1. **Please use this application form for CDF grants greater than Euro 10,000.00 up to a maximum of Euro 60,000.**

**COUNTRY DIRECTED FUND (CDF)**

**APPLICATION FORM**

**Please refer to the Guidance Note for the Country Directed Fund (CDF) before completing this application form.**

|  |  |  |
| --- | --- | --- |
| **SECTION 1**  **Beneficiary Information** | **DETAILS** | |
| 1. **Date of Application** | *(mm/dd/yyyy)* | |
| 1. **National Disaster Office or the Agency/Organisation submitting the application**   *(Official Name)* |  | |
| 1. **Country** |  | |
| 1. **Names of any collaborating agencies/**   **organisations**  *(Agencies/organisations that will be involved in the project implementation)* |  | |
| 1. **Contact information for NDO or representative from the organisation supported outside of the NDO** *(if applicable)* | **Name:** |  |
| **Position:** |  |
| **Tel:** |  |
| **Mobile:** |  |
| **Fax:** |  |
| **E-mail address:** |  |
| **Website:** |  |

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| **SECTION 2**  **Project Description** | **DETAILS** | | | |
| 1. **In keeping with the priorities identified for CDF support, what are the broad areas supported by this initiative? Check all that apply.** | *(Please* ***bold*** *your selection/s)*   * + Enhanced institutional capacity;   + Knowledge management and learning for CDM;   + Sector integration of CDM; * Enhanced community resilience. * National level training to include ME&R, response coordination. | | | |
| * + Strategic Planning, M&E and Research;   + Contingency planning and exercise design and testing;   + Emergency Response Coordination;   + Disaster Situational Awareness (Damage Assessment);   + Information Management;   + Disaster Risk Reduction;   + National Disaster Management Organization Capacity Building;   + Information and Communication Technology. | | | |
| 1. **Project Name** |  | | | |
| 1. **What is the rationale behind the initiative? Please reference reports, research undertaken, results of surveys or any other relevant documentation to support the application.** |  | | | |
| 1. **Identify the result area(s) of the Country Work Programme to be supported. How does it contribute to the results of CWP?** | **CWP RESULT(S)** | **INDICATOR** | **BASLINE** | **TARGET** |
| State the CWP Outcome to which this project contributes. |  |  |  |  |
| State the CWP Outputs to which this project contributes. |  |  |  |  |

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| 1. **Identify the result area(s) of the CDM Strategy to be supported. How does the initiative contribute to the results of the CDM Strategy?** | **CDM STRATEGY RESULT (S)** | | **INDICATOR** | | | **BASELINE** | | **TARGET** | | | | |
| State the CDM Strategy Outcome to which this project contributes. |  | | TO BE COMPLETED BY CDEMA | | | TO BE COMPLETED BY CDEMA | | TO BE COMPLETED BY CDEMA | | | | |
| State the CDM Strategy Outputs to which this project contributes. |  | | TO BE COMPLETED BY CDEMA | | | TO BE COMPLETED BY CDEMA | | TO BE COMPLETED BY CDEMA | | | | |
| 1. **What are the broad activities being undertaken? What are the expected results of the project?**   *What is the sequence of activities to be undertaken to achieve the results? State in detail the expected activities specific to this project and the anticipated change to be brought about.*  ***Provide full details using the PMF template provided with this application as at Appendix 1.*** | **PROPOSED ACTIVITIES** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. **Beneficiaries.**   *Who will benefit from the proposed intervention?* | Include numbers and sex if possible. | | | | | | | | | | | |
| 1. **What are the risks that could impede successful implementation of this initiative and how will they be addressed?** |  | | | | | | | | | | | |
| 1. **Estimated Timeframe of Project.**   *Please complete a detailed schedule and include at Appendix 2.* | **Start Date:** | | | |  | | | | | | | |
| **End Date:** | | | |  | | | | | | | |
| 1. **Amount sought through the CDF.**  * *Up to Euro 60,000.00*   *Please state total amount(s) only here. Complete a detailed budget using the budget development tool (MS Excel document that accompanies this CDF form). Insert your final budget as an Appendix.* | **OVERALL BUDGET (EUROS):** | | | |  | | | | | | | |
| **AMOUNT REQUESTING FROM THE CDF (EUROS):** | | | |  | | | | | | | |
| **IN-KIND CONTRIBUTION (EUROS):** | | | |  | | | | | | | |
| 1. **Has your NDO received funding from the CDF as at April 2015?**   *If yes, state the amount and when received.* | **YES** |  | | | | | | | | **NO** | |  |
| **Amount:** |  | | **Amount:** | | |  | | **Amount:** | |  | |
| **Date received:** |  | | **Date received:** | | |  | | **Date received:** | |  | |

