Annex 1. Technical Application

Cover Page: Basic Information (Per individual applicant)

ORGANIZATION NAME		
PROJECT TITLE	XX	
TARGET CORRIDOR	XX	
APPLICANT CONTACT DETAILS:	**Name:** XX	
	Mobile XX	
	Email: XX	
	Address: XX	
PHYSICAL LOCATION	XX	
DATE OF REGISTRATION	XX	
GEOGRAPHICAL COVERAGE:	XX	
DURATION:	XX	
BUDGET REQUESTED:	XX	
CONTACT PERSON:	**Name:** XX	
	Mobile XX	
	Email: XX	
ALTERNATIVE CONTACT	**Name:** XX	
	Mobile XX	
	Email: XX	
CONSORTIA PARTNER	**Organization Name:** XX	
	Point of Contacr (PoC) Name: XX	
	Mobile: XX	
	Email: XX	

Section 1. Preliminary Pages (per individual applicant))

1.0 Executive Summary:

2.0 Introduction and Background
1.1. *Brief introduction of the organization, Vision, Mission, and its Core-activities*
1.2. *Institutional / Accounting capacity (include the Management capacity, Human Resource capacity and Organization structure/Chart)*
1.3. *Organization's Past Experience, Partners, Networks, and Collaborators*

Section 2. Activity Description (consortium/partnership)

2.0 Problem Statement and Justification
2.1. *Organizations Statement of the problem*
2.2. *Justification/ Overall Objective of the Interventions*
2.3. *Geographical area(s) and Overall target population*

Section 3. Activity Implementation Plan(per individual applicant)

Activity 1	
Activity goal	
Objectives to be met	1.
	2.
Tasks	*Output/Target*
1.	
2.	
3.	
4.	
5.	
6.	

Sustainability Plan

**Tasks must show a logical, thoughtful approach to the overall Activity. They should describe actions and be logically sequenced.

Activity 2	
Activity goal	
Objectives to be met	1.
	2.

Tasks	*Output/Target*
7.	
8.	
9.	
10.	
11.	
12.	
Sustainability Plan	

**Tasks must show a logical, thoughtful approach to the overall Activity. They should describe actions and be logically sequenced.

Section 4. List personnel (per individual applicant).

Name of Proposed Member:	Proposed Position	Level of Effort (LOE) in %	Proposed Responsibilities
			-
			-
			-
			-
			-
			-

Past performance (per individual applicant)

List any major donor-funded activities (U.S. and other) that your organization has managed in the last two years, currently receives, or expects to receive within the duration of the grant activity. Add additional lines if necessary:

Donor Agency	**Title of Project, Location, & Start & End Dates**	**Brief Project Description**	**Total Funding (In local currency)**	**Donor Contact Person**
				Name: Email: Tel:
				Name: Email: Tel:
				Name: Email: Tel:

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 and title): _____

Signature: _____ Date: _____

FOR CBCR USE ONLY
Date received _____ Grant Application Reference No. _____ The undersigned hereby certifies that: (a) the prospective grantee has received an official delivery receipt for its *Grant Application*, (b) a copy of that receipt has been filed, (c) a reference number has been assigned, and (d) a grant application file has been opened. In addition, the prospective grantee has been advised as to the review and appraisal process, and its primary project point of contact. CBCR Grants Official: _____ Date _____

Annex 2. Budget and Budget Narrative (Excel version) – per individual applicant

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Annex 3. Sample Activity Gantt/Workplan (per individual applicant)

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	IMPLEMENTATION PLAN															Person(s) Responsible For implementing the task?	Evaluation Indicators and Milestones How will you measure the success of the task?
Task List	Task Description Please be as specific as possible.	Target Audience	Cost	18 Month Timeline Place an X in the appropriate box to indicate the months of the task													
				1	2	3	4	5	6	7	8	9	10	11	12		
Activity 1:																	
1																	
2																	
3																	
4																	
5																	

Annex 4. Applicant Self-Assessment Form (per individual applicant)

Per ADS 303.3.9., Pre-Award Risk Assessment, prior to awarding a grant, Chemonics must assess the adequacy of the financial and accounting systems of a prospective grantee to ensure accountability and to evaluate the risks posed by the potential grantee. In filling out the questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to Chemonics. Chemonics will use this information with a pre-award risk assessment checklist before awarding a grant.

a.   Applicant Information
Name of Organization:

Activity Title:

Name, Title, Contact Information of the Individual Completing Questionnaire:

b.   Internal Controls
Internal controls are procedures that ensure:
a.   financial transactions are approved by an authorized individual and follow laws, regulations, and the organization's policies,
b.   assets are kept safely,
c.   Accounting records are complete, accurate and kept regularly.

