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| **Annex A. Technical Approach Application Form** | | | | | | | | | | | | | | | |
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| **USAID Cybersecurity for Critical Infrastructure in Ukraine Activity** | | | | | | | | | | | | | | | |
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| **I. ORGANIZATION DETAILS** | | | | | | | | | | | | | | | |
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| 1. **Organization name and ID** [*Tax ID or USREOU (Ukrainian state registry legal entity identifier)]:* | | | | | | | | | | | | | | | |
| *[full legal name]* | | | | | | | | | | | | | | | |
| *[Tax ID or USREOU]* | | | | | | | | | | | | | | | |
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| 1. **Date organization was founded and registration status:** | | | | | | | | | | | | | | | |
| *[Current registration status]* | | | | | | | | | | | | | | | |
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| 1. **Contact information:** | | | | | | | | | | | | | | | |
| *[Contact Information— Contact name, title, address, telephone, e-mail, etc. The contact person (agent) is responsible for communications between the Activity and the applicant. This applies to all aspects of the grant application, from initial submission through negotiation and award. The agent must have full authority and responsibility to act on behalf of the applicant. The agent should be someone who will be directly involved with the grant activity and has a proven, established relationship with the APPLICANT]* | | | | | | | | | | | | | | | |
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| Key contact person(s) and title: | | | | | | | | | | | | | | | |
| Office address: | | | | | | | | | | Office phone: | | | | | |
| Mobile: | | | | | | | | | |  | | | | | |
| Email: | | | | | | | | | | Website: | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **Briefly describe the organization, its purpose, and past related experience:** | | | | | | | | | | | | | | | |
| *[Briefly describe the organization and its activities—This section should introduce the applicant and its background: how it was formed, its mission or purpose, major accomplishments in the area of the targeted activity, current activities, past related experience, and clients. This section must not exceed 1 page in length]* | | | | | | | | | | | | | | | |
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| 1. **List contact information for three (3) references from previous firms, organizations, or donor agencies (U.S. and other) that your organization has collaborated with in the last two years:** | | | | | | | | | | | | | | | |
| *[References—List three donors, partner organizations, or community leaders that can provide references for your organization’s ability to successfully carry out the financial, administrative, and technical requirements of the grant activity. Briefly describe your relationship to the reference and the nature and duration of your work together. If the reference is a previous donor, list the activity and location of the activity(s) they funded. Be sure to provide complete information, including a point of contact, with telephone and email]* | | | | | | | | | | | | | | | |
| **Firm or Organization** | | | | **Nature of Relationship or**  **Title of Project, Location** | | | | | | | **Start & End Dates of Collaboration** | | | | **Contact Person** |
|  | | | |  | | | | | | |  | | | | Name & Position:  Email:  Tel: |
|  | | | |  | | | | | | |  | | | | Name & Position:  Email:  Tel: |
|  | | | |  | | | | | | |  | | | | Name & Position:  Email:  Tel: |
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| **II. TECHNICAL PROPOSAL** | | | | | | | | | | | | | | | |
| 1. **Title of the proposed grant activity:** | | | | | | | | | | | | | | | |
| *[Grant activity title—The title given to the activity should relate to the grant activity objective]* | | | | | | | | | | | | | | | |
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| 1. **Location and duration:** | | | | | | | | | | | | | | | |
| Location: | | | | | *[Location]* | | | | | | | | | | |
| Overall length: | | | | | *[total number of months]* | | | | | | | | | | |
| Start date: | | | | | *[month, and year]* | | | | | | | | | | |
| End date: | | | | | *[month, and year]* | | | | | | | | | | |
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| 1. **Budget Summary (Total Cost)** | | | | | | | | | | | | | | | |
| *From Annex B, provide the final total estimated cost of your proposed application in USD.* | | | | | | | | | | | | | | | |
| **Budget Category** | | | | | | | | | | | | | **Grant Resources**  **(in USD)** | | |
| **Total Estimated Costs (in USD)** | | | | | | | | | | | | | **$** | | |
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| **III. PROJECT DESCRIPTION** | | | | | | | | | | | | | | | |
| *(ADJUST THIS ENTIRE SECTION AS NECESSARY)* | | | | | | | | | | | | | | | |
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| 1. **Project summary** | | | | | | | | | | | | | | | |
