**Grant Concept Paper Format**

|  |
| --- |
| ORGANIZATION INFORMATION |
| 1. **Organization Name**
 |  |
| 1. **Title of Project**
 |  |
| 1. **Organization Lead Individual**

**Contact Details** | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Organization Address**
 |  |
| 1. **Organization Telephone and Email**
 | Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Year Established in Afghanistan**
 |  |
| 1. **Registration in Afghanistan**

Please state your current registration status (check all that apply) **Current Registration Status** | [ ] AISA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] ACCI #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Ministry of Justice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Ministry of Agriculture, Irrigation & Livestock #\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other (specify entity name and #):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Not registered[ ] Valid registration [ ] Expired registration [ ]  Registration application pending approval |
| 1. **Company Nationality**
 |  |
| 1. **# of Employees in Afghanistan (including owner)**
 | [ ] 1 [ ] 2 [ ] 3-5 [ ] 6-10 [ ] 11-25 [ ] 26-50 [ ] Over 50 |
| 1. **Woman Owned Organization ?**
 | [ ] Yes [ ]  No |
| 1. **Geographic Area** *(Tick all that apply*)
 | [ ] Central [ ] East [ ]  South [ ] West [ ] North  |
| organization TYPE |
| Nature of Business *(Tick all that apply)* | [ ] Business Services Provider[ ] Training Provider [ ] Financial Institution[ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **organization revenues or Company SALES/Turnover INFORMATION** |
| Total Average Monthly Revenues | ***Monthly***[ ] Up to $10,000 [ ]  $10,001 to $20,000 [ ]  Above $20,000 |
| **CERTIFICATION** |
| *I hereby certify that the information provided above is accurate to the best of my knowledge* |
| Name and Title | Stamp and Signature | Date |
|  |  |  |
| FOR WIE USE |
| Date Received: | Date Evaluated:  | Concept Note #: |

|  |
| --- |
| Project Description |
| **Project Summary:***Name or title of your grant project.*  |
| **Project Summary:***Briefly describe the purpose of the proposed grant.* |
| **Project Goals and Objectives:***Describe goals and objectives of the proposed grant activities for which WIE funding is being requested. How do the goals relate to WIE’s objective to enable Afghan women to increase their participation in the mainstream, formal economy by securing employment with advancement potential and by helping women-owned businesses, or those that employ women as 10% or more of their staff grow*. |
| **Project Activities, Activities Implementation Schedule and Budget:** *What will be the roles and responsibilities of the grant applicant? Implementation plan (Annexure 1) and Budget (Annexure 2) must be prepared in line with this section and there should not be any contradiction between project activities, implementation plan and budget. All costs to be provided in AFN (Afghani – Local Currency)* |
| **Project Outcomes and Outputs:** *What new capacities will the grant recipient and the ultimate beneficiaries have because of the proposed grant activity? What other outcome(s) will be achieved*? |
| **Coordination with relevant Government Authorities and/or other Donor-funded Programs:***Describe any coordination that will be required with relevant Government Authorities such as GIRoA and/or other donor-funded programs during proposed grant activities*.  |
| **Monitoring and Evaluation Procedures:***How will you know that your project was successfully implemented? What criteria will you use to measure the achievements of your project? Please include the tools you will use to monitor project activities and evaluate project results.* |
| **Environmental Management and Mitigation Plan:***How will you handle the proposed project activities which are likely to have adverse effect on the environment?* |
| **Potential Constraints:***Describe any potential obstacles you may have identified, how they may affect implementation and how you plan to overcome them* |
| **Sustainability:***Please explain how this activity is sustainable, i.e. how will the proposed grant activities continue after WIE’s funding support ends?* |

#

# Annex 1: Implementation Schedule

|  |  |
| --- | --- |
| **Name of applicant:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **#** | **Activity** | **Location** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note: More rows and columns can be added if required**.

# Annex 2: Budget

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| **No.** | **Line Item** | **Unit** | **Quantity** | **Unit Price (AFN)** | **WIE Proposed Cost (AFN)** | **Applicant Proposed Cost Share (AFN)** | **Total Project Cost (AFN)** | **Budget Justification and Narrative** |
|
|
| **A** | **Labor** |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  | **Sub-Total** |  |  |  |  |  |  |  |
| **B** | **Office Equipment** |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|   | **Sub-Total** |  |  |  |  |  |  |  |
| **C** | **Travel & Transportation** |  |  |  |  |  |  |  |
| 1 |   |  |  |  |  |  |  |  |
| 2 |   |  |  |  |  |  |  |  |
|  | **Sub-Total** |  |  |  |  |  |  |  |
| **D** | **Communication** |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  | **Sub-Total** |  |  |  |  |  |  |  |
| **E** | **Other Direct Costs** |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  | **Sub-Total** |  |  |  |  |  |  |   |
|   | **GRAND TOTAL** |   |   |   |  |  |  |   |

**Note:** **More rows can be added as required. Use excel file for budget submission.**

**Annex 3: APPLICANT PAST PERFORMANCE**

Please describe no more than five major projects in which your organization was involved over the past three years, using the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name and Description | Project Location | Project Duration | Donor Name and Contact Information | Total Budget | Your Role (Lead/ Partner) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ANNEX 4 – Training Outline Format**

Insert the Training Course Name

|  |  |
| --- | --- |
| **Description of Major & Minor Topics to be Provided** | **Days** |
| Insert the Major & Minor topics to be included in the proposed trainings followed by a brief description.  | Insert the proposed number of days required for each topic to be presented |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |