**ANNEX A – GRANT APPLICATION FORM**

Afya Jijini *may assist applicants in understanding the application process, and can provide coaching in application development at the request of applicants. You will also be provided with a detailed budget format that should be completed and submitted with your application.*

**Afya Jijini Program**

**Full Grant Application**

This application is in response to RFA dated May 5, 2017

**Section I. Basic Information**

1. Name of your organization:
2. Date organization was founded or registered:
3. Contact information:

|  |  |
| --- | --- |
| Key contact person(s) and title: | |
| Office address: | Office phone: |
| Mobile: | Fax: |
| E-mail: | Website: |

1. Name(s) and Nationality(ies) of CEO and/or Board of Directors/Governing Body:

|  |  |
| --- | --- |
| Name: | Nationality: |
| Name: | Nationality: |
| Name: | Nationality: |

1. Describe your organization and its purpose:
2. Annual revenue for your organization last year:
3. Number of full-time, part time employees and volunteers:

**Section II. Program Description**

1. Title of your proposed activity:
2. Objective of your proposed activity:
3. Background: What is the issue or problem that your activity will address? Why is it critical to address this issue?
4. Describe your activity in detail (or attach a project description):
5. On a form annexed to this application, please list the results to be achieved and the indicators you will use to measure success. In addition to quantitative indicators, you may also suggest others ways to measure success or impact.
6. Describe your method for selecting participants and beneficiaries.

**Section III. Implementation Plan**

1. Anticipated duration of your activity:

|  |  |
| --- | --- |
| Overall length (total number of months) |  |
| Start and end date (day, month, and year) |  |

1. Main tasks, with estimated start and end dates for each task. Please include all events, trainings, publications, etc.

|  |  |
| --- | --- |
| Description of Main Tasks | Start & End Dates |
| Task 1: |  |
| Task 2: |  |
| Task 3: |  |
| Task 4: |  |
| Task 5: |  |
| Task 6: |  |
| Task 7, etc: (please add rows as needed) |  |

1. Location(s) of the activity (add more rows as needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Community | Municipality | Department | State |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. List personnel who will be involved in implementing this project (CVs & salary history sheets are required for all project personnel):
2. List board members (or founding members if you do not have a formal board of directors) and key staff (president, directors, treasurer, etc). If available, please attach an organizational chart.

**Section IV. Experience and Capacity**

1. Experience Implementing Similar activities:
2. List three independent relevant professional references for the organization:

**Section V. Cost**

1. Estimated cost in KES per the attached budget:

Amount requested from the Afya Jijini program: KES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-kind or other contribution from your organization: KES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other donors or third-party resources: KES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Estimated Cost KES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List major donor-funded activities (U.S. and other) that your organization has managed in the last two years and currently receives, or expects to receive within the duration of the grant activity:

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Agency | Title of Project, Location, & Start & End Dates | Total Funding (in currency received in) | Donor Contact Person |
|  |  |  | Name: |
| E-mail: |
| Tel: |
|  |  |  | Name: |
| E-mail: |
| Tel: |
|  |  |  | Name: |
| E-mail: |
| Tel: |

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

Submitted by (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX B – IMPLEMENTATION TIMELINE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPLEMENTATION TIME LINE** | | | | | | | | | | | | | | |
| **Activity**  List each activity. Please be as specific as possible. Use additional pages if necessary. | **Target Audience**  (if applicable)  Who is the audience targeted for the activity? | **Timeline by Month**  Place an X in the appropriate box to indicate the first and last month of the activity. | | | | | | | | | | | | **Evaluation Indicators**  How will you measure the success of the activity? |
|  |  | 1 | 2 | 3 | # | # | # | # | # | # | # | # | # |  |
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**ANNEX D – APPLICANT SELF-ASSESSMENT FORM**

Accepting a grant from Afya Jijini creates a legal duty for the grantee to use the funds according to the grant agreement and United States federal regulations. Prior to awarding a grant, Afya Jijini must assess the adequacy of the financial and accounting systems of a prospective grantee (and, if applicable, any sub recipients) to ensure accountability if a grant is awarded.

In filling out the Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to Afya Jijini.

**APPLICANT INFORMATION**

Name of Organization:

Activity Title:

Name, Title, Contact Information of Individual Completing Questionnaire:

**SECTION A: INTERNAL CONTROLS**

Internal controls are procedures that ensure:

1. financial transactions are approved by an authorized individual and follow laws, regulations and the organization's policies,
2. assets are kept safely,
3. Accounting records are complete, accurate and kept on a regular basis.