| *(This section should present your technical approach of your proposed project summary and how grant funds wiill be used to advance selected objectives. The summary must* ***be no more than 5 pages*** *and should clearly address what your project will accomplish related to product development, marketing, expansion and/or improvement that will have an impact on the overall cybersecurity market in Ukraine. The applicant should also explain why and how the project will be implemented and demonstrate what phases of the company business plan or business model are associated with the specific grant funds used to implement this project.)* | | | | | | | | | | | | | | | |
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| 1. **Project goal, activities, and results** | | | | | | | | | | | | | | | |
| *(Please provide accurate and detailed information,* ***no more than 5 pages****.)* | | | | | | | | | | | | | | | |
| 1. ***What specific GOU and/or CIOs needs the project target to address? How will the project impact the Ukraine’s cybersecurity preparedness?*** | | | | | | | | | | | | | | | |
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| 1. ***What are the short-term period challenges that you addressing in your project?*** | | | | | | | | | | | | | | | |
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| 1. ***What are the specific activities that you will undertake using these grant funds?*** | | | | | | | | | | | | | | | |
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| 1. ***What are the specific expected results that your project will bring about?*** | | | | | | | | | | | | | | | |
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| 1. **Monitoring and evaluation** | | | | | | | | | | | | | | | |
| *(Please include the tools you will use to monitor project activities and evaluate project results)* | | | | | | | | | | | | | | | |
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| 1. **Sustainability** | | | | | | | | | | | | | | | |
| 1. ***Describe how the activities in your project will be sustained after funding ends. How will the activities or results of your project continue?*** | | | | | | | | | | | | | | | |
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| 1. **Project activity schedule and timeline (work plan)** | | | | | | | | | | | | | | | |
| *(Based on the activities listed in section III.2(c) above, please fill in the work plan using the template provided in Annex B)* | | | | | | | | | | | | | | | |
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| **IV. PROPOSED PERSONNEL** | | | | | | | | | | | | | | | |
| *Please list all project team members, including their position, role in the project and a short description of their assigned responsibilities. (Insert as many lines as necessary).* | | | | | | | | | | | | | | | |
| *(Please attach CVs for key personnel involved in the project)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **No** | **NAME & SURNAME** | | | | | **TITLE** | | | **ROLE IN THE PROJECT** | | | | | **DESCRIPTION** | |
| *1* |  | | | | |  | | |  | | | | |  | |
| *2* |  | | | | |  | | |  | | | | |  | |
| *3* |  | | | | |  | | |  | | | | |  | |
| *4* |  | | | | |  | | |  | | | | |  | |
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| **V. APPLICANT CAPABILITY AND PAST PERFORMANCE** | | | | | | | | | | | | | | | |
| 1. **Organizational capability and resources** | | | | | | | | | | | | | | | |
| *Annual income over the past three years, mentioning the names of your main financial contributors (where applicable)* | | | | | | | | | | | | | | | |
| **YEAR** | | **TOTAL ANNUAL INCOME**  (in USD) | | | | | | **MAIN FINANCIAL CONTRIBUTORS\***  If revenue, provide the category of revenue source (e.g., individual customers, enterprise companies, consulting, etc.) | | | | | | | |
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| 1. **Past performance** | | | | | | | | | | | | | | | |
| *Please describe no more than three major projects in Ukraine in which your organization was involved over the past three years, using the table below.* | | | | | | | | | | | | | | | |
| 1. Project title | | |  | | | | | | | | | | | | |
| 1. Duration (months) | | |  | | | | | | | | | | | | |
| 1. Year | | |  | | | | | | | | | | | | |
| 1. Location | | |  | | | | | | | | | | | | |
| 1. Role of your organization   (leader, partner) | | |  | | | | | | | | | | | | |
| 1. Project objectives | | |  | | | | | | | | | | | | |
| 1. Project results | | |  | | | | | | | | | | | | |
| 1. Total budget (USD) | | |  | | | | | | | | | | | | |
| 1. Funding sources and types of funding (grants, contract, or other) | | |  | | | | | | | | | | | | |
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| **VI. STATEMENT OF LIABILITY AND DISCLOSURE OF RELATIONSHIPS** | | | | | | | | | | | | | | | |
| **I, the undersigned, being the person responsible as the applicant submitting this application under the organization [Insert Name of Organization] for this grant, certify that the information given in this application is true and accurate, and that the organization, [Insert Name of Organization], is not affiliated with DAI, DAI subcontractors or any of its directors, officers, or employees.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | Name and surname: | | | | |  | | | |
|  | | | | | | | Title/Position: | | | | |  | | | |
|  | | | | | | | Signature: | | | | |  | | | |
|  | | | | | | | Date: | | | | |  | | | |