Please complete the following questions concerning your organization's internal controls:

1. List the name, position/title, and telephone number for the individuals responsible for checking expenditures to make sure they are allowable:

_____

2. Who is responsible for maintaining accounting records:

3. Who is responsible for preparing financial reports:

_____

4. Who is responsible for preparing narrative reports:

_____

5. Are timesheets kept for each paid employee?   Yes: __   No: __

6. Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200 Subpart E)?
          Yes: __   No: __

c.   Accounting System

The purpose of an accounting system is to 1) accurately record all financial transactions, and 2) ensure that all financial transactions are supported by invoices, timesheets, and other documentation. The type of accounting system often depends on the size of the organization. Some organizations may have computerized accounting systems, while others use a manual system to record each transaction in a ledger. In either case, Chemonics grant funds must be properly authorized, used for the intended purpose and recorded in an organized and regular manner.

1. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, supplier's ledger etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports, (by the period, project, cost categories)?

_____

2. Does your organization have written accounting policies and procedures?
 Yes: __   No: __

3. Are your financial reports prepared on a:
Cash basis: __   Accrual basis: __ (*Accrual - bill for costs before they are incurred*)

4. Can your accounting records separate the receipts and payments of the Chemonics grant from the receipts and payments of your organization's other activities?
Yes: __   No: __

5. Can your accounting records summarize expenditures from the Chemonics grant according to different budget categories such as salaries, rent, supplies and equipment?
Yes: __   No: __

6. How do you allocate costs that are "shared" by different funding sources, such as rent, utilities, etc.?

_____

7. How often are financial reports prepared?
Monthly: __   Quarterly: __   Annually: __   Not Prepared: __ (*explain*)

_____

8. How often do you input entries into the financial system?
 Daily: __   Weekly: __   Monthly: __   Ad hoc/as needed: __

9. How often do you do a cash reconciliation?
Daily: __   Weekly: __   Monthly: __   By Accountant's Decision: __

10. Do you keep invoices, vouchers and timesheets for all payments made from grant funds?
Yes: __   No: __

d. Funds Control

CBCR grantees must maintain a separate bank account registered in the name of the organization for the purpose of keeping only Chemonics grant funds. The bank account must be in local currency. Chemonics normally pays grantees monthly by bank transfer to the separate account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. For petty cash, it is important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement.

1. Do you have a bank account registered in the name of your organization?
Yes: __   No: __

2. Will the bank account draw interest?
Yes: __   No: __

3. Are all bank accounts and check signers authorized by the organization's Board of Directors or Trustees or other authorized persons?
Yes: __   No: __

4. Will any cash from Chemonics grant funds be kept outside the bank account (in petty cash funds, etc.)?
Yes: __   No: __

4.a. If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

_____

e. Audit

Chemonics may require an audit of your organization's accounting records. An audit is a review of your accounting records by an independent accountant who works for an accounting firm. An audit report contains your financial statements and an accountant's opinion that they are correct. Please provide the following information on prior audits of your organization.

1. Does your organization have regular independent audits that you contract and pay for?
Yes: __ (*please provide the most recent copy*)   No audits performed: __

2. If yes, who performs the audit?

_____

3. How often are audits performed?
Quarterly: __   Yearly: __   Every 2 years: __   Other: __ (*explain*)

_____

4. If your organization does not have a current audit of its financial statements, please provide a copy of the following financial information, if available:

  a. A "Balance Sheet" for your prior fiscal or calendar year; and

b. A "Revenue and Expense Statement" for your prior fiscal or calendar year.

5. Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?
Yes: __   No: __

If yes, please explain:

f.   Checklist and Signature

Chemonics requests that your organization submit several documents along with this completed questionnaire. Complete this page to ensure that all requested information has been included.

Please complete the checklist below, then sign and return the questionnaire and any other requested documents to Chemonics.

1. Complete the checklist:

____Organizational chart, if available, has been provided to Chemonics.
____Copy of your organization's most recent audit has been provided to Chemonics (If no recent audit, a "Balance Sheet" and "Revenue and Expense Statement" for the prior fiscal year).
____All questions have been fully answered.
____An authorized individual has signed and dated this page.

The Accounting Questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

Approved by:

_____   _____
Print Name   Signature

_____   _____
Title   Date

Annex 5. CBCR Environmental Review Form (per individual applicant)

a. **Applicant Information**

Organization	Parent grant or project
Individual contact and title	Address, phone & email (if available)
Proposed subproject/ subgrant (brief description)	Amount of funding requested
	Period of performance
	Location(s) of proposed activities

b. **Activities, Screening results, and Findings**

Proposed activities (Provide descriptive listing. Continue additional page if necessary)	Screening result (Step 3 of instructions)			Findings (Step 6 of instructions. Complete for all moderate/unknown and high-risk activities ONLY)		
	Very Low Risk	High-Risk*	Moderate or unknown risk*	significant adverse impacts are very unlikely	With specified mitigation, significant adverse impacts are very unlikely	Significant Adverse impacts are possible
1.						
2.						
3.						

*These screening results require completion of an Environmental Review Report

c. Certification

I, the undersigned, certify that:

1. The information on this form and accompanying environmental review report (if any) is correct and complete.

2. Implementation of these activities will not go forward until specific approval is received from the COR (Contracting Officer Representative).

3. All mitigation and monitoring measures specified in the Environmental Review Report will be implemented in their entirety, and that staff charged with this implementation will have the authority, capacity, and knowledge for successful implementation.

(Signature)   (Date)

(Print name)   (Title)

Note: if screening results for *any activity* are "high risk" or "moderate or unknown risk," this form is not complete unless accompanied by an environmental review report.

BELOW THIS LINE FOR USAID USE ONLY

Notes:

1. For clearance to be granted, the activity MUST be within the scope of the activities for which use of the ERF is authorized in the governing IEE. **Review IEE before signature.** If activities are outside this scope, deny clearance and provide explanation in the comments section. The Partner, COR, MEO and REA must then confer regarding next steps: activity re-design, an IEE or EA.

2. Clearing an ERF containing one or more findings that significant adverse impacts are possible indicates agreement with the analysis and findings. It does NOT authorize activities for which "significant adverse impacts are possible" to go forward. It DOES authorize other activities to go forward. The Partner, C/AOTR, MEO and REA must then confer regarding next steps: activity re-design, an IEE or EA.

d. **Clearance record**

C/AOTR ¨ Clearance given ¨ Clearance denied	(Print name)	(signature)	(date)
USAID/KEA MEO ¨ Clearance given ¨ Clearance denied	(Print name)	(signature)	(date)
Regional Env. Advisor (REA) ¨ Clearance given ¨ Clearance denied	(Print name)	(signature)	(date)
Bureau Env. Officer (BEO)* ¨ Clearance given ¨ Clearance denied	(Print name)	(signature)	(date)

C/AOTR, MEO and REA clearance is required. BEO clearance is required for all "high risk" screening results and for findings of "significant adverse impacts possible. The BEO may review"

Note: if clearance is denied, comments must be provided to applicant

Annex 6. Instructions for Obtaining UEI Number, SAM Registration

System for Award Management (SAM) Registration

You must have an active registration with www.SAM.gov to do business with the Federal Government. To register in SAM, at a minimum, you will need the following information:

1. Your NATO Commercial and Government Entity (NCAGE) Code
2. Your Legal Business Name and Physical Address from your D&B record.

Follow this link to create a SAM.gov user account and register your organization: https://sam.gov/content/entity-registration

Unique Entity ID (UEI)

Effective April 4, 2022, the federal government transitioned away from the DUNS Number to the Unique Entity ID (SAM), or 'UEI', for entity identification of federal awards government-wide. Entity identification in federal awards (grants, loans, contracts, etc.) means a unique set of numbers and letters used to identify every entity seeking to do business with the federal government. Each awardee will be required to obtain a Unique Entity ID (UEID) via sam.gov. or http://fedgov.dnb.com/webform/pages/CCRSearch.jsp. Below are some helpful tips on how an organization can obtain the UEID.

