**CONCEPT NOTE APPLICATION FORM**

**CHECKLIST**

***Please make sure your application includes each item specified in the below checklist.***

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| --- | --- | --- |
|  | YES | NO |
| Concept note (Word Format, Annex 1) |  |  |
| Self-assessment of eligibility (Annex 2, scanned copy or PDF including signature of the representative of the organisation) |  |  |
| For previous UNOV/UNODC grantees only:Statement detailing* lessons learnt from previous funded project(s);
* the difference between the proposed project and the previous project. At a minimum, it is expected that the current proposal will include new activities, target group(s) and/or location(s)
 |  |  |

**CONCEPT NOTE**

1. **APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name of APPLICANT** |  |
| **Name of the representative** |  |
| **Address of APPLICANT** |  |
| **Type of institution**  | *Non-governmental organization (NGO); Community-based organization (CBO)* |
| **Date of registration** |  |
| **Place of registration** |  |
| **Website**  |  |
| **Headquarters location**  | *City and country* |
| **Primary contact person**  |  |
| **Telephone number**  |  |
| **Email address** |  |
| **Has the organization previously benefitted from the DAPC grant programme?** | Yes [ ]  No [ ]  |

1. **PROJECT OVERVIEW**

|  |  |
| --- | --- |
| **Project title** |  |
| **Grant amount requested from UNODC in USD** |  |
| **Location of the project** |  |
| **Planned project implementation period** |  |

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| **2.1. Project summary** |
| Please describe the proposed project and the way in which it responds to the objectives and thematic focus of this grants programme (including description/analysis of problems, specific objectives, youth as targeted beneficiaries ***and*** as active participants in the development and implementation of the project, etc) |
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| **2.2. Methodology**  |
| Please indicate which type(s) of evidence-based prevention intervention(s) and/or policies this project will utilize (provide the resource referenced, i.e. International Standards on Drug Use Prevention) |
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| **2.3. Activities to be implemented** |
| Please provide information on the main activities to be implemented during the project, and their expected outcomes |
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1. **CAPACITY OF THE ORGANIZATION**

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| **Number of years** implementing activities in the area of substance use prevention |  |
| Please describe your experience of implementing activities in the area of substance use prevention, health education, and/or youth empowerment *(Write your answer in the space below in under 500 words).* |
|  |

*Please provide a description of up to three recent projects (including those funded by UNODC, other international organizations, etc) through which the applicant has had experience in the area of substance use prevention, health promotion and youth empowerment.*

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| **Project 1** |
| **Name of the project**  |  |
| **Description of the project** |  |
| **Name of donor** |  |
| **Location** |  |
| **Duration** |  |
| **Total cost** |  |
| **Number of staff involved** |  |
| **Results**  |  |

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| --- |
| **Project 2** |
| **Name of the project**  |  |
| **Description of the project** |  |
| **Name of donor** |  |
| **Location** |  |
| **Duration** |  |
| **Total cost** |  |
| **Number of staff involved** |  |
| **Results**  |  |

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| **Project 3** |
| **Name of the project**  |  |
| **Description of the project** |  |
| **Name of donor** |  |
| **Location** |  |
| **Duration** |  |
| **Total cost** |  |
| **Number of staff involved** |  |
| **Results**  |  |

1. **PRELIMINARY WORKPLAN**

|  |  |  |
| --- | --- | --- |
| **Expected results** | **Main Planned Activities** | **Beneficiaries** |
|
| Please explain what the expected results of the proposed activities will be on the situation of end-beneficiaries. |  |  |
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1. **PRELIMINARY BUDGET**

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| **Budget Explanation***(Please provide a paragraph explaining the proposed budget and how the overall budget links to the workplan in the previous section ‘4. Preliminary Workplan’. This should be no more than 500 words.)* |
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| **Preliminary Budget**  |
| * Please note that staff costs equating to more than approximately 30% of the total budget would be evaluated for assurance that these are justified by the proposed activities. In addition, administrative costs should equate to no more than 10% of the grant amount requested. Please add additional lines for each category if needed.
* Please note that applicants invited for full project proposals will be asked for a more detailed budget.
 |
| **Category** | **Description** | **Estimated cost (USD)** | **Budget Justification**(Please explain the need for the estimated costs) |
| Staff and other personnel costs[[1]](#footnote-1) |  |  |  |
|  |  |  |
| Travel Costs[[2]](#footnote-2) |  |  |  |
|  |  |  |
| Equipment and Furniture[[3]](#footnote-3) |  |  |  |
|  |  |  |
| Contractual Services[[4]](#footnote-4) |  |  |  |
|  |  |  |
| Supplies, Commodities, Materials[[5]](#footnote-5) |  |  |  |
|  |  |  |
| General Operating and Other Direct Costs[[6]](#footnote-6) |  |  |  |
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1. **List of Attachments**

*All attachments should be listed below.*

1. Costs for staff who will contribute directly to the implementation of the project. [↑](#footnote-ref-1)
2. Costs for staff and beneficiary travel necessary to the direct implementation of the project. [↑](#footnote-ref-2)
3. Costs for the purchase of equipment and furniture are generally considered ineligible in this grants programme. [↑](#footnote-ref-3)
4. Costs for services delivered under contract by other entities that are necessary to the direct implementation of the project. [↑](#footnote-ref-4)
5. Purchase of items that are necessary to the direct implementation of the project. [↑](#footnote-ref-5)
6. General operating costs necessary to the direct implementation of the project. Please include administrative costs (no more than 10% of grant amount) here. [↑](#footnote-ref-6)