SPECIAL CALL

FOR PROPOSALS

Expanding Access to Early Childhood Care

at the Community Level

**April 2019**



Application Pack For Funding



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**PART A: THE APPLICANT**

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| CONTACT DETAILS | | | |
| **Name of Organisation** |  | | |
| **Postal Address and Code** |  | | |
| **Address of Seat of Organisation**  *(if different from above)* |  | | |
| **Tel** |  | | |
| **Fax** |  | | |
| **Email** |  | | |
| **Website** |  | | |
|  | **Name** | **Email** | **Tel** |
| **President/Chairperson of Managing Committee/Board** |  |  |  |
| **Person responsible for day-to-day management of organisation**  *(Please indicate job title e.g. Director, Manager, Coordinator)* |  |  |  |

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| ORGANISATION DETAILS | | |
| **Legal status**  ***(Please tick as appropriate*)** | Registered association with Registrar of Association |  |
| Registered non-profit company with Registrar of Companies |  |
| Charitable trust established under the Trust Act |  |
| Foundation established under the Foundations Act |  |
| Organisation established under an Act of Parliament |  |
| Other *(Please specify)* |  |
| **Year founded** |  | |
| **Year registered with the National CSR Foundation** |  | |
| **National CSR Foundation Registration Number** |  | |
| **Registration with Ministry of Gender Equality, Child Development & Family Welfare**  *(Please enclose proof of registration)* |  | |
| **Affiliations/linkages to other organisations/networks/**  **platforms** |  | |
| **Main objects of the organisation**  *(Please list up to a max of 3 in order of priority)* |  | |
| **Core services of organisation**  *(Please list up to a max of 3 in order of priority)* |  | |

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| **BENEFICIARIES OF ORGANISATION** | | |
| **Category** | **Number**  April 2018 – March 2019  *(Please indicate direct beneficiaries)* | **Profile**  *(Please describe the specific group of beneficiaries e.g. disabled children, school drop outs, abused women, adults/families living in poverty, drug users)* |
| **Children** |  |  |
| **Youths** (15-24 years) |  |  |
| **Adults** |  |  |
| **Women** |  |  |
| **Elderly** |  |  |
| **Families** |  |  |
| **Other** *(Please specify)* |  |  |

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| **LOCATION**  **Primary geographic location(s) where services/activities currently delivered.**  *(If nationwide, please enclose list of districts and localities/VCAs)* | |
| **District** | **Locality/Village Council Area(VCA)** |
|  |  |

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| **HUMAN RESOURCES** | | | |
| **Category** | **Number\* of Employees** | | **Number\* of Volunteers** |
| **Full Time** | **Part-Time** |
| **Technical** |  |  |  |
| **Management** |  |  |  |
| **Administrative staff** |  |  |  |
| **Other** *(Please specify)* |  |  |  |

Note: \*As at March 2019

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| **FINANCIAL INFORMATION**  *(Please enclose audited financial statements for the past two financial years)* | | |
|  | **Year 20…**  **Rs** | **Year 20…**  **Rs** |
| **Total income** of the organisation  for the past two financial years |  |  |
| **Main sources of funds** |  |  |
| * Grants from Ministries |  |  |
| * National CSR Foundation |  |  |
| * CSR - Private sector |  |  |
| * International donors |  |  |
| * Fundraising activities |  |  |
| * Fees/memberships and donations |  |  |
| * Other *(Please specify)* |  |  |
|  | | |
|  | **Year 20…**  **Rs** | **Year 20…**  **Rs** |
| **Total expenditures** of the organisation for the past two financial years |  |  |
| **Operating costs** |  |  |
| * Technical HR |  |  |
| * Specialised tools, aids and materials |  |  |
| * Management and administrative HR |  |  |
| * Other administrative costs |  |  |
| **Capital expenditure** |  |  |
| **Other costs** *(Please specify)* |  |  |

**PART B: PROPOSED INTERVENTION**

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| --- |
| BASIC INFORMATION |
| Title of proposed intervention |
| Funding duration (*Duration should not exceed 12 months)* |

