

Cover Letter Template

Date: _____

Grants Manager

USAID Catalyzing Clean Energy in Bangladesh

House #14 (2nd Floor), Road #32, Gulshan 1, Dhaka 1212, Bangladesh

Subject: Grant Application

With this letter and attachments, _____ (*insert company name*) is applying for a grant from the USAID Catalyzing Clean Energy in Bangladesh.

We are requesting a grant to: (*insert one sentence description*)

The total value of our grant Request is BDT_____.

We are applying for:

Grant

The estimated **start** date for proposed project/activity: _____.

The estimated **end** date for proposed project/activity: _____.

This application consists of the following materials.

- | | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Attachment 1 | Information about Applicant |
| Attachment 2 | Budget and Budget Notes (use templates provided) |
| Attachment 3 | Technical Application
Annex A. Project Work-plan (use template provided)
Annex B. M&E Performance Monitoring (use template provided) |
| Attachment 4 | Certification from Applicant |

Sincerely,

(Name)

(Title)

(Company)

ATTACHMENT 1

INFORMATION ABOUT APPLICANT GRANT APPLICANT DATA SHEET:

Name of Entity	:	
Mailing Address	:	
Street Address	:	
Telephone	:	
Fax	:	
Mobile	:	
Point of Contact Name	:	
POC Title	:	
Email	:	

Date Established	:	
Type of Entity	:	
Legal Status	:	
Entity's Auditor	:	
Owned by a parent company?	:	
Subsidiaries or own 5%, or more, of any other entity?	:	
Is the Entity or any subsidiary an audit client of Deloitte?	:	

Are there any owners/shareholders of the Entity that own 5%, or more of another Entity? :

If yes, please list the owners and their percentage owned.

Also, please list any other entities which the shareholder controls and if the shareholder is an individual, list any other

entities in which this shareholder serves as an officer

Fiscal Year Period :

Computerized Accounting System? :

If Association :

Dues basis :

Members :

who are current with dues :

ATTACHMENT 2

COST AND MANAGEMENT APPLICATION:

- One page budget summary
- Detailed Line Item Budget
- Detailed Cost Share Contribution
- Budget Narrative
- Supporting Data for Cost Estimates (payroll records, vendor invoices, biographical data sheets)
- Organizational Background
- Certificate of Registration or Incorporation
- Financial and Management Responsibility
- Audited Financial Statements
- Mandatory Certifications

Application Budget Template

Organization Name							
Project Title:							
Period of Performance: Start Date - End Date							
Budget Item	Name of Organization for other sources	Cost					
		Grant Y1		Grant Y2		Grant Total	
		Grant Funds	Other sources	Grant Funds	Other sources	Grant Funds	Other sources
I. Milestone 1 [Name]		0		0		0	
II. Milestone 2 [Name]		0		0		0	
III. Milestone 3 [Name]		0		0		0	
IV. Milestone 4 [Name]		0		0		0	
V. Milestone 5 [Name]		0		0		0	
VIII. TOTAL GRANT BUDGET		0	0	0	0	0	0
Total Program Budget							0

Application Budget Notes Template

[Note: The purpose of budget notes is to help proposal/grant review committees better understand the company's budget, specifically the rationale for unit costs and quantities. Use this template to guide the development of your budget notes.]

[Company Name]

BUDGET NARRATIVE

[RFA #/Project Title]

Performance Period: [start date – end date]

Introduction

[Company Name] is pleased to provide this budget narrative for the above-referenced project to describe the rationale for our budget. Costs presented in our budget reflect our proposed scope of work, as outlined in the Project Description, and are based on our experience implementing projects with a similar scope and duration. We are happy to provide any additional information or support upon request.

Detailed Budget Comments

USAID-CCEB grants: For the grant portion the budget application is the financial summary form (Application Budget Template above), which presents the budget by tranche payments for costs associated with achieving proposed milestones. Although the grant cannot cover indirect costs, grant funding can cover direct costs that will be incurred by the recipient to provide identifiable administrative and management support to the activity.

