**ANNEX B: Grant Application Form**

The application must be signed by an authorized representative of the applicant organization.

This application is in response to **RFA No. AgNRM-RFA- 002 to Feed the Future Ghana Agriculture and Natural Resources Management Project**

**Section I – Basic Information**

1. Organization’s legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--

2. Legal status of the organization:

Date and number of registration, registration validity date:

Tax Information Number:

3. Contact Information:

|  |  |
| --- | --- |
| Contact person (s) and title: |  |
| Office address: |  |
| Office Phone: |  |
| Mobile: |  |
| Email: |  |
| Website: |  |
|  |  |
|  |  |

4.Organizational Structure: list board members (or founding members if you do not have a formal board

of directors) and key staff (president, directors, treasurer, etc) if available, please attach an

 organizational chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Name** | **Title** | **Email** | **Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5. Please state the mission or purpose of your organization:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Section II – Project Description**

6. Title of the proposed grant activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Problem analysis and statement of need: What is the issue or problem that the activity will address. Why is it a critical issue to addressed?

8. Goals and objective of the proposed grant activity:

9. Statement of verifiable results:

10. Definition of successful grant objective achievement:

11. Detailed explanation of the relationship between the grant purpose, objectives and results

12. Identification of beneficiaries, disaggregated by gender if possible (number, and how they will benefit from grant):

**Section III – Implementation/Work Plan**

13. Grant activity implementation plan:

a. List of proposed personnel:

|  |  |  |
| --- | --- | --- |
| Position/Function | Name of Proposed Staff | Part-time or Full-time |
|  |  |  |

b. Description of grant activities *(for each program component provide the following information)*

Task # Title:

Task description:

Responsible party(ies):

Grant-financed resource required & detailed explanation of use:

Non-grant-financed resources required:

Start and end dates:

Milestone of achievement:

*Note: All implementation plans must be supported by a bar chart that shows all identified tasks over the duration of the activity.*

14. Estimated date of start-up:

15. Estimated date of completion:

16. List all relevant material assumptions made and/or contingencies impacting achievement of the grant objective:

**Section IV – Experience & Capacity**

17. General Applicant background information:

18. Applicant’s previous experience implementing similar activities:

19. List contact information for three independent qualified professional references from previous donor

 agencies or cooperating organizations that your organization has collaborated with in the past:

|  |  |  |  |
| --- | --- | --- | --- |
| **Cooperating Organization or Development Agency** | **Nature of Relationship or Title of Project, Location** | **Start & End Dates of Collaboration** | **Contact person** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section V – Cost**

Note: A fully completed and certified *Grant Application Budget* with budget notes must support all applications. All applications must be supported by the Detailed Budget Format contained in Annex C

20. Type of Grant *will be decided by USAID AgNRM* based on pre-award Assessment

21. Total cost of project, including costs covered by other sources:

22. Amount requested from USAID AgNRM

23. List all other U.S. government funding by award (grant, cooperative agreement, or contract) and amount currently being received or anticipated within the duration of the grant activity.

|  |  |
| --- | --- |
| Amount requested from AgNRM project: |  |
| In-kind (i.e. donated goods or services) or other contribution from the applicant organization if any |  |
| Other donors or third-party sources if any |  |
| Total Estimated Grant Activity |  |

**Submitted by:**

On behalf of the Applicant identified in Section I, “Basic Information,” of this *Grant Application*, I hereby certify that to the best of my knowledge, this application in its entirety contains only true and current information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For USAID AgNRM use only** |
| Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reference No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The undersigned hereby certifies that: (a) the Applicant has received an official delivery receipt for its *Grant Application*, (b) a copy of that receipt has been filed, (c) a reference number has been assigned, and (d) a grant application file has been opened. In addition, the Applicant has been advised as to the review and appraisal process, and its primary USAID AgNRM point of contact.USAID AgNRM Grants Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |