

ANNEX 1: Template Technical Proposal



Contact info:

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RESOURCES FOR COMMUNITY RESILIENCE (R4CR)

ANNEX 1: Template Technical Proposal

PLEASE DO NOT TYPE OUTSIDE THE TEXT BOXES

A. ABOUT YOUR ORGANIZATION

A1 Please fill out the general information on your organization and project in the tables below.

Legal name of the Organization	
Full Official Address	
Telephone Number	
E-mail address	
Website (if any)	
Facebook (if any)	
Name of your R4CR Project	
	Contact person/Coordinator
Name (first name, last name)	
Position	
E-mail address	
E-mail address Telephone	
	Board Member
	Board Member
Telephone	Board Member
Telephone Name (first name, last name)	Board Member
Telephone Name (first name, last name) Position	Board Member

Type of Organization (Foundation, Association or other)		
Registered with the Chamber of Commerce & Industry (COCI)	Yes	No
Date of initial registration (dd/mm/yyyy)		
Date of last updated registration (dd/mm/yyyy)		
COCI registration number		
CRIB Number		
A2 Describe in short your organization and the mai	n sector your organi	zation is active.
A3 Describe a few projects your organization has in support from external donors. Include the proje	·	<u>-</u>

A4 What are your foundation's sources of income? Number them in order of priority starting with 1 for those that apply to you.

Order	Source of Income		
	Mission income (all types of income you make with the services you deliver, e.g. membership fees)		
	Government subsidy		
	Funding by St. Maarten Development Fund		
	Grants by Samenwerkende Fondsen Cariben		
	Funding from other agencies or charity organizations (mention which one(s) below)		
	Donations (private, by businesses or organizations)		
	In-kind donations (physical donations or services)		
	Fundraising		
	Others (mention which one(s) below)		

B. ABOUT YOUR R4CR PROJECT

B1 From the list below, what is the sector your R4CR project will cover? More than one sector can apply to your project.

Community Councils/neighborhood initiatives and initiatives for relief;

Day care centers/afternoon school programs and extracurricular activities;

Sports and recreation activities/facilities;

Nature and environment (re-/upcycling) and animal welfare activities;

Art, cultural, archaeological and heritage activities;

Psycho-social and emotional support;

Poverty relief;

Youth employment/entrepreneurship;

Skills development;

Tackling gender-based violence (GBV)

B2	What is the main objective/goal of your current R4CR project?	
В3	What is the planned start and end date of y implemented?	our project? How long will your project be
	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
В4	What rehabilitation and/or reconstruction hurricane Irma?	elements of your project are a <u>DIRECT</u> result of

B5 What are the main intended **TANGIBLE** results/outcomes of your project?

Use the SMART goal mechanism (Specific, Measurable, Attainable, Relevant, Time-bound)[†]. To make sure the goal(s) you have identified in your project are clear and reachable, each one should be: specific (simple, clear and unambiguous), measurable (meaningful and motivating), achievable (agreed and attainable), relevant (reasonable, realistic and resource/result-based) and timely (time-based and time/cost limited).

	Activities and outcomes/results
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

В6	How will you monitor and measure your results/outputs?
В7	What is the main target (group) expected to benefit from your project?
B8	Was your target group consulted and/or involved during the design stage of the project? If so, please explain in what way.

В9	Who, and how many,	will benefit directly	and indirectly from	your project? In what way?
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Direct Beneficiaries		Indirect Beneficiaries	
Who	Number	Who	Number
			1
			ı

B10 How many staff/employees of your organization will be involved during project implementation?

Please state the person's name(s), function(s), whether he/she is a volunteer or employed (paid), and estimate the amount of time each person will spend on project activities (on a monthly basis).

