## Programmatic Project Approval of Partner Projects

### Project Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | *Indicate name that is to be displayed in the contract* | | | | | | |
| **Name of Partner(s)** | *list all implementing partners who will receive a contract for this project, leave blank if CBM own implementation* | | | | | | |
|  | *if applicable, list all consortia partners, indicate their role(s) and who is in the overall consortia lead* | | | | | | |
| **CBM own implementation:** | No | Yes**:** (fill and attach:  [Approval Document CBM Own Implementation](https://cbm365.sharepoint.com/:w:/r/sites/ProgMgmt/_layouts/15/Doc.aspx?sourcedoc=%7BFD098102-FD1B-4923-B364-9D3CB6368B86%7D&file=Approval%20Document%20CBM%20Own%20Implementation.docx&action=default&mobileredirect=true&DefaultItemOpen=1&isSPOFile=1&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjA2MDYxNDgwNSIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ%3D%3D&cid=cfe321e4-27d5-42ca-a44a-e17edf539289)) | | | | Previous project number (if applicable): ………. | |
| **Country** | ………. | | | Timeframe: *project start and end date* | | | |
| **Funding Source** | **CBM International**  Individual Donors (Free Funds)  Urgency Emergency  LCDF Donor: ….. | | | | **CBM Italy**  Individual Donors (Free Funds)  LCDF Donor: ….. | | |
| **Target Group** | *list target groups benefitting from this project - their characterization (e.g. hearing impaired), estimated numbers, and age groups* | | | | | | |
| **Overall objective** | *contribution to a long-term change/ impact of the project for the target group and/or area of work* | | | | | | |
| **Specific objective** | *intended direct changes/effects of the project results for the target group* | | **Indicators and related targets** | | | | |
| **Donor Specific Indicators and Targets** | | | | [CBM Standard Indicators](https://cbm365.sharepoint.com/sites/INDIC?e=1%3A514d055fd5c34f4cb408b417b268b44e)  (Associated and additional)  *Identify associated or add additional Standard Indicators*  *Name targets* |
| **Expected results** | *envisaged results to be achieved as output of the activities*   1. … 2. … 3. … | | **Donor Specific Indicators and Targets** | | | | [CBM Standard Indicators](https://cbm365.sharepoint.com/sites/INDIC?e=1%3A514d055fd5c34f4cb408b417b268b44e)  (Associated and additional)  *Identify associated or add additional Standard Indicators*  *Name targets* |
| [CBM Standard Indicators](https://cbm365.sharepoint.com/sites/INDIC?e=1%3A514d055fd5c34f4cb408b417b268b44e) | have **NOT** been applied because: *briefly explain* | | | | | | |
| **Activities** | Includes construction measures | | | | | | |
|  | *main activities and means to achieve above expected results and envisaged changes* | | | | | | |
| **Strategic Relevance** |  | | | | | | |
| **Risks** |  | | | | | | |

### Expected project related costs in planning currency

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Planning currency:** | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **TOTAL project costs for CBM in planning currency** |  |  |  |  |  |  |
| Thereof CBM contribution |  |  |  |  |  |  |
| Thereof Institutional Donor contribution (LCDF) |  |  |  |  |  |  |
| **Total project costs for CBM in EUR** |  | | | | | |
| If applicable, Info on additional required FTEs in CO | *How will potential capacity gaps to provide the necessary oversight by the responsible CBM entity be addressed and funded* | | | | | |
| If applicable, value of construction |  | | | | | |
| Room for additional comments on funding arrangement | *if applicable* | | | | | |

### Partner information (please list all partners for this project)

|  |  |  |
| --- | --- | --- |
| New partnership  Active/ongoing partnership | Partner Number(s): | If available |

|  |  |
| --- | --- |
| Date of last Partner Assessment(s) and partnership approval(PA) | *date of last PA for all partners, who will receive a contract for this project; if no full PA has been conducted within the last three years, give the date for when it is planned* |
| What is the assigned role of the partner(s) in the project set-up? |  |
| Major findings of PA | *findings that could affect the project delivery* |