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| **SECTION 3**  **Scope of work** | **DETAILS** |
| 1. **How will horizontal cooperation be achieved as a result of this intervention(s)?**   *Horizontal Cooperation occurs when the intervention utilizes skills/knowledge of entities within the same system.*  *Will the initiative allow for the exchange of skills/knowledge among national agencies and/or other CDEMA Participating States?* |  |
| 1. **Visibility.**   *Visibility includes press releases and other forms of media outreach.*  *What activities will be undertaken to promote visibility of this initiative at the award of funds, achievement of key project milestones and completion of project?*  ***All visibility materials MUST highlight support under the Strengthening of the Capacity of the CDEMA Coordinating Unit and Participating States for Implementation of Comprehensive Disaster Management Project***  ***which is being implemented by CDEMA through funding provided by the European Union.*** |  |
| 1. **Sustainability.**   *Explain how the initiative will be sustained.* |  |

**Declaration by applicant**

|  |  |
| --- | --- |
| *Please sign the declaration below.* ***Sign-off should be by the person who has designated authority to sign on behalf of the organization.***  I certify that the information given in this application is true and correct. | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of the NDC/Authorised signatory |

**Before submitting this application check to make sure that the following has been completed:**

* All sections of the application have been completed.
* A detailed Project Monitoring Framework (PMF) is included.
* A detailed budget is included.
* A Work Implementation Plan is included.
* The application is being submitted within established timelines.

***Please ensure the application is signed.***

***Please ensure that an Endorsed (by Permanent Secretary, Minister or Cabinet) Country Work Programme has been submitted before or on the application deadline. If this has been submitted for a previous application, please disregard this request.***

**Appendix 1 - Project Monitoring Framework (PMF)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Outcome | Output | Activities | Performance Indicator | Baseline Data | Target | Responsible Person/Agency | Resources Required |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Appendix 2 – Work Implementation Plan**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Jan | Feb | March | April | May | June | July | Aug | Sep | Oct | Nov | Dec |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please ensure the budget currency is Euros**

**Appendix 3 – Budget Development Tool**

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| --- | --- | --- | --- |
| **BUDGET DEVELOPMENT TOOL** | | | |
| 2016 | | | |
| **NAME OF ACTIVITY:** |  |  |  |
| **TRAVEL** | Unit Cost **(EUROS)** | Number of Units | TOTAL  **(EUROS)** |
| International Travel |  |  |  |
| From Country A to Country B |  |  |  |
| Local Travel |  |  |  |
| From point A to point B |  |  |  |
|  |  |  |  |
| **DAILY SUBSISTENCE ALLOWANCE** |  |  |  |
| Participant/Delegate |  |  |  |
| Facilitator |  |  |  |
|  |  |  |  |
| **PROFESSIONAL FEES** |  |  |  |
| **Technical** |  |  |  |
| International Consultants (Fees per day) |  |  |  |
| Regional Consultants (Fees per day) |  |  |  |
| Local Consultant (Fees per day) |  |  |  |
| **Support** |  |  |  |
| Honorarium (per day) |  |  |  |
|  |  |  |  |
| **MEALS** |  |  |  |
| Coffee Break (Full per person) |  |  |  |
| Lunch (per person) |  |  |  |
| Coffee Break (Liquid per person) |  |  |  |
|  |  |  |  |
| **EQUIPMENT RENTAL AND SUPPLIES** |  |  |  |
| Local Workshops |  |  |  |
| Regional Workshop/Conference |  |  |  |
| (includes paraphernalia, internet access, |  |  |  |
| banner, document wallets etc.) |  |  |  |
|  |  |  |  |
| **VENUE** |  |  |  |
| Daily Cost |  |  |  |
|  |  |  |  |
| **DOCUMENT PRODUCTION** |  |  |  |
| Document Reproduction (per page, black and white) |  |  |  |
| Document Reproduction (per page, colour) |  |  |  |
| Document Layout (cover and inside, full colour) |  |  |  |
| Document Editing |  |  |  |
| Document Publication (per copy, full colour) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **EQUIPMENT & SOFTWARE** |  |  |  |
| Computer |  |  |  |
| Laptop |  |  |  |
| Software (will require research of actual cost from Vendor) |  |  |  |
| Other (will require research of actual cost from vendor) |  |  |  |
|  |  |  |  |
| **REPORT PREPARATION** |  |  |  |
| Printing and Distribution |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
|  |  |  |  |