Indicators** |
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1. **PROJECT ACTIVITIES AND METHODOLOGIES**

### GENERAL INFORMATION (2 pages maximum)

Describe the **context** (social and/or other) and the **problems** to be solved through the project:

Formulate the project’s **objective** (what specific impact, change or improvement the project intends to achieve in the long term):

Describe the **results expected** from the implementation of the project:

Describe the **activities** you intend to carry out, including the relationships between different activities:

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## TARGET GROUPS AND FINAL BENEFICIARIES (1 page maximum)

Direct Beneficiary

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Male | Female |
|  |  |  |  |
|  |  |  |  |
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Describe each **target group** (the groups of persons or entities for which the project is intended and which the project shall directly and positively impact), the needs and constraints (in particular in terms of capacity) of each target group and how they shall benefit from the activities:

Describe the **final beneficiaries** (entities and people who shall benefit from the project in the long term), your professional/family relationship with each of the beneficiaries, if any, and how they were or should be selected to benefit from the project:

Explain how the Call for Proposal´s **cross-cutting** **objectives** shall be included in the implementation of the project and other cross-cutting concerns applicable to the project’s context and implementation objectives, such as the promotion of human rights, gender equality, democracy, good governance, environmental sustainability, etc.:

1. **ORGANISATIONS EXPERIENCE**

## IMPLEMENTATION PLAN AND SCHEDULE

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ACTIVITY DESCRIPTION** | **RESPONSIBLE**  *(Position, name of person, and role)* | **EXECUTION PERIOD**  *(indicate whether in months or quarters)* | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| A1 |  |  |  |  |  |  |  |  |  |  |
| A2 |  |  |  |  |  |  |  |  |  |  |
| A3 |  |  |  |  |  |  |  |  |  |  |
| A4 |  |  |  |  |  |  |  |  |  |  |

### 8. PROPOSAL RELEVANCE (1 page maximum)

Substantiate the **proposal in view of the Call for proposal’s objectives and expected results**, that is, why the project contributes to achieving some of those objectives and results:

Describe the project’s **logic of change** or impact, that is, why the results and activities contribute to improving the living conditions and/or opportunities of the target groups and final beneficiaries and to solve the problems initially identified:

## SUSTAINABILITY (1 page maximum)

Substantiate the **financial sustainability** of the project or action (e.g., expected sources of income that can cover the organisations/business’ operational and maintenance costs after the grant has been exhausted):

Substantiate the **sustainability of results** of the project or action (e.g., development of capacities that allow the results to be maintained, agreements, partnerships, new legislation, etc. and follow-up actions to be carried out):

## BUDGET, AMOUNT REQUESTED AND OTHER SOURCES OF FUNDING

Fill out **Annex B** with amounts in $(Dollars or Kenya Shillings.

If you choose to fill out the form using national currency, the corresponding amount in dollars shall be calculated for evaluating the application, and that amount shall remain unchanged until the end of the project.

## EXPERIENCE OF APPLICANTS (1 page maximum)

Describe previous experience of project coordination or implementation in the last two years, especially in the project’s area of intervention. This experience is assessed according to the evaluation grid.

Use a maximum of one page per project. Submit a maximum of four (4) experience profiles (applicant and partners, if applicable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant name:** | | | | | |
| **Project name:** | |  | | | |
| **Project location** | **Cost ($)** | **Role in the project: coordinator, partner, implementer** | **Funders** | **Managed Budget ($)** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |  |
|  | |  | | | |

## MAIN APPLICANT IDENTIFICATION

|  |  |
| --- | --- |
| **Organization name** |  |
| **Abbreviation** |  |
| **Date of legal registration of the applicant** |  |
| **Place of registration** |  |
| **Official address** |  |
| **Website/ email** |  |
| **Phone number** |  |

### IDENTIFICATION OF THE MAIN APPLICANT'S PARTNERS

This section (if applicable) must be completed for each applicant who also signs the proposal or for each affiliated entity. The table must be copied as many times as necessary.

|  |  |
| --- | --- |
| **Organization name** |  |
| **Abbreviation** |  |
| **Incorporation registration date** |  |
| **Place of registration** |  |
| **Official address** |  |
| **Country of registration** |  |
| **Organization’s website and email** |  |
| **Phone number** |  |
| **Legal status** |  |
| **Is the organization linked to other entities?** |  |
| **Previous history of cooperating with other applicant(s)** |  |

## 

APPLICANT STATEMENTS

***Applicant 1:***

*I, the undersigned, declare that I have read and approved the content of the proposal submitted to the Awarding Entity. I am committed to respecting the principles of good partnership practices.*

*Date:*

*Name and capacity in which you sign:*

*Signature:*

***Applicant 2:***

*I, the undersigned, declare that I have read and approved the content of the proposal submitted to the Awarding Entity. I am committed to respecting the principles of good partnership practices.*

*Date:*

*Name and capacity in which you sign:*

*Signature:*