### Alignment with Initiatives and CBM Fundraising/Institutional Donors

|  |  |  |
| --- | --- | --- |
| ***Initiative involvement in % - specify relevant technical area(s)***  (only fill relevant areas - total % must add up to 100 with main technical area min. 40% and others min. 20%) | | |
| Inclusive Health: *total***%** | Thereof: | Technical areas:  % Inclusive Eye Health (IEH)  % Neglected Tropical Diseases (NTD)  % Physical Rehabilitation (PR)  % Ear and Hearing Care (EHC) |
| CBID: *total***%** | Thereof: | % CBID  % Advocacy  % DIDRR  % Inclusive Education (IE)  % Livelihoods  % Social Protection(SP) |
| Inclusive Humanitarian Action (IHA): *total***%** | |  |
| *name(s), role and involvement of Technical Advisor(s) in planning and future implementation* | | |
| ***Alignment with Global Fundraising Teams (IDP and IG&DM)*** | | |
| *provide name(s), role and involvement of IDP/IG&DM fundraising officer(s) and indicate agreed upon information on relevance of the project for global fundraising* | | |

|  |  |  |
| --- | --- | --- |
| ***Lead contact person for this project throughout the project duration*** | | |
| choose entity. | *Name, Position* | *e-mail* |

### Checklist approval process and mandatory planning documents

This project is approved in two steps and according to the [CBM Authority Matrix](https://cbm365.sharepoint.com/:x:/r/sites/intranet-documentlibrary/CBM%20Document%20Library/CBM%20Authority%20Matrix.xlsx?d=w70a4c57516fd4643955cfdb1d83f720e&csf=1&web=1&e=KPCOl9). Both Approval steps are done in a ProMIS workflow by selecting the relevant approvers.

**Step 1: Programmatic Idea-Approval of a Project Concept**

ProMIS IDEA page filled and sent for approval following the Authority Matrix

Once approved, the idea is ready to be shared for fundraising requests or presented to external donors in form of a concept note for funding. It means green light for full proposal development.

**Step 2: Programmatic Final Approval of full Project Proposal**

The approved project idea has been developed into a full project proposal following the **three-way working methodology**. ProMIS final approval workflow was started following the Authority Matrix.

Mandatory information is uploaded as basis for review and approval:

[Project Design Form](https://cbm365.sharepoint.com/:w:/r/sites/ProMis-Live/GuidanceLibrary/02%20Projects%20and%20Programmes/10%20Development%20and%20Approval/Project%20Design%20Form%20Template.docx?d=w62ddf3fbbc8d4fce97f7d77f0345c02a&csf=1&web=1&e=3mQZCw) (or respective LCDF donor format) for projects >EUR 50k

PPA

Budget ([CBM Project Financial Report Template](https://cbm365.sharepoint.com/:x:/r/sites/ProMis-Live/GuidanceLibrary/02%20Projects%20and%20Programmes/20%20Implementation%20and%20Monitoring/CBM%20Project%20Financial%20Report%20Template.xlsx?d=wb8acb734972a4a26b5d4e3bc53eb3e22&csf=1&web=1&e=SHxfr1))

Logframe (in ProMIS)

Project Risk Register (in ProMIS)

[Activity Planning Schedule](https://cbm365.sharepoint.com/:x:/r/sites/ProMis-Live/GuidanceLibrary/02%20Projects%20and%20Programmes/10%20Development%20and%20Approval/Project%20Design%20Form%20Annex%20C%20%20Activity%20Planning%20Schedule.xlsx?d=w17088742e0014209a7d4fd072e65b7ca&csf=1&web=1&e=SmmMlB) (or respective LCDF donor format)

Partner Assessment (not older than three years)

**CBM own implementation:** additional informationvia [Approval Document CBM Own Implementation.docx](https://cbm365.sharepoint.com/:w:/r/sites/ProMis-Live/GuidanceLibrary/02%20Projects%20and%20Programmes/10%20Development%20and%20Approval/Approval%20Document%20CBM%20Own%20Implementation.docx?d=w5870fec797604f919eb3e7ca4aa7fa38&csf=1&web=1&e=PPudLQ)

For any question, please contact the ‘Project Services Management Team under [programmatic.approval@cbm.org](mailto:programmatic.approval@cbm.org).