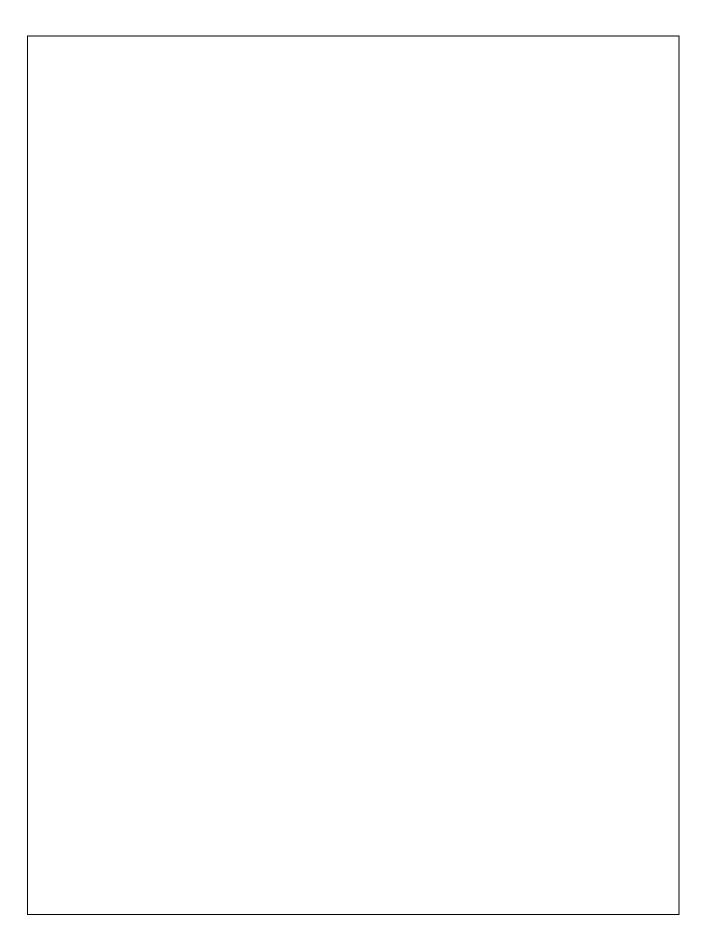
Name (first name, last name)	Function(s)	Volunteer or Employed	# hrs per month
		-	

B11	Do you know of any similar initiatives on Sint Maarten? If so, what unique selling point(s) does your project have?

В12	with (an)other organization(s)? In case of a joint approach, please list the collaborating organization(s) and specify their role during project implementation and who will take on the lead.

C. ABOUT YOUR PROJECT PLAN

- C1 Give a clear description of your project taking into account the following elements. In other words, share a detailed project plan. We welcome numbers and data. We need to get a clear understanding on what and how your organization translates your objective into successful activities and outcomes/results and time plan. You may also send a separate file sharing your project plan as most probably you need more than this one page.
 - How are you going to achieve your project objective/goal?
 - What are the specific project activities?
 - Who is going to implement the activities (number of people and time spent), whom and how many will benefit?
 - What is the time frame of the project?
 - What is the expected end-result?
 - How will you involve project beneficiaries, if applicable?
 - How will you organize the communication and information on your project with the community, general public, and target group?



D. SAFEGUARDS AND SUSTAINABILITY

D1	Do you foresee any social and/or environmental project risks? If so, which ones and how will the risks be mitigated?
D2	What is the chance that your project result(s) will become sustainable. Are there follow-up funds on which you can rely? Please explain in detail what you will do with the project results.

D3 Please complete the Social, Environmental and Cultural Heritage checklist below.

Social-Environmental and Cultural Heritage Screening Checklist

The checklist below must be completed by a CSO as part of Annex 1 – Technical Proposal for confirmation by the R4CR Management during Grant evaluation

Information on the Foundation (CSO)			
Name CSO (or Consortium if applicable)			
Registered Postal Address:			
Telephone Number:			
E-mail address:			

)	Notes (if applicable)	No	Yes	Environmental and Social Screening Information
				1. Does the CSO need to have a valid environmental
				and/or labor license to implement project activities?
				2. If the CSO requires other permits or licenses, have they
				taken the necessary steps to attain these before project
				activities start? If yes, please explain.
				3. Did the CSO receive any environmental and social/labor
				fines, claims, penalties, or warnings from relevant
				authorities within the last three years while
				implementing project activities?
				4. Have there been any negative media report or complaint
				from the public, community or other entity about the
				operation of your organization during project
				implementation in the last three years?
				5. Does the CSO foresee activities under the project which
				cause excessive noise, vibration or other nuisances. If
				yes, please explain.
				6. Does the CSO comply with the national and NRPB
				guidelines and good practices for COVID-19 prevention
				provisions at work sites? If yes, how?
_				from the public, community or other entity about the operation of your organization during project implementation in the last three years? 5. Does the CSO foresee activities under the project which cause excessive noise, vibration or other nuisances. If yes, please explain. 6. Does the CSO comply with the national and NRPB guidelines and good practices for COVID-19 prevention