Please complete the following questions concerning your organization's internal controls:

1. List the name, position/title, and telephone number for the individuals responsible for checking expenditures to make sure they are allowable:

2. Responsible for maintaining accounting records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Responsible for preparing financial reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Responsible for preparing narrative reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are timesheets kept for each paid employee? Yes: \_\_ No: \_\_

6. Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200, Subpart E)?

Yes: \_\_ No: \_\_

**SECTION B: ACCOUNTING SYSTEM**

The purpose of an accounting system is to 1) accurately record all financial transactions, and 2) ensure that all financial transactions are supported by invoices, timesheets and other documentation. The type of accounting system often depends on the size of the organization. Some organizations may have computerized accounting systems, while others use a manual system to record each transaction in a ledger. In either case, Afya Jijini grant funds must be properly authorized, used for the intended purpose and recorded in an organized and regular manner.

1. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, suppliers ledger etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports, (by the period, project, cost categories)?

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2. Does your organization have written accounting policies and procedures?

Yes: \_\_ No: \_\_

3. Are your financial reports prepared on a: Cash basis: \_\_ Accrual basis: \_\_(Accrual - bill for costs before they are incurred)

4. Can your accounting records separate the receipts and payments of the Afya Jijini grant from the receipts and payments of your organization's other activities? Yes: \_\_ No: \_\_

5. Can your accounting records summarize expenditures from the Afya Jijini grant according to different budget categories such as salaries, rent, supplies and equipment?

Yes: \_\_ No: \_\_

6. How do you allocate costs that are “shared” by different funding sources, such as rent, utilities, etc.?

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7. How often are financial reports prepared?

Monthly: \_\_ Quarterly: \_\_ Annually: \_\_ Not Prepared: \_\_ (explain)

8. How often do you input entries into the financial system?

a. daily \_\_ b. weekly \_\_ c. monthly \_\_ d. ad hoc/as needed \_\_

9. How often do you do cash reconciliations?

a. daily \_\_ b. weekly \_\_ c. monthly \_\_ d. ad hoc/as needed \_\_

10. Do you keep invoices, vouchers and timesheets for all payments made from grant funds?

Yes:\_\_ No: \_\_

**SECTION C: FUNDS CONTROL**

Afya Jijini grantees and recipients who receive advances of grant funds must maintain a separate bank account registered in the name of the organization for the purpose of keeping only Afya Jijini grant funds. The bank account must be in local currency. Afya Jijini normally pays grantees monthly by bank transfer to the separate account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. For petty cash, it is very important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement.

1. Do you have a bank account registered in the name of your organization?

Yes: \_\_ No: \_\_

2. Will the bank account draw interest?

Yes: \_\_ No: \_\_

3. Are all bank accounts and check signers authorized by the organization's Board of Directors or Trustees or other authorized persons?

Yes: \_\_ No: \_\_

4. Will any cash from Afya Jijini grant funds be kept outside the bank account (in petty cash funds, etc.)?

Yes: \_\_ No: \_\_

4.a. If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

**SECTION D: AUDIT**

Afya Jijini may require an audit of your organization's accounting records. An audit is a review of your accounting records by an independent accountant who works for an accounting firm. An audit report contains your financial statements as well as an opinion by the accountant that your financial statements are correct. Please provide the following information on prior audits of your organization.

1. Does your organization have regular independent audits that you contract and pay for?

Yes: \_\_ (please provide the most recent copy) No audits performed: \_\_

2. If yes, who performs the audit?

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

3. How often are audits performed?

Quarterly: \_\_ Yearly: \_\_ Every 2 years: \_\_ Other: \_\_ (explain)

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

4. If your organization does not have a current audit of its financial statements, please provide a copy of the following financial information, if available:

a. A "Balance Sheet" for your prior fiscal or calendar year; and

b. A "Revenue and Expense Statement" for your prior fiscal or calendar year.

5. Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?

Yes: \_\_ No: \_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST AND SIGNATURE PAGE**

Afya Jijini requests that your organization submit a number of documents along with this completed questionnaire. Complete this page to ensure that all requested information has been included.

Please complete the checklist below, then sign and return the questionnaire and any other requested documents to Afya Jijini.

1. Complete the checklist:

\_\_ Incorporation Papers or Certificate of Registration and Statute have been provided to Afya Jijini

\_\_ Organizational chart has been provided to Afya Jijini

\_\_ Copy of your organization's most recent audit has been provided to Afya Jijini (If no recent audit, a "Balance Sheet" and "Revenue and Expense Statement" for the prior fiscal year).

\_\_ All questions have been fully answered.

\_\_ An authorized individual has signed and dated this page.

The Accounting Questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

Approved by:

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

Print Name Signature