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**PROJECT PROPOSAL FORM**

*For projects under £10,000*

Shaded boxes to be completed by the Embassy

**Part A: To be completed by Implementer**

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| **Project Title** |  |
| **What business plan or programme objective** does this project help meet |   |
| **Is the Project ODA eligible**  | Yes/No | [ODA Input Sector Code](http://ubs.sharepoint.fco.gov.uk/sites/finance/strategicfinance/oda/programme_data/Lists/Input%20Sectors/Input%20Sector%20Reference.aspx) | [ODA Channel of Delivery Code](http://ubs.sharepoint.fco.gov.uk/sites/finance/strategicfinance/oda/programme_data/Lists/Channel%20of%20Delivery/AllItems.aspx) |
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| **What is the total cost of the Project**  | £ |
| Please attach an **ACTIVITY BASED BUDGET** (in Excel). Proposals without an activity based budget will not be considered.The ABB must include: a list of all the Activities to be carried out; the full cost of each activity; the date of each activity |
| **Timing** | Project start date: |  | Project completion date: |  |
| **Implementing Agency** *Name and Contact Details* |  |
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| **Background***In no more than 200 words, explain what the project will achieve and how.* |  |

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| **Project Plan** Based on the information provided in the Summary, use the table below to set out the Purpose, Outputs and Activities to be delivered. Give the Indicator(s) of Success for the Purpose, along with the Baseline information, what the target to be reached is, and when it will be delivered by, along with milestones (checkpoints) at which progress will be measured. This will allow you to monitor and measure progress throughout the Project, and provide clear evidence of the Project’s successThen list the Outputs and the Activities that will be needed to deliver them. You can, if you wish, add Indicators at the Output level.*Indicator = what will be measured (eg the number of people who will be trained; the increase in positive perceptions of an issue)**Baseline = the current status (eg no training exists; current perceptions are x% positive)**Sources = where will the information on the baseline data and targets come from (eg data from research carried out by the implementer; open source data)**Milestones = the key points at which progress will be tracked (can be specific dates/events or the regular quarterly reports – but provide indicative dates for the latter)**Target = what the project will deliver (eg 100 people trained; 50% increase in positive perceptions)**Date = the date by which the output will be delivered* |
| **Project Purpose/Objective** |
| Indicator(s) | Baseline | Sources | Milestones | Target & Date |
| *e.g. Number of staff trained and certified* | *0* | *Ministry of Home Affairs Human Resources Department* | *x.x.2015 When course content agreed**x.x.2015 When first course delivered**etc...* | *100 staff trained and certified by ...* |
| **Output 1:**  |
| Activities linked to Output 1 | 1.11.21.3etc.. |
| **Output 2:**  |
| Activities linked to Output 2 | 2.12.22.3etc.. |

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| **Output 3:**  |
| Activities linked to Output 3 | 3.13.23.3Etc.. |
| *ADD MORE LINES AS NEEDED* |
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| **Sustainability** *How will the project ensure benefits are sustained once the project funding ends?* |  |

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| **Risks***What are the key risks in implementing this project and how are you going to manage them**Add more lines as required**You should also think here about when risks should be escalated* | **Risk** | **Impact** Low/Medium/ High | **Like-lihood**L/M/H | **Management***How will the risk be managed and monitored, what are the mitigating actions, and who is the risk owner* | **Escalation Point***At what stage will the management of this risk need to be escalated*  |
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| **Stakeholders***Who are the people or groups with an interest in this project and who will be affected by it and/or can influence its success either positively or negatively?* *How will you manage your engagement with them**Add more lines as required* | **Stakeholders** | **Interest**L/M/H | **Influence**L/M/H | **Engagement / Communications plan**(How to engage, how often and who by/who to) | **Owner** |
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| **Signature of Implementing Agency Lead Contact** |  |
| **Date** |  |