Environmental and Social Screening Information	Yes	No	Notes (if applicable)
 7. Does the CSO comply with national law or good practice for occupational health and safety, hygiene, and employee well-being during project implementation? If yes, in what way? 8. Has the CSO been involved in any significant worker health incident or safety fatality during project implementation in the last three years? If yes, explain. 			
9. Has there any complaint on GBV or SEA been registered by the CSO during the last three years while implementing project activities? If so, please			
explain. 10. In case of environmental or natural activities dealing with earthmoving, is the CSO sure that the area is not contaminated or polluted?			
11. Is one or more of the CSO activities located in or around a natural area, a protected area or in an area with well-preserved vegetation. If yes what has the CSO done to guarantee that the habitat will not be disturbed?			
12. Will the activity(ies) of the CSO affect coastal or marine areas (beaches, seagrass, coral reefs) or involve aquaculture, fishing, or harvesting of marine resources?			
13. Will the activity involve temporarily or permanently moving people from their place of work or home?			
14. Has the CSO consulted with people in the area of the project activity?			
15. Will the proposed project of the CSO involve working on a site or building which is a national monument or cultural heritage resource (historic structure, artefact or landmark)?			

Cultural Heritage Screening Information	Yes	No	Notes (if applicable)
16. Will the proposed project of the CSO involve working on a site or building which is a national monument or cultural heritage resource (historic structure, artefact or landmark)?			
17. If the answer to the above is Yes, has the CSO engaged with MECYS on this activity?			
18. Will the proposed Project result in interventions that would impact traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)?			
19. Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?			
20. Is there the likelihood that physical activities such as earth moving impact known or unknown (buried) cultural artifacts?			
21. Will the project restrict local users' access to cultural resources including natural features with cultural significance?			

What are the Potential Social, Environmental Risks and Cultural Heritage risks? Note: Describe briefly potential social and environmental risks identified in the two Risk Screening Checklist. If no risks have been identified, proceed to the Certification and Authorization section. .

D4. Please complete the Identification of vulnerable groups form below

Identification of vulnerable groups and other stakeholders

Vulnerable group	Answer
Describe your specific vulnerable group if applicable:	
Question	Answer
What are the three most important	1)
challenges your vulnerable target group is facing today?	2)
	3)
How did you identify your vulnerable target group?	
What were the main reasons (max. 3) for your CSO to focus on this vulnerable	1)
group?	2)
	3)
How did you engage your vulnerable group before submitting your grant application?	
If your grant application is awarded, how are you engaging your vulnerable group during implementation of your project activities?	
After finalization of your project, how will you keep on engaging your vulnerable group?	

If your project does not address any specific vulnerable group, or also concerns other stakeholders, explain below A. who those stakeholders are, and B. how the ideas and concerns of the stakeholders have been sought and considered in the design of the activities contained in this proposal					
A. Describe stakeholders					
B. How the ideas and concerns of stakeholders have been sought and considered in the design of the activities contained in this proposal.					

E. SUPPORTING DOCUMENTATION

The following documents are to be included, completing the total grant application package:

(Please tick the boxes below of those you submit) Scan or copy of¹:

ANNEX 1: Your technical proposal (this document)

ANNEX 2: Your financial proposal (the budget)

The extract of the latest COCI registration

The establishment of your CSO as a legal entity (notary deed – articles of incorporation)

A copy of internal regulations known as the 'Articles of Incorporation' or 'Statutes' and by-

laws (if applicable) associated with being a not-for-profit entity

The Financial reports/audits of the last two years

The Social or Technical reports of the last two years

Your annual budget plan for this year

The Project Plan mentioned under C1 when prepared as separate document

Approved by Board member:	Approved by Contact person / Coordinator:
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	

Save this form without changing the layout or scanning and email it to R4CR.

Reference is made to section 2.4 (application assessment) of the Grant Manual. In case of a consortium, each consortium partner must submit a scan or copy version of these documents.

FOR INTERNAL USE BY R4CR TEAM ONLY!

Date of receipt Grant application/Technical proposal					
Organization					
Round #		4	5	6	7
Type of project	Regular				
Received by	E-mail		hard copy	,	both
E-mail address					
Signature Team Leader or Representative					