## ANNEX A: Concept Note Template

*Guidelines: Concept papers must not exceed 4 pages and must use 12pt Times New Roman font.*

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Organization Name:** |  |
| **Organization Contact Person & Contact Details:** |  |
| **In response to SUCCESS RFA #:** |  |
| **Location(s) of proposed activities:** |  |
| **Proposed Project Start Date/End Date:** |  |
| **Total Amount:** |  |
| **Background & Issue context:**   * Describe the circumstances that led to the identified issue(s). What is the context? * Why is your project needed? | |
| **Strategic Approach:**   * What is the specific issue your project will address? * What is your objective? * What is your strategic approach to achieve the project objective? * Whose interests are you trying to aggregate and represent? * Who are the direct and indirect targets of your advocacy effort? | |
| **Describe the Activities:**   * What is your methodology to meet the proposed objectives (methodology should reflect a systematic approach to project activities)? | |
| **Expected Advocacy Result:**   * What immediate result do you hope to achieve through these set of activities? * How will this result positively impact the issue that you identified? * Do you plan to conduct follow-on activities to this project? If so, please describe your plan. * How will you sustain the impact of your program after the grant ends? | |
| **Measuring Success:**   * What methods will you use to monitor and evaluate your proposed program? * Provide indicators that are most important for evaluating progress? * How will you know if you have achieved your stated objective? | |
| **External coordination:**   * How are you coordinating your work with other CSO partners and stakeholders in your location and/or in your issue area? * Which other organizations are working on this issue and how will you avoid duplication of activities? | |
| **Risk Assessment:**   * What are the risks of doing these activities and how will you address them? | |
| **Organization Capacity to Implement:**   * Background of your organization, your presence in the locality you are proposing to work in, staffing capacity to include management, relevant past performance in relation to proposed activities, previous donors and funding base? | |
| **Inclusivity:**   * How is gender inclusivity incorporated in your project? * How is conflict sensitivity incorporated in your project? | |

**ACTIVITY BASED BUDGET**

*Please use the following table to estimate the project expenses in South Sudanese Pounds. Please do not exceed the converted equivalent in dollars.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Unit Type** | **Unit No.** | **Unit Cost** | **Total Cost** |
| **A. Labor/Personnel costs** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **B. Travel & Per diem** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **C. Activity Cost** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |