



ANNEX A – EXPRESSIONS OF INTEREST APPLICATION FORM

Please use the following format to submit your Expression of Interest

Expression of Interest forms shall be submitted in English and may **not be more than five (5) pages** (Times New Roman 11 pt. font.) The submission must be signed by a senior representative authorized to make commitments on behalf of the Applicant.

This submission is in response to the request for **Nutrition Expressions of Interest.**

A. Applicant Information

1. Name of Organization	
2. Type of Business (Sole proprietor, partnership, limited company, cooperative, small or micro-enterprise, NGO, CBO)	
3. Address	
4. County & Sub-county	
5. Telephone and email	
6. Key contact person(s) and title	
7. Nature of nutrition intervention	
8. Proposed counties to be covered	
9. Length of proposed activity (in months) ¹	
10. Cost share funds	
11. Total funds requested from KCDMSD	
12. Total cost of Activity/Investment (Sum of #8.+ #9.)	
13. Number of expected beneficiaries	
14. KCDMS Cost per beneficiary (#10./#13.)	

B. Background: Briefly describe your **current** core business. Be sure to answer:

- What is your organization’s vision and objectives?
- What is your **current** business model/approach?
- What is the size of your business/organization (in terms of reach, turnover, membership)?
- How long has your organization been in operation?
- Who are your customers/beneficiaries/donors/ (currently)?
- Describe the unique advantage your organization brings to the project for achieving the desired outcome of enhanced nutrition.

¹ **NOTE:** Call is intended for 1-year activities, but proposals for up to 15 months may be appropriate in light of agricultural seasons.

- Outline the distinctive technical capacity of the organization in the sector
- Outline your organization’s presence and community relations in the proposed project locations.

C. Innovative investment Idea: Briefly describe your idea for a nutrition investment collaboration with the KCDMSD activity.

- Briefly describe the innovative activities, methodology and approach proposed to address the KCDMS nutrition objective.
- Describe how the methodology and approach links/complements KCDMS nutrition sensitive agriculture objectives.
- Indicate whether any other partner(s) or contractor(s) will be used in the delivery of the project activities.
- How does the proposed intervention relate to your current core business? What is the goal? How would this change your business? What required changes would your business need to make in order to do this?
- Who will benefit from the proposed project?
- Why has your firm been unable to accomplish this independently?
- What are the associated risks?
- What is the scale of the activity? (e.g. geographic, expected growth in business volume, customers, etc.)
- What is the expected timeframe for the collaboration?
- If the proposed idea will scale up an existing activity or approach, please provide results and learning from previous work
- Describe how your organization would monitor project progress.

D. Technical Capabilities

Briefly describe the organizations’ distinctive technical capacity and strengths, including past experiences, to deliver the desired outcomes of this project.

Briefly describe areas of improvement for which the organization may require support

E. Expected Results: How will the activities/interventions be sustained in the future in the absence of USAID support. For private sector interventions, demonstrate return on investment (expected profit as a result of your investment) within 3 years. How will your investment benefit other players in the value chain?

F. Previous Donor support/Investment: Has your organization had any previous support or investment from a donor organization? If so, please provide information as per the table below:

Name of Donor	Contact Address	Period/duration	Amount	Activities covered

G. Cost share: Applicants must provide a clear plan of the resources they propose to contribute to the collaboration 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.

H. Budget Estimate (KES): Please provide an estimated total budget for the concept. This can be a rough estimate which is expected to be revised at the full application stage.

Total Activity Cost	Anticipated Firm Contribution (cost share)

Please provide an estimated rough breakdown of the investment/implementation costs, indicating which expenses the organization/business will cover, and what support is requested from KCDMSD using the table below. Please note, KCDMS will only support additional costs directly related to the proposed innovation. Ongoing core costs of current organization/business will not be covered.

Type of expenditure	Total expected investment	Requested support from KCDMSD	Cost share from business
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: _____