**ANNEX 1: request for Application**

**SUBMISSION FORMAT**

[city and address of the applicant]

3/27/2018

To: UNCDF MM4P Sierra Leone

Dear Madame/ Sir

 We, the undersigned [Insert name of the leader of the consortium]], hereby apply for **[RFA TITLE]** in accordance with your Request for Application dated [*insert: Date*].

We hereby submit our application, as per the model below.

We hereby declare that:

1. All the information and statements made in this Application are true and we accept that any misrepresentation contained in it may lead to our disqualification.
2. We have no outstanding bankruptcy or pending litigation or any legal action that could impair our operation as a going concern.
3. We have no records of sanction neither in the lists established and maintained by the Security Council Committee pursuant to resolutions 1267 (1999), 1989 (2011) and 2253 (2015) concerning ISIL (Da’esh), Al-Qaida, and associated individuals, groups, undertakings and entities; nor in the List of Vendors Suspended or Removed from the UN Secretariat Procurement Division Vendor Roster
4. We confirm that we have read, understood and hereby accept the duties and responsibilities required of us in this RFA, and the standard language of UNCDF’s Performance Based Agreements (PBA), including the requirements regarding the public good nature of the outputs to be produced (see Annex 2 for a sample of our legal language in this regard).
5. We fully understand and recognize that UNCDF is not bound to accept this application that we shall bear all costs associated with its preparation and submission, and that UNCDF will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the evaluation.

Yours sincerely,

Authorized Signature [*In full and initials*]:

Name and Title of Signatory:

Name of Firm:

Contact Details:

*[Please mark this letter with your corporate seal, if available]*

|  |
| --- |
| GENERAL APPLICANT’S INFORMATION |
| 1. Applicant’s Legal Name:
 |  |
| 1. Type of Organization (e.g. commercial for profit firm, educational, non-profit, etc.):
 |  |
| 1. In case of Joint Venture (JV), legal name of each party:
 |  |
| 1. Actual or intended country/ies of Registration/Operation:
 |  |
| 1. Year of Registration:
 |  |
| 1. Countries of Operation / No. of staff in each country / Years of Operation in each country
 |  |
| 1. Legal Address/es in country/ies of Registration/Operation
 |  |
| 1. Applicant’s Authorized Representative Information
* Name:
* Address:
* Telephone/Fax numbers:
* Email Address:
 |  |
| 1. Are you in the UN Ineligibility List?
 | ☐ YES or ☐ NO |
| 1. Attached are copies of original documents of:
 | [ ]  A copy of its legal registration documents including the certificate of registration and the articles of association, or an equivalent document if the applicant is not a company;[ ]  The list of the members including function and CVs of the Board of directors and management team;[ ]  The list of shareholders and other entities that hold at least 5% of the shares and other equity or its equivalent if the bidder is not a company;[ ]  A copy of the tax or payment certificate issued by the relevant taxing authority attesting that the tenderer complies with its obligations as regards the payment of taxes or an attestation of tax exemption, if the tenderer is entitled to such a privilege;[ ]  Audited financial statements for the last three (3) years if the entity has been in business for more than 3 years;[ ]  References on similar projects;[ ]  A partnership agreement or a memorandum of understanding duly executed between the lead partner and the other group members, which designates the leader of the consortium as principal entity, duly empowered to legally bind the members of the consortium.☐ Letter from the applicant organization’s executive director, CEO, or board, expressing its commitment to the execution and participation in this process☐ Complete resumes of all the team members involved in the assignment☐ Staff time allocation spreadsheet per result ☐Electronic copies and hyperlinks where available of studies, knowledge products produced under similar assignments and list of dissemination channels [ ]  Annex 1 duly completed and signed by the tenderer (and each member of the group); |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project summary

|  |  |
| --- | --- |
| Project Title |   |
| Ref. |   |
| Partner Institution: |   |
| Country of Intervention |  |
| Briefly outline the partner institution project objective |   |
| Can the consortium provide gender disaggregated data | Yes[ ]  | No [ ]  |
| If not, explain and include in the CN and PD how to support the part in collecting gender disaggregated data |  |
| Start date |   |
| End date |   |
| Total foreseen budget (US$) |   |
| Total Value requested to UNCDF (US$) |   |
| Total Value Committed by Consortium (US$) |   |

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# SPECIFIC EXPERIENCE FOR THE ASSIGNMENT (max 5 pages)