Setting Milestones and Structuring Payments

Milestones are for a verifiable product, task, deliverable, or goal of the recipient. The milestones will generally have three parts: (1) a description of the product, task, deliverable, or goal to be accomplished; (2) a description of how the recipient will document the completion of the product, task, deliverable, or goal; and (3) the amount that USAID will pay the recipient for the deliverable. Some milestones may also have dates indicating when the milestone is expected or required to be completed. However, depending on the nature of the activities in the award, a milestone date may not be necessary or appropriate and/or milestone completion may or may not be sequential when dates are estimated/required. Additional Guidance on Fixed Amount Award Milestones may be found in USAID's "Awarding Fixed Amount Awards to Non-Governmental Organizations: An Additional Help Document for ADS Chapter 303".

ATTACHMENT 3

TECHNICAL DESCRIPTION:

[Follow RFA Instructions or provide project description along following lines.]

- Cover Page
- Background/Statement of Need
- Goals and Objectives of Proposed Activities
- Narrative Description of Proposed Project of Activities
- Implementation Timetable
- Milestones for Grant Disbursement
- Monitoring and Evaluation Plan/Milestones for Fixed Amount Award
- Capabilities Statement

Application Workplan Template

- Complete the table below and indicate when each activity will be implemented.

Activity	2016									2017					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Application Monitoring & Evaluation Plan Template

- Provide a narrative description of how the project will be monitored and evaluated.
- Provide a narrative description of how the Company will use monitoring data to assess energy savings and GHG reduction
- Complete the table below and include clear targets and indicators to measure progress.

Activity	Performance Indicator	Target	Data Source	Data Collection Method	Frequency	Data Verification Plan
Activity 1.1						
Activity 1.2						
Activity 1.3						

ATTACHMENT 4

CERTIFICATION FROM COMPANY

- a. Our company has received a copy of the Project’s Grant Recipient Handbook and our company’s board and senior management have read and understood its contents.
- b. Our company has not received any funding from the Project for the preparation of this Application.
- c. Our company has no advances from USAID or a USAID contractor which have been outstanding and unliquidated for longer than 90 days, and that our company has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due.
- d. At the time of application there exists no condition within our company or with respect to our company’s management which renders the company ineligible for a grant directly or indirectly funded by USAID.
- e. Certify that we will not use the grant to fund for any indirect company costs incurred by the company and that we have the resources to fully fund our contribution to the total cost of the proposed activities.
- f. In order to demonstrate our company’s eligibility, we have attached (choose all that apply):
 - A copy of our company’s formal registration as evidence of our legal status.
 - One or more copies of board of directors resolutions, strategic plans (overall long-range plan for beneficiary’s company) or other documentation indicating our company’s managerial commitment to implementing objectives that are consistent with grant application.
 - A copy of our company organizational chart

By affixing my signature below, I certify that the above statements are true and may be relied upon by the USAID Catalyzing Clean Energy in Bangladesh Project in determining eligibility for grant award.

_____	_____	_____
Company Name	Signatory Name, Title	Date



MANAGEMENT QUESTIONNAIRE

For
Grantee Evaluation
Under

Catalyzing Clean Energy in Bangladesh (CCEB) Project

Accepting a grant from the **Catalyzing Clean Energy in Bangladesh (CCEB) Project** creates a legal duty for the awardee to use the funds in accordance with the requirements of the CCEB agreement and United States federal regulations. Prior to making an award, CCEB must assess the adequacy of the financial and accounting systems of a prospective grantee to ensure responsibility and accountability if an award is made.

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 CCEB.

Complete the questionnaire and checklist on page 7, sign and return it (along with any attachments) to [Name of project].

If you have questions, please contact: Arifa Choudhury, Incentive Fund/Grants Manager

achoudhury@cleanenergy-bd.org

CONTACT INFORMATION

Please complete this section with information on how we can communicate with each other.