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| --- | --- |
| **LOCATION**  **Primary geographic location(s) where proposed services/activities will be delivered.**  *(If nationwide, please enclose list of districts and localities/VCAs)* | |
| **District** | **Locality/Village Council Area (VCA)** |
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| **TARGET BENEFICIARIES OF PROPOSED INTERVENTION**  (*Please enclose list of target beneficiaries*) | | |
| **Category** | **Number** |
| **Children aged 0–3 years** *(Please indicate specific age group)* |  |
| **Women/Mothers** |  |
| **Parents/Families** |  |
| **Other** *(Please specify)* |  |

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| NARRATIVE DESCRIPTION  Describe the proposed intervention by elaborating on the themes below. |

1. **Needs, Problems and Beneficiary Assessment**

Explain the context of the proposed intervention. Who are the targeted beneficiaries? What are the particular needs and/or problems to be addressed?

1. **Objectives**

What are the objectives of the proposed intervention?

1. **Implementation Methods**

Describe the planned activities, indicating the timeframe for implementation (*please include Gantt chart*). What are the resources required to deliver the planned activities? Describe the child-care services proposed including development care and educational services to be provided to children. Indicate whether the necessary licences, clearances, permits and approvals for implementing the proposed intervention have been obtained.

1. **Expected Results and Impact**

What are the expected outputs/results produced by the services/activities implemented? What are the potential outcomes/impact: the direct benefits to beneficiaries in the short term and the medium to long term?

1. **Capacity to manage and implement actions**

Give details of similar and other activities managed and implemented by the organisation indicating inter alia the objectives, target beneficiaries and outputs/results, time period, location, total cost and the sources of funds.

1. **Risk Analysis**

Explain potential risks (internal and external) that may influence the planned activities and the measures to mitigate them. For example, resource risks linked to availability of resources, including human and financial resources; project management risks involving technical aspects and planning; external risks such as regulations and permits/licences/clearances/approvals required and those relating to beneficiaries and stakeholders; and organisational risks in terms of management and governance issues.

1. **Innovation**

What aspects of innovation, if any, are included in the proposed intervention? How is the intervention different in its approach to addressing the needs and problems identified and achieving the defined objectives and expected results?

1. **Collaborative Partnerships**

Indicate the relevant collaborations sought, if any, to implement the proposed intervention. Describe the roles and responsibilities of potential partners and their respective contribution, for example in terms of knowledge, expertise, experience, resources and funds. How will the partners involved coordinate their activities?

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| RESULTS FRAMEWORK – LOGIC MODEL | |
| Inputs  What resources (e.g. people, materials and equipment) are required to implement the proposed intervention? |  |
| Services/Activities  What types of services/activities will be delivered to target beneficiaries through the inputs utilised? |  |
| Outputs  What outputs (key deliverables/products) will be generated from the services/activities? |  |
| Outcomes  What will be the immediate/short term benefits to beneficiaries? |  |
| Impact  What changes/effects will be experienced through the proposed intervention in the medium to long term (e.g. multiplier effects on community and society)? |  |
| Risks  What are the potential risks (e.g. resource constraints, technical delays, regulations, licences/permits/approvals/clearances, management/administrative issues) that may influence the planned implementation of services/activities and the measures to mitigate them? |  |

**PART C: BUDGET ESTIMATES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITEMS** | **UNIT** | | **NO. OF UNITS** | | **UNIT COST (Rs)** | | | **TOTAL COST (Rs)** | | **SOURCES OF FUNDS**  **(Rs)** | | | | | | | | | | | |
| **FUNDS REQUESTED** | | | **GRANTS from Government** | | | | **PRIVATE SECTOR CSR FUNDS** | | **OTHER SOURCES** | | |
| 1. **Technical Human Resources** | | | | | | | | | | |  | | | | | | | | | | |
| 1.1 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| 1.2 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| 1.3 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| ***Subtotal 1*** | | | | | | | |  | |  | | |  | | |  | | | |  | |
| 1. **Specialised Tools, Aids and Materials** | | | | | | | | | | | | | | | | | | | | | |
| 2.1 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| 2.1 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| 2.3 |  | |  | |  | | |  | |  | | |  | | |  | | | |  | |
| ***Subtotal 2*** | | | | | | | |  | |  | | |  | | |  | | | |  | |
| **3. Management and Administrative Costs**  (*Funding limit applies. Please refer to explanatory note 2 below.*) | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Human Resources |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.1.1 |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.1.2 |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.2 Rent |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.3 Utilities |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.4 Transport Costs |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.5 Consumables |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| 3.6 Other |  | |  | |  | | |  | |  | | | |  | | |  | |  | | |
| ***Subtotal 3*** | | | | | | | |  | |  | | | |  | | |  | |  | | |
| **4. Capital Expenditure** | | | | | | | | | | | | | | | | | | | | | |
| 4.1 |  | |  | |  | |  | | |  | | |  | | |  | | | |  | |
| 4.2 |  | |  | |  | |  | | |  | | |  | | |  | | | |  | |
| ***Subtotal 4*** | | | | | | |  | | |  | | |  | | |  | | | |  | |
| **5. Other Costs** | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | |  | |  | |  | | |  | | |  | | |  | | |  | | |  |
| 5.2 | |  | |  | |  | | |  | | |  | | |  | | |  | | |  |
| ***Subtotal 8*** | | | | | | | | |  | | |  | | |  | | |  | | |  |
| **Total** | | | | | |  | | |  | | |  | | |  | | |  | | |  |