1. Obtaining a UEID and registering as an entity are two different processes. Obtaining a UEID is quicker and requires a less intensive validation process. A NCAGE code is not needed for entity validation and to get a UEID, but it is needed for full registration in SAM.
2. For new entities: Prior to starting entity validation process, an entity should be prepared with documents that:
    i. shows the entity's legal business name and physical address in the same document and is less than 5 years old.
    ii. shows the legal business name and start year in the same document, and;
    iii. shows legal business name and US state of Incorporation (for US entities) or National Identifier (for non-US entities).

    If any documents are in a language other than English, they must be accompanied by certified translations (see the link below for more details). This GSA guide has detail on documentation requirements. It includes a downloadable document outlining what type of documentation is acceptable, general guidelines, and guidance on translations. Additionally, there is a general FAQ also maintained by GSA.

3. If, after entering the required information, an entity receives a validation error message and/or is not a match with any of the returned potential matches, the entity should create an incident. There are two new, useful videos that GSA has recently published to help explain this process. These are different than the brief overview video that has been previously shared, so projects and partners are encouraged to watch: a. This video provides a detailed, step-by-step walk through of the entity validation process. Be advised the scenario it addresses is for an existing entity that must update some information (rather than a new entity, which is the case for most of our partners), but the steps are the same: https://www.youtube.com/watch?v=ZKc9UfxtOIA (the "create incident portion" runs from 27:58 to 35:05). b. This video provides guidance on how to manage the validation ticket once it has been submitted: https://www.youtube.com/watch?v=a3nPZvnPpE0 (the "managing your validation ticket" portion runs from 17:34 to 28:55).
4. Entities need to regularly check their email – including spam folders – after they have submitted the incident report for emails from fsdsupport@gsa.gov. They should be able to look up the status either by logging into their user account on SAM.gov (go to the "Workspace" view and click the

"View" button under the Incident Report Number) or in fsd.gov 21 (directions on how to do this can be found here). Entities can communicate with an EVS (Entity Validation System) agent in FSD.gov or by responding to the email. If the entity is unable to generate an incident report for some reason (this was a problem we saw this past week), the entity can also go to FSD.gov and start a chat with an agent by clicking on the "live chat" button in the lower right-hand corner. Agents are available from 8AM to 8PM EST.

5. Once they are contacted by the EVS agent, the entity will have 5 days to respond, or the incident report will be automatically closed, and they will have to start again. If the entity needs more time, they should respond to the EVS agent and communicate this. If the ticket is closed, when the entity starts a new one, they should include the original ticket number in the Comments Section.

6. Requested documents need to be uploaded at sam.gov, not at fsd.gov.

7. Once the FSD agent has confirmed the entity has been validated, the entity is not done! It will need to go back to SAM.gov to enter its information again and select the current, correct entity info. This step must be done to generate the UEID.

If your organization already has an active or expired registration: You already have a Unique Entity ID (SAM) and do not need to act. Learn how to view your Unique Entity ID (SAM). If your renewal is upcoming, use the normal process to renew your entity.

Annex 7. Sample Cover Letter

[On Firm's Letterhead]

<Insert date>

TO: Cross Border Community Resilience (CBCR) Activity

We, the undersigned, provide the attached application in accordance with RFA XX issued on November XX, 2023. Our attached application is for the total budget of <Sum in Words ($0.00 Sum in Figures) >

We are submitting this application in partnership with [partner organization], to jointly implement the activity in the [target corridor] corridor.

I certify a validity period of **90** days for the estimated cost provided in the attached Budget application. Our application shall be binding upon us subject to the modifications resulting from any discussions.

We understand that CBCR is not bound to accept any application it receives.

Yours sincerely,

<Authorized Signature>

Name and Title of Signatory:

Name of Firm:

Address:

Telephone:

Email:

RFA Application Checklist

Before submitting your application, please check to make sure the following are included:
☐ **Technical Application**
☐ **Budgets & Budget narratives**
☐**Activity Gantt/Workplan**
☐ **CVs of Key staff & their Roles**
☐ **Applicant Self Assessment Form**
☐ **Environmental Review Form**
☐ **Teaming MOU**
☐ **Application Cover Letter**