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**Innovation Development and Effectiveness in the**

**Acquisition of Skills – IDEAS PROJECT (IDA: 166239)**

***Component 4***

**Innovation Grant Facility (IGF) Award**

**to Support Digital Skills Development**

**PROJECT PROPOSAL TEMPLATE**

**Project Implementation Unit (PIU):----------------------------------------------------------------------**

**Date of Proposal Submission: -----------------------------------------------------------------------------**

**PROJECT PROPOSAL TEMPLATE**

**1 INFORMATION ABOUT THE APPLICANT/APPLYING CONSORTIUM**

**1.1 Basic information of Applicant**

*In case the proposal is submitted by a consortium, please fill this field for the consortium leader.*

|  |  |  |
| --- | --- | --- |
| Name of organization: |  | |
| Applying as an individual/consortium: |  | |
| Address: |  | |
| Head of the Organization (name, address, phone, email): |  | |
| State where head office is located: |  | |
| Head Office Address (if different from above): |  | |
| Type of organization: |  | |
| Registration details (registration number and of date of first registration): |  | |
| Organization active since? |  | |
| Main activities of the organization[[1]](#footnote-1) |  | |
| Current number of technical staff employed: | Full-time: | Part-time: |
| Current number of support staff employed: |  |  |
| Current number of consultants employed: |  |  |
| Contact person for the proposal (name, designation, address, phone, email): |  | |

**1.2 Consortium Partners**

*In case the proposal is submitted by a consortium of organizations, please fill in the table above for each consortium partner.*

**2. PROPOSAL BRIEF**

**2.1 Key Data**

|  |  |
| --- | --- |
| Name of the Proposed Project: |  |
| Objective(s) of the Proposed Project: |  |
| Targeted number of Beneficiaries: | Female: …….. Male: ………… Total: ……………… |
| Duration of Proposed Project: | ………. Months |
| Proposed Budget: | Total cost of proposed project:  NGN …………………………………………..  Total cost of proposed project to be covered by grant:  NGN ………………………………………….. |
| Third Party Funding (if any): | Balance of project costs will be covered by:   * own resources * third party funding, please specify: |

**2.2 Summary of Proposal**

*Please summarize the most important features of the proposed project (objectives, target groups, relevance, activities, etc.) using not more than ½ page*

**3 DETAILED PROPOSAL**

**3.1 Labour Market Background**

*Describe in detail what the labour market beneficiaries will face after completion of the program. The purpose of this section is to discuss whether or not participants will improve their labour market chances after completion of the proposed program and whether the project will impact on the digital economy environment in the state or in Nigeria. Describe the nature of job and work opportunities available for appropriately skilled people, and the markets that will develop in the future. Also include proposal to link participants to online and remote work as well as any responses to COVID19. Also describe the sources of your information.*

**3.2 Detailed Description of the Proposed Project**

*Present all relevant details of the proposed project: What type of interventions are planned? If training is the main activity, are there any wrap-around services planned? Location(s) where interventions will take place? Duration of individual interventions (e.g. number of months of training)? Organizational patterns (full time/part time, any workplace attachments planned, how many rounds are planned to be accomplished during the project)? Details of the curriculum and contents of other interventions (if already available)? How many beneficiaries will be targeted in total and in each round? Financial arrangements (e.g. cost-sharing of beneficiaries).*

**3.3 Target group**

*Which are the target groups of the interventions? Mechanisms to specially target female youth and women, Out-off School, and marginalized groups (at least 40% minimum participation targets for female/marginalized groups)?*

**3.4 Activities to be funded under the Grant Project**

*Describe all activities that are planned to be funded with grant funds, for example needs assessment, curriculum development, training of teachers, mentorship, investments, recurrent cost of training, public relations activities, M&E, etc. Please ensure that activities listed here are consistent with Table 4 and Table 5 below.*

**3.5 Arrangements between Consortium Partners (for consortium applicants only)**

*Identify in detail the different roles and responsibilities of each consortium partner in the project, as well as relevant management and communication arrangements. Please attach minutes of meeting/MoU as applicable*

**3.6 Project Management and Monitoring**

*Describe responsibilities and procedures in project management and monitoring*

**3.7 Environment and Social Safeguards Compliance**

*Describe how environmental and social safeguard issues triggered by the project will be adequately addressed.*

**3.8 Grievance Redressal Mechanism**

*Describe how local grievance redress structures available in the community will be used to address disputes that may occur as a result of the activities of the project.*