**Explanatory Notes**

1. Budget items should be directly related to the proposed intervention.
2. Management and administrative costs should not exceed 15% of the total amount of funds requested from the National CSR Foundation.
3. Proposed expenditures should not extend beyond a maximum period of 12 months.
4. Detailed breakdown of expenditures should be specified. Global amounts will not be accepted.
5. Examples of Technical HR include qualified child care staff, psychologist, social worker.
6. Examples of Units include per month, session, type of equipment/materials.
7. Actual expenditures incurred during implementation will have to be accounted for. Relevant documents, e.g. receipts, payment vouchers, employment contracts, bank statements, will be required to be produced as part of the monitoring process.

**PART D: BUDGET JUSTIFICATION**

|  |  |
| --- | --- |
| **ITEMS** | **Explain each budget item**  Substantiate cost and provide justification for each item, supported by relevant documents where applicable. |
| 1. **Technical Human Resources** | |
| 1.1 |  |
| 1.2 |  |
| 1.3 |  |
| 1. **Specialised Tools, Aids and Materials** | |
| 2.1 |  |
| 2.2 |  |
| 2.3 |  |
| 1. **Management and Administrative Costs** | |
| 3.1 Human Resources |  |
| 3.1.1 |  |
| 3.1.2 |  |
| 3.2 Rent |  |
| 3.3 Utilities |  |
| 3.4 Transport Costs |  |
| 3.5 Consumables |  |
| 3.6 Other |  |
| 1. **Capital Expenditure** | |
| 4.1 |  |
| 4.2 |  |
| 1. **Other Costs** | |
| 5.1 |  |
| 5.2 |  |

**PART E: DECLARATION FORM**

I, the undersigned, declare as the representative of < *Organisation Name*> that:

* All information given in this application is accurate.
* All sources of funds with regards to the proposed intervention in this application have been fully disclosed.
* The organisation will provide any further information to the National CSR Foundation as and when required for the purpose of due diligence and assessment of the application.
* The application has been approved by the Managing Committee/Board of the organisation.

|  |
| --- |
| Name |
| Position |
| Signed |
| Date |

*(Please affix seal of the organisation*)

**APPLICATION CHECKLIST**

**Checklist to ensure that the application pack is correctly completed**

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| --- | --- |
| The prescribed Application Pack has been used. |  |
| Application has been typed in English or French. |  |
| Organisation is registered with the National CSR Foundation and all relevant organisational details have been provided in Application Pack. |  |
| The Narrative Description covers all themes relevant to the proposed intervention. |  |
| The Results Framework-Logic Model has been worked out. |  |
| Part C - Budget Estimates and Part D - Justification of the Budget have been completed. |  |
| The Declaration Form has been duly filled in and signed. |  |
| **Documents to be annexed** |  |
| List of office bearers/board members indicating names, NID number and contact details |  |
| Proof of registration with Ministry of Gender Equality, Child Development and Family Welfare |  |
| Audited financial statements for the past two financial years |  |
| List of target beneficiaries of the proposed intervention |  |
| List of districts and localities/VCAs where services/activities of organisation are delivered, if nationwide |  |
| List of districts and localities/VCAs where the proposed intervention will be implemented, if nationwide |  |
| Relevant documents supporting budgeted expenditures, where applicable |  |

