**ANNEX A – CONCEPT PAPER FORM**

**Please use the following format to submit your concept paper.**

Concept papers shall be submitted in English and may not be more than five (5) pages. The Concept paper must be signed by a senior representative authorized to make commitments on behalf of the Applicant.

This concept paper is in response to APS-KCDMSD-2018-001.

1. **Applicant Information**

|  |  |
| --- | --- |
| 1. Project Name |  |
| 1. Name of Organization |  |
| 1. Address |  |
| 1. County & Sub-county |  |
| 1. Telephone and email |  |
| 1. Key contact person(s) and title |  |
| 1. Length of proposed project (in months) |  |
| 1. Cost share funds |  |
| 1. Total funds requested from KCDMSD |  |
| 1. Total cost of project |  |

1. **Background:** Briefly describe your organization’s activities.
2. **Project Description:** Briefly describe the challenge your project will address.

* Specific challenge that needs to be addressed and how the proposed innovation impacts on the beneficiary
* Out-reach (no of smallholder farmers/businesses benefitting)
* Geographic scale (Counties) if relevant
* If the proposed project will scale up an existing activity or approach, please provide results and learning from previous work

1. **Project Goal & Approach**: Explain the general goal of proposed project, describing proposed activities and how they will foster solutions for sustainability and desired change.
2. **Expected Results:** Demonstrate return on investment within 3 years
3. **Cost share:** Applicants must provide a clear plan of the resources they propose to contribute to the grant activity and demonstrate to the maximum extent possible that the cost share is realistic. They must:

* Express the total value as a percentage of the overall budget.
* Explain how cost share was estimated, listing the proposed sources, activities and the total amount.

1. **Budget Estimate (KES)**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget line item | KCDMSD  request | Cost share | Total cost of intervention |
| Personnel |  |  |  |
| Fringe Benefits |  |  |  |
| Travel |  |  |  |
| Equipment |  |  |  |
| Supplies |  |  |  |
| Other Direct Costs |  |  |  |
| Total Direct Charges |  |  |  |
| Indirect Charges |  |  |  |
| **TOTAL ESTIMATED AMOUNT** |  |  |  |

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

Submitted by: (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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