Description and value of top five grants or contracts relevant to the scope of this RFA for the past five years. Provide the following information for each of them (maximum 1 page per project up to 5 projects):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of project (website if applicable);** | **Date/ Period of activity**  | **Status or Date Completed**  | **Location** | **Client/ Funder** | **Grant/ Contract Value (USD)** |
|  |  |  |  |  |  |
| **Description of the approach/methodology** | **Types of outputs/deliverables produced** | **Results of project for client, if known;** | **Number of people and names of the staff that participated in the assignment** | **References Contact Details (Name, Phone, Email)** |  |

#  Description of the partner institution and strategy towards DFS ( Max 3 pages)

[The Table below shall provide guidance to the preparation of the organization overview. Please notice that this section is the same of the CN. The DFS expert can further enrich this session specifically on the SWOT analysis if necessary ]

|  |  |
| --- | --- |
| **Description of the consortium and leader of the consortium** | [Outline if it is a private or public entity, MNO, Fintech, trader, NGO and/ or donor agency] |
| **Year of launch of operations** |  |
| **Business Model [ if it is a private entity]** | *[If it is a private entity, please provide a brief outline of the business model (Max 20 lines] Explain the value proposition* *[When describing the value proposition, explore the various dimensions. ]*1. *Product and services offered*
2. *Customer segment served/intended to be served*
3. *Distribution channels*
4. *Financial model and key sources of revenues and expenses (brief description)*
5. *Partnership established with other entities]*
6. *[If the partner institution is a public entity, please outline mandate and policy and specific link with the DFS industry*
 |
| **DFS Vision plans regarding expanding and improving DFS products and services** | [Outline DFS vision and mission. How the partner institution want to expand and how DFS services is earmarked in their strategy or can support their expansion and quality of services provided] |
| **DFS key figures in the past three years of operations [in case it is a start-up, provide current figures and projections. Provide a performance analysis based on this key operational figures]****Explain also if the partner institution can provide gender disaggregated data on its clients. *If not a specific budget shall be included to support them*** | Please note that the indicators in this section refer to the partner institution and not to the project objectives which should be outlined in section2. Main Indicators for Bank/ FI/ MFI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Main Performance indicators** | **2017** | **2016** | **2015** |
| 1 | # of clients |   |   |   |
| 1.b | # of female clients |  |  |  |
| 2 | # mobile money Registered customer accounts |   |   |   |
| 3 | Gross Outstanding Portfolio (US$) |   |   |   |
| 4 | Portfolio Growth |   |   |   |
| 5 | Net income |   |   |   |
| 6 | ROE |   |   |   |
| 7 | ROA |   |   |   |
| 8 | OSS |   |   |   |
| 9 | PAR30+resch or PAR90+resch |   |   |   |
| 10 | Write-off ratio |   |   |   |
| 11 | # Registered active agent outlets |   |   |   |

Main indicators for MNOs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Main Performance indicators** | **2017** | **2016** | **2015** |
| 1 | # of mobile money registered customer accounts |   |   |   |
| 1.b | # of mobile money registered customer accounts (female) |  |  |  |
| 2 | # of mobile money active customer accounts - 30 days |   |   |   |
| 2.b | # of mobile money active customer accounts - 30 days (female) |  |  |  |
| 3 | # of unregistered customers who have been transacting over the counter (OTC) during the month |   |   |   |
| 4 | Average balance held across registered customer accounts |   |   |   |
| 5 | # of registered merchants |   |   |   |
| 6 | # of active merchants |   |   |   |
| 7 | # of Registered agent outlets (not including bank branches) |   |   |   |
| 8 | # of Active agent outlets (not including bank branches) |   |   |   |
| 9 | # of Bulk disbursements including voucher transactions |   |   |   |
| 10 | Percentage of total company revenues coming from mobile money  |   |   |   |
| 11 | Market share % |   |   |   |

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# Project scope, objectives and workplan ( Max 7 Pages)

## Project objective, expected results and link with MM4P country strategy

|  |  |
| --- | --- |
| **Objective and purpose** | *[Outline what is the scope of this project, what are the long-term and short-term objectives that the partner institution wants to achieve with the current project? In accordance with paragraph 1.2, which outlines the rationale of the intervention, explain the objective of the project and the outcomes that might be attained with the current intervention. We do appreciate if you integrate with quantifiable results]* |
| **Type of assistance required**:  | *[Briefly outline the type of intervention or the key phases to be implemented:**Grants Vs TA or both**Indicate in few sentences what is intended to do as approach, NO description of the workplan.] [Explain if it is a TA or Grant and explain the approach. When saying approach, we do not indent the workplan, but main stages/phases and support required. You can also outline if the project is the first term for a long-term collaboration]* |
| **Parties and partnerships involved** | [*Outline the actors who will be involved in the project besides the partner institution such as banks, whom else will be involved as key stakeholders of the project. Other donors co-funding a similar intervention, an application developer, a research institute, a TSP provider, banks MNOs etc.]* |

