A blue and yellow logo

Description automatically generated**A blue text on a black background

Description automatically generated**A flag with yellow stars in a circle

Description automatically generated

**FINANCIAL SUPPORT TO THIRD PARTIES  
for projects that contribute to**

REDUCTION OF VIOLENCE AGAINST WOMEN & YOUTH

**CALL for PROPOSALS & CONCEPTS**

2024/CSBI/RLMS

CONTRACTING AUTHORITY: RISE Life Management Services

**GUIDELINES TO APPLICANTS**

Deadline for Submission:

**May 24, 2024, 4:30 p.m. local date and time**

**APPLICATION FORM FOR CONCEPT NOTE (LOT 2 ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GRANTEE INFORMATION | | | | | |
| **Name of Applicant** | |  | | | |
| **Address** | |  | | | |
| **Name of Authorized Representative/s** | |  | | | |
| **E-mail Address/website** | |  | | | |
| **Telephone Number/s** | |  | | | |
|  | |  | | | |
| GRANT INFORMATION | | | | | |
| **Name of project** |  | | | | |
| **Location where activities will be implemented** | Parish: | | | | Community/ies |
| **Duration of project** |  | | | | |
|  | | | | | |
| *BUDGET SUMMARY (a detailed budget is NOT required for this submission)* | | | | | |
|  | Local Currency (JMD) | | |  | |
| **Amount Requested** |  | | |  | |
| **Cost-share amount** |  | | |  | |
| **Total Budget** |  | | |  | |
|  | | | | | |
| applicant Capability and past performance *(Please provide a brief narrative describing your organization’s mission and primary activities, and also list training you have been involved in towards increasing your capacity to administer projects)* | | | | | |
| Organizational Background Narrative | | | | | |
|  | | | | | |
| Past Performance *(Please describe one major project in which your organization was involved in the past two years, which shows the organization’s expertise and ability to meet the goals of the proposed project.)* | | | | | |
| **First Project (if applicable)** | | | | | |
| Project Title | | |  | | |
| Period of Performance | | |  | | |
| Location | | |  | | |
| Role of Organization (leader or partner) | | |  | | |
| Project Objectives | | |  | | |
| Total Budget | | |  | | |
| Funding Source and Contact Information | | |  | | |
| Statement of Liability | | | | | |
| I, the undersigned, being the person responsible in the applicant organization for this project, certify that the information given in this application is true and accurate. | | | | | |
| Name | | |  | | |
| Position | | |  | | |
| Signature | | |  | | |
| Date | | |  | | |

|  |
| --- |
| DESCRIPTION of the project: |
| **Background/Rationale/Problem Statement** *(Please provide a brief and necessary background information on the issues and the problems that the proposed grant will address.)* |
|  |
| **Goals and Objectives *(****Please state the goal and its corresponding objectives to address the problems identified above.)* |
| **Goal:**   * **Objective 1** * **Objective 2** |
| **Summary** *(Please provide a brief summary of the proposed project)* |
|  |
| **Technical Approach/Strategy (describe the approaches you will take to implement the project successfully)** |
|  |
| **Activities** *(Please provide a detailed description of all the activities to achieve each objective. Explain the logical connection between the proposed activities and the fulfillment of objectives.)* |
|  |
|  |
| **Beneficiaries** *(Please describe the type and number of beneficiaries as well as their needs and constraints.)* |
|  |

|  |  |  |
| --- | --- | --- |
| **Before sending your CONCEPT NOTE, please check that each of the following criteria HAVE BEEN MET IN FULL AND TICK THEM OFF. Please remember to submit this document along with your CONCEPT NOTE.** | **Tick the items off below** | |
| **Title of the Proposal: <***indicate the title>* | **Yes** | **No** |
| **PART 1 (ADMINISTRATIVE)**  **1. The correct application form has been used.** |  |  |
| **2. The concept note is typed and is in English** |  |  |
| **PART 2 (ELIGIBILITY)**  **5. The duration of the project is between 6 months and 9 months (the minimum and maximum allowed).** |  |  |
| **6. The requested contribution is between 1, 000,000 JMD and 1, 500,000 JMD** |  |  |
| **7. The requested contribution is between 80 % and 95 % of the estimated total eligible costs (minimum and maximum percentage allowed).** |  |  |