

**ANNEX II**

**Low Value Grant Proposal**

Project Number:

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the RECIPIENT INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount of the Grant (in USD): \_\_\_\_\_\_\_\_\_\_\_\_

1. **PURPOSE OF THE GRANT**

* Indicate the purpose of the grant and describe the result(s) the grant is expected to achieve.
* Explain why the grantee is uniquely suited to deliver on the objectives
  + - 1. **PROPOSED ACTIVITIES AND WORK PLAN**
* Describe the activities that will be completed to achieve the objectives
* Elaborate if there are any targeted group(s)/ geographical area who will benefit from the grant, other than the Recipient Institution. If so, who are the targeted groups/geographical area and how will any potential beneficiaries be selecte

**WORK PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLANNED ACTIVITIES1** | **Timeline** | | | | | **General Category of Expenditures** | | **Planned Budget for the Activity** | | **Money Transfer** | | | | |
|
| 1st month | | 2nd month | 3rd month | 4th month | Personnel, Transportation, Premises, Training, Equipment, others | | **(USD)** | | **1st** | | **2nd** | | **3rd** |
| 1 Activity: |  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
| 2 Activity: |  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
| 3 Activity: |  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
| 4 Activity: |  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
|  | |  |  |  |  | |  | |  | |  | |  |
|  | | | | | | **TOTAL** | | **-** | |  | |  | | **-** |
| **-** | |
| **PLANNED ACTIVITIES1** | | **Timeline** | | | | | **General Category of Expenditures** | | **Planned Budget for the Activity** | | **Money Transfer** | |  | |

1 State what activities will be completed with the grant Funds. Use as many activity lines as necessary

1. Define the time periods relevant for the grant and indicate when specific activities are expected to be completed. Typically, time periods relate to when the tranches of Funds are released (i.e., quarterly, six monthly, annually) Use as many time periods as necessary.
2. Indicate the budget amounts in the grant currency.
   * + 1. **PERFORMANCE TARGETS**

State the indicators for measuring results that will be achieved using the grant. At least one indicator is required. More can be used if useful to more fully measure the results that are expected to be achieved:

| **INDICATOR(S)** | **DATA SOURCE** | **BASELINE** | MILESTONES | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Period 1** | **Period 2** | **Period …** | FINAL TARGET |
| 1.1 |  |  |  |  |  |  |
| 1.2 |  |  |  |  |  |  |

* + - 1. **RISK ANALYSIS:**

Indicate relevant risks to achieving the grant objectives and mitigation measures that will be taken. Risks include security, financial, operational, social and environmental or other risks.

|  |  |  |
| --- | --- | --- |
| **Risk** | **Risk rating\* (High/Medium/ Low)** | **Mitigation measures** |
|  |  |  |
|  |  |  |
|  |  |  |

\*The risk rating is based on a reflection of the likelihood of the risk materializing and the consequence it will have if it does occur.

* + - 1. **GRANT BUDGET OF RECIPIENT INSTITUTION** (state currency)

PERIOD COVERING FROM\_\_\_\_\_\_\_\_\_\_\_\_ TO\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General Category of Expenditures | Tranche 1 | Tranche 2 | Tranche 3 | Total |
| Personnel |  |  |  |  |
| Transportation |  |  |  |  |
| Premises |  |  |  |  |
| Training/Seminar/  Workshops, etc. |  |  |  |  |
| Contracts (e.g., Audit) |  |  |  |  |
| Equipment/Furniture  (Specify) |  |  |  |  |
| Other [Specify] |  |  |  |  |
| Miscellaneous |  |  |  |  |
| Total |  |  |  |  |

***\**** *Please note that all budget Lines are for costs related only to grant Activities.*

***\*\**** *These budget categories and number of tranches are suggested guidelines. The Recipient may choose alternates which more accurately reflect their expense items and needs.*

***\*\*\**** *Add as many tranches columns as necessary*