## Information on CBM Own Implementation (For information on project content, please attach Section A from PPA)

|  |  |  |  |
| --- | --- | --- | --- |
| **Project idea number:** |  | | |
| **Project title:** |  | | |
| **Name of Implementing CO:** |  | | |
| **Country:** |  | **Timeframe:** | project start and end date |

|  |  |
| --- | --- |
| Type of Project | (Direct own) Project Implementation  (Longterm) Advocacy and awareness raising  (Longterm) Capacity building of partners  Humanitarian Action |
| Justification: Why can the activities not be implemented via a partner project |  |
| Indicate any specific Reporting Requirements |  |

## Section A) Information on Expected Costs and Source of Funding

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EUR**/or specify currency: … | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Total Amount** |  |  |  |  |  |  |
| * thereof salaries |  |  |  |  |  |  |
| * thereof other expenses[[1]](#footnote-2) |  |  |  |  |  |  |
| * thereof investments[[2]](#footnote-3) |  |  |  |  |  |  |
| * thereof  payments to partners[[3]](#footnote-4) |  |  |  |  |  |  |
| Expected source of funding | free funds | | LCDF  Donor: *e.g. BMZ* | | | |
| **Cost recovery from donor** |  |  |  |  |  |  |
| Restrictions for cost recovery |  | | | | | |

## Section A.1) Details on other expenses and investments (Notes to authority matrix/ table 2 “Own costs related”) Note: Procurement policy must be applied!

Other expenses

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EUR**/or specify currency: … | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Total other expenses** |  |  |  |  |  |  |
| * already in CO Budget |  |  |  |  |  |  |
| * **For approval**  to increase CO budget of current budget year |  |  |  |  |  |  |
| Justification: Why can additional costs not be covered within already approved budgets? |  | | | | | |

Investments

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EUR**/or specify currency: … | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Total investments** |  |  |  |  |  |  |
| * already in CO budget |  |  |  |  |  |  |
| * **For approval** to increase CO budget of current budget year |  |  |  |  |  |  |
| Justification: Why can additional investments not be covered within already approved CO budgets? |  | | | | | |

Indicate planned top suppliers:

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier Name** | **Equipment Description and further distribution** | **Volume of contract** | **Payment Method (Invoice or advanced payments)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Section A.2) Details on people management (Notes to authority matrix/ table 3. “People Management”)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EUR**/or specify currency: … | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Total salaries** |  |  |  |  |  |  |
| * for existing staff |  |  |  |  |  |  |
| * for additional staff |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Positions/ Full-time-equivalent**:… | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| from approved staff plan |  |  |  |  |  |  |
| **For approval** to increase positions of current budget year |  |  |  |  |  |  |
| Justification: Why can additional positions not be covered within already approved positions and/ or vacancies? |  | | | | | |

List of positions which needs to be approved:

|  |  |  |  |
| --- | --- | --- | --- |
| **Location/ Division** | **Title** | **Start date** | **End date** |
|  |  |  |  |
|  |  |  |  |

## Section B) Implementing Capacity

|  |  |
| --- | --- |
| *Please provide an overview over the current status of capacities of the Country Office and of the partner project portfolio* | |
| **Audit**  *Please provide information on the last conducted internal audit and its findings* | * Date of last conducted internal audit: *Date* * **Findings from last conducted internal audit:** * Total Findings: *Enter total number of findings from the last internal audit*   Thereof resolved *Enter number of resolved findings*  open *Enter number of open findings*  critical *Enter number of critical findings*   * Date/Year of last conducted external audit (with an unqualified audit option): *Date/Year*   Thereof unresolved findings: *enter number of unresolved management letter findings* |
| **Project Portfolio**  *Please provide information on the current project portfolio of the Country Office* | * **Total number of Partner Projects approved:** *# of projects* * Thereof with Implementation Status red: *# of projects*   With Implementation Status yellow: *# of projects*  With Implementation Status green: *# of projects*   * Number of open compliance issues: *# of issues* * Number of projects with “red” flag: *# of projects* * **Total Number of new Partner Projects to be approved in the upcoming year:** *# of projects* |

## Section C) Risk Management (Note: For Guidance see [CBM Project Risk Register](https://cbm365.sharepoint.com/:x:/r/sites/cbmnet/GlobalProgrammes/_layouts/15/Doc.aspx?sourcedoc=%7BC3063312-62BD-41EB-8871-797ABDCE9DBA%7D&file=Project%20Risk%20Register.xlsx&action=default&mobileredirect=true))

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risk Description** | **Risk Rating** | **Mitigation Strategies** |
| Environmental Impact |  |  |  |
| Economical & Financial |  |  |  |
| Legal & Regulatory |  |  |  |
| Political |  |  |  |
| Safeguarding |  |  |  |
| Safety and Security |  |  |  |
| Project Management |  |  |  |
| Liability for equipment |  |  |  |
| Liability for services |  |  |  |

## Section D) Applicable Guidelines

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| --- | --- |
| *Please provide information on the applicable guidelines for CBM own Projects* | |
| **Procurement I:** *How will you implement CBMs Procurement Policy and is it compatible with donor requirements?* |  |
| **Procurement II:** *In case CBM plans to organize procurement of equipment*  *What are roles and responsibilities of CBM? Who is the involved supplier? Who will receive equipment? Who will be the owner of the equipment (probably in different stages of the project)? What kinds of contracts are set up?* |  |
| **Accounting & Transaction** *How will salaries and invoices be booked, recorded and documented in Business Central?* |  |
| **Internal financial reporting** *How will internal reporting to management be organized?* |  |
| **Narrative reporting** *How will production and delivery of narrative reporting be organized?* |  |
| **Statistics** *How will production and delivery of statistics be organized?* |  |
| **Reporting to donor** *How will reporting to donor be structured and organized?* |  |

## Section E) Endorsement of project

|  |  |  |  |
| --- | --- | --- | --- |
| This project concept has been developed following the **three-way working methodology**.  It is now ready to be presented to external donors for funding or to be shared for fundraising requests.  A Concept Note in donor format is available.  **This project concept is endorsed by:** | | | |
| **Country Director** | | | |
|  |  |  |  |
| ……………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Initiative Director(s)** | | | |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Regional Hub Director** | | | |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Director Institutional Donors** | | | |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| Section F) Endorsement of Own Implementation **The implementation via “Own Implementation” is endorsed by:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Director FaOD** | | | |
|  |  |  |  |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name(s) | Signature(s) | Date | Place |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Director HR** | | | | |
|  |  |  |  | |
|  |  |  |  | |
| …………………………. | …………………………. | ……………….. | …………………. | |
| Name(s) | Signature(s) | Date | Place | |
| Section G) Approval of Own Implementation **This project concept and the implementation via “Own Implementation” has been approved by CBM Executive Management.** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CBM Executive Management** | | | |
|  |  |  |  |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name(s) | Signature(s) | Date | Place |

1. Other expenses refer to payment of invoices for service provider. [↑](#footnote-ref-2)
2. Investment refers to assets being purchased for CO that will not be handed over to other organisations (e.g. vehicles, IT equipment for CO, …) [↑](#footnote-ref-3)
3. Only applicable if partner is a government or charity organization and invoices cannot be issued. [↑](#footnote-ref-4)