**3.9 Value for Money/Cost Effectiveness and Sustainability**

*Please provide your estimates for the project’s value for money or cost effectiveness (for example, unit cost per beneficiary, expected unit profit per beneficiary, expected annual wage/salary/income per beneficiary after they complete the project, etc.) If applicable, describe the strategy of the applicant to ensure that the project will continue after the end of the grant funding period.*

**3.10 Organizational Capacity**

*Briefly describe the last 3 projects, their value, duration and number of beneficiaries, that your organization has executed.*

**3.11 Previous Experience with Digital Skills** **Development**

*Briefly describe the last 3 projects (if any) that you have executed that had any digital skills component. Which digital skills? Whether you partnered with another organization for it? If yes, who was your partner in each of the projects (where applicable) also describe with evidence of increased employment and earnings for the participants when they completed the training.*

**4. IMPLEMENTATION SCHEDULE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Main Activities** | **1. Year** | | | | **2. Year** | | | | **3. Year** | | | |
| **1. Qr** | **2. Qr.** | **3. Qr** | **4. Qr** | **1. Qr** | **2. Qr.** | **3. Qr** | **4. Qr** | **1. Qr** | **2. Qr.** | **3. Qr** | **4. Qr** |
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| **Milestones** |  |  |  |  |  |  |  |  |  |  |  |  |
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**5. ESTIMATED BUDGET IN ‘000 NGN *(insert further rows as appropriate)***

|  | **Total estimated cost** | **Covered through innovation grant** | **Covered through own resources** |
| --- | --- | --- | --- |
| **Development Cost** | | | |
| Consultancy costs (needs assessments, curriculum development, etc.) |  |  |  |
| Production/purchase of teaching and learning material |  |  |  |
| Training of teachers and trainers |  |  |  |
| Infrastructure |  |  |  |
| Equipment |  |  |  |
| Other |  |  |  |
| TOTAL Development Cost (and percentage) |  |  |  |
| **Recurrent Cost of training and other interventions** | | | |
| Salaries/fees of teaching and other technical staff |  |  |  |
| Training material, books and other material |  |  |  |
| Insurance |  |  |  |
| Rental |  |  |  |
| Student Transport |  |  |  |
| Benefits to participants |  |  |  |
| Other |  |  |  |
| TOTAL Recurrent Intervention Cost (and percentage) |  |  |  |
| **Project Management** | | | |
| Staff Cost |  |  |  |
| Meetings, workshops, etc. |  |  |  |
| Transport |  |  |  |
| Office expenses, communication |  |  |  |
| Other |  |  |  |
| TOTAL Project Management (and percentage) |  |  |  |
| **GRAND TOTAL** (and percentage) |  |  |  |

Please elaborate on and justify the budget as you deem necessary. Further details will inform the selection process and may add credit to your proposal.

1. **ENDORSEMENT:**

I, ----------------------------------------the **Innovation Project Leader (IPL)** of this Organisation/Company, hereby affirms:

* that I have read this Application in its entirety;
* that the Project conforms with the Project Development Objectives (PDO) of IDEAS Project and the IGF Award;
* that I have the requisite knowledge, experience and competence to manage this Project successfully;
* that the application has been duly completed and submitted on time.

Name of the IPM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**I, ----------------------------------------------the General Manager (GM)** of this Organisation/Company, hereby declares:

* that the Project is a Proposal of this Organisation/Company and all the information provided in this application is correct, to the best of my knowledge;
* that the organisation/company is well equipped and competent to complete the Project on schedule provided the above stated Grant is approved and released.

Name of the GM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

I,----------------------------------------the **Chief Executive Officer (CEO)/Head** of this Organisation/Company, hereby declares:

* that Organisation/Company will supports this application and will make approved resources under the grant as well as relevant Organisation/Company’s resources available to the project for the duration of the project implementation and to sustain the project thereafter.

Name of the CEO/Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Please contact www.ideasnigeria.gov.ng for more information on IDEAS Project and IGF Award.

**RELEVANT ANNEXES**

A**nnex 1:**

Certificate of Incorporation of applicant and, if appropriate, consortium partners

**Annex 2:**

Capacity Statement and References of applicant and, if appropriate, consortium partners

**Annex 3:**

Staffing Schedule andCVs of key staff

**Annex 3:**

Any other information to substantiate the proposal.

1. Detailed description of organization capacities is required in the Annex. [↑](#footnote-ref-1)