## Key performance indicators

| **#** | **KPI Description** | **Disaggregation** | **Definition** | **Baseline**  | **End of the project** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

## Project Risks

[Describe any significant risks that may impact the success of the project and how you plan to address them:

*Fill in the table on the TAB “Log” in the Excel Project Workbook and then copy-paste here, using only the four columns]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of risk** | **Likelihood** | **Impact** | **Mitigation measure** |
|   | High probability | Negligible |   |
|   |   | Marginal |   |
|   |   | Critical |   |
|   | High probability | Catastrophic |   |
|   | Medium probability | Critical |   |
|   | Low Probability |   |   |

## Workplan

*Activities are expected to start on MM/YY and Finalised by MM/YY*

| **Phase/Activity** | **Main Deliverables** | **Responsible Party** | **Planned date** |
| --- | --- | --- | --- |
|  |  |  |  |  |
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# Project governance and personnel (max 2 pages, excluding the Annexes)

**Management Structure**

Describe the overall management approach toward planning and implementing this result. Include an organization chart for the management of the project describing the relationship, roles and responsibilities of key positions and designations.

**Staff Time Allocation**

Provide a spreadsheet to show the activities of each staff member and the time allocated for his/her involvement. Please describe any travel/missions/field visits planned for this assignment indicating team member participation and duration.

(Note: *Substitution of key personnel will once the grant has been awarded will be subject to the written approval of UNCDF. No increase in grant will be considered as a result of any substitution.)*

**Qualifications of Key Personnel (include the CVs in Annexes)**

Provide the CVs for key personnel (Team Leader, Managerial, Technical experts inA nnex ) that will be provided to support the implementation of this project. CVs should demonstrate qualifications in areas relevant to the results to be produced. In addition to the CVs, please submit a summary for each person in the following format:

|  |  |
| --- | --- |
| Name: |  |
| Position for this Contract: |  |
| Nationality:  |  |
| Contact information: |  |
| Countries of Work Experience: |  |
| Language Skills: |  |
| Educational and other Qualifications: |  |
| Summary of Experience: *Highlight experience in the region and on similar projects.*  |
| Relevant Experience (From most recent): |
| **Period: From – To** | **Name of Organization/Project/Activity, if applicable:** | **Job Title and Activities undertaken/Description of actual role performed:** |
| *e.g. June 2015-January 2016* |  |  |
| *Etc.* |  |  |
| *Etc.*  |  |  |
| **References no.1 (minimum of 3):** | *Name**Designation**Organization**Contact Information – Address; Phone; Email; etc.* |
| **Reference no.2** | *Name**Designation**Organization**Contact Information – Address; Phone; Email; etc.* |
| **Reference no.3** | *Name**Designation**Organization**Contact Information – Address; Phone; Email; etc.* |
| **Declaration:**I confirm my intention to serve in the stated position and present availability to serve for the term of the proposed grant agreement. I also understand that any wilful misstatement described above may lead to my disqualification, before or during my engagement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the Nominated Team Leader/Member Date Signed |

# Budget & Disbursement conditions (max 3 pages, preferably Excel document)

## For Grant

[The applicant is asked to provide a detailed budget with a breakdown by cost and/or activity/phase and components. Budgets should be only in excel to verify the correctness of all formulas and not on word.

If the partner institution is not able to provide gender disaggregated data, please integrate a cost component aiming at supporting the partner institution in collecting data either within their MIS or a survey]

[In the case of a grant the budget needs to include the disbursement tranches. The disbursement tranches should be linked to the attainment of the KPIs mentioned in section 2.3 and the main deliverables mentioned in section 3 and the submission of the quarterly and quantitative report to the steering committee].

| **# of tranches** | **% of total loan/grant** | **Amount US$** | **Estimated date of Execution** | **Disbursement conditions for payment execution** |
| --- | --- | --- | --- | --- |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Total Budget** |   |   |   |

## Financial contribution of the partner institution

The costs that the partner institution will take in charge in addition to mobilizing dedicated human resources:

| **Cost category** | **Detail of partner’s contribution** |
| --- | --- |
| International travel |   |
| Domestic transportation |   |
| Workshop |   |
| Training material |   |
| In-kind |  |
| Other |   |