*\*Please do not modify the template*

*\*\* Please keep the Concept Note to a* ***maximum total of:***

***- 8 pages using Time New Roman font with size no smaller than 11 if you are applying under one subcomponent only***

***- 10 pages using Time New Roman font with size no smaller than 11 if you are applying under both subcomponents***

*Pages beyond those limits will not be considered.*

|  |
| --- |
| **1. Organizational Information:** |
| **Organization:** |  |
| **Address of Organization:** |  |
| **Contact Name and Title:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| **Website:** |  |
| **Facebook (if available):** |  |
| **Is your organization: \_\_\_\_\_ Lao NGO \_\_\_\_\_\_\_\_\_\_\_\_\_ INGO**  |
| **I.a Partnership/ Co-application (if applicable):** |
| **Organization:** |  |
| **Address of Organization:** |  |
| **Contact Name and Title:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| **Website:** |  |
| **Facebook (if available):** |  |
| **Is your organization: \_\_\_\_\_ Lao NGO \_\_\_\_\_\_\_\_\_\_\_\_\_ INGO**  |
|  |
|  |
| **2. Project Information:** |
| **Project title** |  |
| **Project related component(s)***Please select the subcomponent(s) your project will be focusing on* | [ ]  Public Information and Awareness Services - Subcomponent 2.1[ ]  Enhancing Capacity to Deliver Counselling Services - Subcomponent 2.2 |
| **Project timeline** | From [XXXX] to [XXXX] |
| **Project Target Area(s)***Please describe the project target area(s) including on poverty headcount.* *Please refer to the criteria in the Subgrant Guidelines and add as many areas as needed.**Please also specify which component will be implemented in each area.* | **Area #1**[XXXX] Province[XXXX] District – Poverty headcount of the district [XX]%[XXXX] VillageComponent [XX]The organisation is already active in the target area under a specific MoU or MoA[ ] Yes[ ] No |
| **Area #2**[XXXX] Province[XXXX] District – Poverty headcount of the district [XX]%[XXXX] VillageComponent [XX]The organisation is already active in the target area under a specific MoU or MoA[ ] Yes[ ] No |
| **Project short summary** |  |
| **Problem Statement and proposed approach***Provide a brief description of the problems the project is intending to address in the specific context of the selected target area of intervention and provide a brief description of the proposed innovative approach i.e. how the project will address those problems and bring about change* |  |
| **Project Objective(s), Expected result(s) and key Activities***Highlight and list the project’s objectives and output targets (expected results) and briefly describe key activities to achieve the intended changes.* *Please only consider activities within the range of pre-selected activities and the pre-defined outputs targets describe in the Sub Grant Guidelines* |  |
| **Target beneficiaries***Describe your target beneficiaries (direct and indirect)**Please disaggregate by gender and ethnicity* |  |
| **Implementation modalities and organizational set up:** *Briefly describe the modalities for implementation and explain the proposed organizational set up* *Please include information on the partnership if relevant* |  |
| **3. Financial Information:** |
| **Estimated Sub Grant Requested budget (in USD)***Provide overview of the requested budget (under each component as and if applicable) using the cost categories and types as described in the Sub Grant Guidelines.*Add as many lines as needed | Total budget: [XXX] LAKTotal budget: [XXX] USD - indicative |
|

|  |  |  |  |
| --- | --- | --- | --- |
| *Cost categories (use categories as per the guidelines)* | *Details of costs included (only list the type of costs)* | *Total estimated costs (LAK)* | *Percentage of total budget* |
| Subcomponent 2.1 |  |  |  |
| Human Resource/Personnel  |  |  | % |
|  |  |  | % |
| Tailoring of training packages |  |  | % |
| Training of community-based facilitators |  |  | % |
| … |  |  | % |
| … |  |  | % |
| **Total** | **…………….. LAK** |
| Subcomponent 2.2 |  |  |  |
| Human Resource/Personnel  |  |  | % |
| Sub Grant Management and Administrative costs |  |  | % |
| Tailoring of training packages |  |  | % |
| Peer learning |  |  | % |
| … |  |  | % |
| … |  |  | % |
| **Total** | **…………….. LAK** |

 |

**Annex(es) to the Concept Note:**

|  |  |
| --- | --- |
| **#** | **List of documents** |
|  |  |
|  |  |

**CERTIFICATION​**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ hereby certify that this concept note is complete and accurate.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** ​ **Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Authorized Signatory**