# Annex 1. Technical Application Form

This application is in response to the USAID Industry-led Skills Development Program Request for Applications (RFA) No. 001-C1-001-2021.

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| **Technical Application Summary** | |
| Applicant: |  |
| Partners (if any): |  |
| Proposed activity title: |  |
| Grant activity location: |  |
| Grant duration: |  |
| Expected results: |  |
| Total budget (USD): |  |
| Amount requested from the USAID Industry-led Skills Development Program (USD): |  |

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| **Section 1.1 Basic Information** | |
| **Please attach to this Technical Application Form the following documents: valid legal registration in Georgia; organizational charter; corporate by-laws.** | |
| 1. Legal Name of Organization: |  |
| 2. Organization Tax ID number: |  |
| 3. Contact information: | Key contact person(s) and title:    Office address:    Mobile:    E-mail:    Office Phone:    Website: |
| 4. Describe your organization and its purpose, and describe any partner service providers: |  |

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| **Section II. Grant Description** |

1. Title of your proposed grant activity:

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1. Describe the overall objective(s) to which the proposed grant activity aims to contribute and the specific objectives and results that the proposal aims to achieve:

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1. Background: What is the issue or problem that your grant activity will address? Why is it critical to address this issue?

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1. Describe your proposed grant activity and expected results in detail (Maximum 10 pages or attach a grant activity description). Describe the main tasks that are proposed to meet the grant objective, the expected results to be achieved, and how the tasks are linked to the grant objective(s). Describe the role and rationale for each partner service provider, subcontractors, industry representatives, and other stakeholders in the activities and required human, technical and other resources needed for their accomplishment. Describe, if applicable, how the grant activity addresses constraints faced by women and ensures equitable participation of women. Describe, if applicable, how the grant activity ensures inclusiveness for ethnic minorities and students with disabilities. Describe any outreach activities to share the results of these pilot practices/models to sector representatives.

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1. Describe the grant activity’s proposed participants and/or beneficiaries, and your method for identifying or selecting participants and beneficiaries, if appropriate.

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1. Use Annex 4 of this application to list the targets/results to be achieved and the indicators you will use to measure success. In addition to quantitative indicators, you may also suggest other ways to measure success or impact. For any indicators selected that pertain to individuals, please disaggregate the targets/results by gender if possible.

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| **Section III. Grant Implementation Plan** |

1. Anticipated duration of your grant activity (Maximum 18 months):

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| Overall length (total number of months) |  |
| Start and end date (day, month, and year) |  |

1. Summarize the grant activity’s main tasks as described in your response to Section II, Question 4, with estimated start and end dates for each task. Please include all events, trainings, publications, etc.

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| **Description of Main Tasks** | | **Start and End Dates** |
| **Task 1:** |  |  |
| **Task 2:** |  |  |
| **Task 3:** |  |  |
| **Task 4:** |  |  |
| **Task 5:** |  |  |
| **Task 6:** |  |  |
| Task 7, etc.: (please add rows as needed) | |  |

1. Location(s) of the grant activity (add more rows as needed).

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| --- | --- | --- | --- |
| **#** | **Community/village/ town** | **Municipality** | **Region** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

1. Management plan, role and responsibilities of partner service providers, coordination and collaboration with other entities. List of key personnel who will be involved in implementing this grant activity (CVs and salary history sheets may be required for all grant activity personnel during the negotiation phase):

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1. 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.

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| **Section IV. Experience and Capacity** |

1. Describe your previous or on-going experience implementing similar activities:

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1. List three independent relevant professional references (Name, title, email, phone) for the organization:

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| Name, Title | Organization | Email, phone |

1. USAID experience is not a required or preferred criteria for award of a grant. The Industry-led Skills Development Program encourages organizations that have never received USAID-funding to apply. However, if your organization has had experience working with U.S. Government funded programs, either directly as a prime or as a grantee, please list them below:

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| --- | --- | --- |
| USAID Experience | Program Dates | Amount ($) |

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| **Section V. Cost and Sustainability** |

*Note:* Grant application must be supported by detailed grant budget information, completed in attached Annex 2 - Grant Budget Forms.

I. Cost in USD per the attached budget:

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| Amount requested from USAID Industry-led Skills Development Program: |  |
| Total Cash contribution from organization: |  |
| Total In-kind (i.e., donated goods or services) contribution from organization: |  |
| Total Estimated Grant Activity Cost: |  |

Note: The total value of the cost-sharing element to this grant activity by the Applicant must be minimum

**20%** of the total estimated investment, **with 10%** **in cash.**

2. Discuss strategies for ensuring the sustainability of the proposed grant activity and organization, including expected program income generation (if any), and third party leveraging of funds (if any).

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3. Describe what impact, if any, the proposed grant activity will have on environmental and occupational health. Will there be a need for an environmental mitigation and monitoring plan, what measures and procedures will be followed, etc.?

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By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct.

Submitted by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_