**SKILLS DEVELOPMENT FUND SECRETARIAT**

**Concept Note Submission Form**

**Windows 1 & 2**

**Provider-Driven Labor Market Relevant  
Quality TVET**

**&**

**Support to Businesses in Productive Sectors**



**Client: Ministry of Technical and Higher Education**

**Country: Republic of Sierra Leone**

**Project: Sierra Leone Skills Development Project**

**Reference Number…………………..**

***Complete the form and email it to*** [***grants@sdf.gov.sl***](mailto:grants@sdfs.gov.sl) ***not later than 18th October 2021.***

WINDOW 1 & 2 CONCEPT NOTE SUBMISSION FORM

**APPLICANTS ELIGIBLE FOR SDF SUPPORT**

*PLEASE READ THIS IMPORTANT INFORMATION BEFORE YOU FILL IN THE APPLICATION!*

The Skills Development Fund (SDF) has two ‘windows’, catering for different target groups. Window 1 will support improvement of the quality and relevance of formal and non-formal TVET, and Window 2 will address skills gaps and skills shortage experienced by private enterprises in the formal and informal sectors of the economy.

***Eligible Beneficiaries for Window 1***

The training provider is considered eligible to apply for Window 1 if:

* The training provider is either a registered public, private or non-profit entity, evidenced by an up to date certificate of registration. Providers that apply as a consortium must include a signed letter from the entities in the consortium indicating their agreement to form a consortium for the purposes of the grant; and consequently providing a Power of Attorney indicating which of the consortium members will be dealing with the Secretariat.
* The training provider has a track record of operating functional training program(s) in subject areas related to the application. For new proposed formal TVET courses, the training provider has a track record of operating functional training program(s) in the department where the new course will be offered.
* The training provider must have the required teaching staff and facilities necessary for providing the proposed training course(s) at an acceptable level.
* Priority will be given to training providers who demonstrate commitment to engage with an appropriate industry and/or private sector.

***Eligible Beneficiaries for Window 2***

For Window 2, the applicant must meet the following criteria:

* Be an informal sector member-based organization/association/coop or a registered company/Business.
* The company/business/organization/coop must have been in existence for at least 2 years.
* Employee/membership composition should be majority Sierra Leonean nationality.
* Employee/membership composition of 25% youth and/or women.
* Must be from the 5 targeted sectors: agriculture, tourism, extractives, construction, and renewable energy.
* Have demonstrable commercial viability.
* The proposed training must benefit a minimum of 25 proposed trainees across the informal and formal sectors.

| **SECTION 1: CONTACT DETAILS OF APPLICANT** | | | | |
| --- | --- | --- | --- | --- |
| **Name of applying organization** | |  | | |
| **Type of applicant** | | Company/association/training institution/NGO/other | | |
| **Administrative address** | |  | | |
| **Town** | |  | | |
| **Province** | |  | | |
| **Operational site (If different from administrative address)** | |  | | |
| **Number of Branches/Outlets** | |  | | |
| **Mobile Telephone** | |  | | |
| **Email** | |  | | |
| **Website (If any)** | |  | | |
| **FIRST CONTACT PERSON WITHIN THE ORGANISATION** | | | | |
| **First Name** |  | | **Mobile Telephone 1** |  |
| **Last Name** |  | | **Mobile Telephone 1** |  |
| **Position in Organisation** |  | | **Email** |  |
| **SECOND CONTACT PERSON WITHIN THE ORGANISATION** | | | | |
| **First Name** |  | | **Mobile Telephone 1** |  |
| **Last Name** |  | | **Mobile Telephone 1** |  |
| **Position in Organisation** |  | | **Email** |  |

| **SECTION 2: APPLICANT’S LEGAL STATUS AND KEY ACTIVITIES** | | | | |
| --- | --- | --- | --- | --- |
| **LEGAL STATUS** | | | | |
| **Registration Date** |  | | **Registration no.** |  |
| **Bankers** |  | | **Tax Identification No. (TIN)** |  |
| **Total no. of Employees** |  | | **Year Established** |  |
| **CORE ACTIVITIES**  *Summarize the four most important activities/products (for companies) or course offered (for training institutions)* | | | | |
| **Activity/Course 1** | |  | | |
| **Activity/Course 2** | |  | | |
| **Activity/Course 3** | |  | | |
| **Activity/Course 4** | |  | | |

| **SECTION 3: PROJECT FUNDING APPLICATION** |
| --- |
| **TITLE OF APPLICATION**  *Please in one sentence describe what the focus of the application is* |
|  |
| **DETAILED OUTLINE OF ACTIVITY TO THE SUPPORTED BY SDF**  *Give a detailed summary of the activities for which you request SDF support (Max 30 lines)* |
|  |

| **WHAT IS THE PROBLEM YOU WHAT TO ADDRESS AND WHY DO YOU THINK THAT THE PROPOSED ACTIVITY WILL RESOLVE IT?**  *(Max 30 lines)* |
| --- |
|  |

| **JUSTIFY WHY YOU NEED A GRANT TO EXECUTE THIS PROJECT***? Explain why this project cannot be executed without a grant from SDF. (Max 30 lines)* |
| --- |
|  |

| **SECTION 4: INDICATIVE BUDGET** | | |
| --- | --- | --- |
| **BUDGET SUMMARY**  *List the most important activities you are soliciting funding for and the indicative budget for each activity* | | |
| **Activity** | | **Budget (SLL)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| **TOTAL** | |  |

I, …………………………………………….. (name), declare that I have the power and permission of the Governing Body of ………………………………………………….. (name of applying organization) to submit this application. I also declare that the above information is true and correct to the best of my knowledge.

Place:

Date:

Signature:

Office stamp: