**Attachment 1. Concept Paper Form**

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| **1. Information about Applicant** | |
| **Full Legal Name** |  |
| **Taxpayer Entity ID No.** |  |
| **Taxpayer Registration Date** (dd/mm/yyyy) |  |
| **US Unique Entity ID** (if available) |  |
| **Authorized Representative:** | Name & Surname:  Position  Phone Number  Email: |
| **Address** (actual) |  |
| **Brief Description of Applicant’s Mission** |  |
| **Applicant’s Auditor** (if applicable) |  |
| **Contact Person for Activity** | Name & Surname:  Position  Phone Number  Email: |
| **2. Technical Proposal** | |
| **Activity Name/Title** |  |
| **Implementation Period** (max 12 months) |  |
| **Location, Target Region & Municipalities** |  |
| **Main goal of proposed Grant Activity** (max 250 words) |  |
| **Description/timeframe of proposed Grant Activity** (maximum half a page): |  |
| **Target communities/beneficiaries** (Number of direct/indirect beneficiaries, notably women, youths and minorities) **and expected impacts/results** |  |
| **Activity Team** (names, qualifications, experience) |  |
| **Applicant’s Prior Experience Related to the Proposed Activity** |  |
| **Partners involved in Grant Activity**  (specify role or type of cooperation/ involvement |  |
| **3. Budget** | |
| **Total Grant Activity Costs (USD)** |  |
| **Requested from SCRWM (USD)** |  |
| **Co-Funding / Leverage (USD) =**  **Applicant's Contribution (USD)** (if applicable)  **+ Third-party/Partner’s Contribution (USD)** (if applicable) |  |
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| **Names of contributing third parties/partners** (if applicable) |  |
| Note: Provide a budget breakdown using Annex 2. | |
| **4. Signature** | |
| **Signature of Applicant’s Authorized Representative:** | |
| **Date of signature:** | |