Legal Name of Organization (that will sign the grant agreement and accept responsibility for [Name of project] funds):	
Mailing Address:	
Street Address: (used for express delivery)	
Telephone:	
Fax Number:	
E-mail:	

To help us communicate with your organization, please indicate your current capabilities and preferences below Paper copies will always be available and can be sent by fax, mail or courier service.

1. Does your organization have the computer capability needed to receive documents sent by e-mail?

Yes: ___ No: ___

2. Please check the software programs you can receive documents in by email:

Excel ___ Lotus ___ MSWord ___ WordPerfect ___

SECTION A: GENERAL INFORMATION

1. Does your organization have the computer capability needed to receive documents sent by e-mail?

2. Is your organization incorporated or legally registered?

Yes: No: (Explain)

3. When and where was your organization incorporated or registered?

4. Please provide copies of any materials which describe your organization, its mission and history.

Enclosed: ___ Not Enclosed: (Explain)

5. Is your organization affiliated with any other organization (governmental, quasi-governmental, public or private)?

Yes: ___ No: ___

If yes, please provide details:

6. Please list the names of your organization’s officers and provide an organizational chart, if available.

President/Director: _____

Chief Financial Officer: _____

7. List the number of employees your organization has:

Full-Time Employees: _____ Part-Time Employees: _____ Volunteers: _____

8. Will your organization have other sources of U.S. government funds (such as USAID, OTI, or USIA/USIS) during the period of the [Name of project] grant?

Yes: ___ No: ___

8a. If yes, please provide the name of the U.S. federal agency or agencies, the grant period and amount of funds provided.

9. Will you receive support from non-U.S. government sources during the grant period?

Yes : __ No: __

9a. If yes, please provide an estimate of all significant (more than 5% of your total expected revenues) support you expect to receive and include both monetary and non-monetary (equipment, free services) amounts to support your program.

Source: _____ Support: _____

Source: _____ Support: _____

Source: _____ Support: _____

SECTION B: 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 (OMB Circular A-122 "Cost Principles for Nonprofit Organizations" or OMB Circular A-21 "Cost Principles for Educational Institutions")?

Yes: ___ No: ___

SECTION C: ACCOUNTING SYSTEM

The purpose of an accounting system is to 1) accurately record all financial transactions, 2) ensure that all financial transactions are supported by invoices, timesheets and other documentation, and 3) ensure that transactions can be segregated if project specific cost reporting is required or if any final determinations might be necessary and are based on costs incurred. 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, **[Name of project]** 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)?

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 [Name of project] grant from the receipts and payments of your organization's other activities?

Yes: ___ No: ___

5. Can your accounting records summarize expenditures from the [Name of project] 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.?

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 a cash reconciliation?

a. daily ___ b. weekly ___ c. monthly ___ d. by accountant=s decision ___

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

Yes: ___ No: ___

SECTION D: FUNDS CONTROL

[Name of project] awardees often receive some form of advance payments and therefore must maintain a separate bank account registered in the name of the organization for the purpose of safeguarding these funds. The bank account may be in local currency or U.S. dollars depending upon local requirements. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. If cash cannot be kept in a bank, it is very important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement. 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: ___

1a. If not, how do you plan to receive funds from a possible grant?

2. Will funds in the bank account be in:

Local currency: ___ U.S. dollars: ___

3. Will the bank account draw interest:

Yes: ___ No: ___

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

Yes: ___ No: ___

5. Will any funds from [Name of project] be kept outside the bank account (in petty cash funds, etc.)?

Yes: ___ No: ___

5.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.

6. If your organization doesn't have a bank account, how is cash kept safely?

SECTION E: AUDIT

[Name of project] 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

[Name of project] 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 [Name of project].

1. Complete the checklist:

- Certificate of Registration and Statute (requested on page 2) is attached.
- Information describing your organization (requested on page 2-3) is attached.
- Organizational chart, if available, (requested on page 4) is attached, (if applicable).
- Copy of your organization's most recent audit (requested on page 6) is attached.
- If no recent audit, a "Balance Sheet" and "Revenue and Expense Statement" for the prior fiscal year (requested on page 7).
- 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

Title

Date