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**SKILLS DEVELOPMENT FUND**

**SDF GRANT PROPOSAL REQUEST**

WINDOW 2: OUT-OF-SCHOOL YOUTH

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY** | | |
| **Received on:** | **Received by:** | **Application No:** |
|  |  |  |

Complete and submit the application to: [sdfrwanda@gmail.com](mailto:sdfapplication@gmail.com) and copy to: [info@rtb.gov.rw](mailto:info@rtb.gov.rw) not later than **12th February 2021 00:00AM**.

**N.B:** All applicants will be subjected to Due Diligence in order to verify that the information provided in the Grant proposal is correct and to assess the capacity of the involved organizations.

**PLEASE NOTE THAT ANY ALTERATION TO THIS APPLICATION FORM WILL RENDER IT INVALID**

**ACTIVITIES ELIGIBLE FOR SUPPORT BY SDF**

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

**SHORT INTRODUCTION TO WINDOW 2**

The objective of this window is to provide out-of-school youth with practical skills for work in labor-intensive trades that align them with local demand and opportunities. The intervention of this window is short-term practical training for Massive Vocational Training (MVT).

Eligible applicants on short term practical training for out of school youth include TVET schools from both public and private sector or any organization accredited to offer TVET programs and must have demonstrated capacity (knowledge, skill, practical experience, training facilities, and the necessary relevant machines/tools) to provide the proposed training.

Both non-agricultural and agricultural courses are eligible for support. The training may include an introduction to basic entrepreneurial skills. The training duration for this intervention is six (6) months (*3 months in the training institution and 3 months at workplace company/industry*).

At this stage, grant will not fund the cost related to equipment /Machinery. The evaluation of the Grant proposals will mainly base on project relevance, sustainability and cost-effectiveness.

In selecting the best applicants to benefit from the grants, priority will be accorded to the training areas (Trades) falling under selected priority sectors including Manufacturing, Energy, Transport and Logistics, ICT based projects (programming, digital cloud, data analysis and internet of things), Hospitality (Culinary Art), Handcraft, Agriculture (horticulture and aquaculture), Construction and Mining.

**SECTION 1: CONTACT DETAILS OF APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ADDRESS** | | | | | | | | | | | | |
|  | | | | |  | |  | | | |  | |
| Name of applying institution | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| Type of applicant | | Training institution  Write your choice here……………………………………………… | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| Physical address | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| District | |  | | Province | | | | | |  |  | |
|  | | | | | | | | | | | | |
| Mobile telephone | |  | P.O. Box | | | | | | |  |  | |
|  | | | | | | | | | | | | |
| Email | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **FIRST CONTACT PERSON WITHIN THE ORGANISATION** | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| First Name |  | | | | | Mobile 1 | | |  | | |  |
|  | | | | | | | | | | | | |
| Family Name |  | | | | | Mobile 2 | |  | | |  | |
|  | | | | | | | | | | | | |
| Position in Organisation |  | | | | | E-mail | |  | | |  | |
|  | | | | | | | | | | | | |
| **SECOND CONTACT PERSON WITHIN THE ORGANISATION** | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| First Name |  | | | | | Mobile 1 | | |  | | |  |
|  | | | | | | | | | | | | |
| Family Name |  | | | | | Mobile 2 | |  | | | |  |
|  | | | | | | | | | | | | |
| Position in Organisation |  | | | | | E-mail | |  | | |  | |
|  | | | | | | | | | | | | |

**SECTION 2: APPLICANT’S LEGAL STATUS AND KEY ACTIVITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEGAL STATUS** | | | |  |
|  | | | |  |
|  | | | | |
| Registration/  Accreditation Date |  | Registration Number |  |  |
|  | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | *Tick* () *the appropriate* | | | | | | Bank Name and Account |  | TIN Number |  | Private |  | Public |  |  | | | | | |
|  | | | | |
| Total no. of employees/staff |  | Year established |  |  |
|  | | | | |

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| --- | --- | --- |
| **APPLIED TRAINING PROGRAMMES (TRADES)**  *List the training areas (trades) for your institutions. Add details in attachment if necessary* | |  |
|  | |  |
| Training area/Trade1 |  |  |
|  | | |
| Training area/Trade2 |  |  |
|  | | |
| Training area/Trade3 |  |  |
|  | | |
| Training area/Trade4 |  |  |
|  | | |

**SECTION 3: PROJECT FUNDING APPLICATION**

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| **TITLE OF APPLICATION**  **Please in one sentence describe what is the focus of the application** |
|  |
| **PROJECT ACTIVITIES AND OUTCOME**  *Outline the planned activities to be supported by SDF, Problem you want to solve, expected outcome/results and Justify why you need grant to resolve it. Explain why this project cannot be executed without a grant from SDF.* |
| (Max. 300 words) |

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| **Explain the role of the key stakeholders in the project if any?**  *Remember to attach to this proposal the accreditation for training institution if possible.* |
| (Max. 50 words) |
|  |
|  |
| INFORMATION ABOUT THE INSTITUTION TO HOST BENEFICIARIES Specify the economic sector and main business products of the company that will host interns. It is also required to attach to this proposal an MoU with a company/industry to host the beneficiaries during 3 months (3 months in training institution & 3 months in company/Industry) |
| (Max. 50 words) |

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| **TRAINING DELIVERY PROCESS**  *Keep in mind that the training period is* 6 months *for Out of School Youth, estimate the training duration with respect to the training content/modules to be offered.* |
| |  |  |  |  | | --- | --- | --- | --- | | **Activity/Training Content** | **From** | **To** | **Number of Hours** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **TOTAL NUMBER OF HOURS** |  |  | **... Hours** | |
| |  | | --- | | *(Add a comment related to the training process if any)* ***(Max. 50words)*** |   ***Note:*** *This table is only used for one trade, if you have applied for more than one trade you are requested to copy and fill it again with respect to the number of trades applied for.* |

|  |  |
| --- | --- |
| **TRAINING EQUIPMENT**  *List down the equipment required to conduct this training, please remember to attach a proof of ownership if the equipment is owned by your institution or your partner* | |
| |  |  |  |  | | --- | --- | --- | --- | | **No** | **Type of training equipment available for each course** | **Who owns the equipment?** | **Number *(How many?)*** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| |  | | --- | | *(Add a comment related to the training equipment if any)* ***(Max. 50words)*** |   ***Note:*** *This table is only used for one trade, if you have applied for more than one trade you are requested to copy and fill it again with respect to the number of trades applied for.* | |
| **RECRUITMENT OF BENEFICIARIES**  *Indicate the number of project beneficiaries for a period* of 6 months |
| **Trade (course) 1**: ...*Name of trade (course)*...   |  |  | | --- | --- | | Number of Beneficiaries | Level of education required | |  |  | |
| **Trade (course) 2**: ...*Name of trade (course)*...   |  |  | | --- | --- | | Number of Beneficiaries | Level of education required | |  |  |     **Trade (course) 3**: ...*Name of trade (course)*...   |  |  | | --- | --- | | Number of Beneficiaries | Level of education required | |  |  |  |  |  | | --- | --- | | **TOTAL NUMBER OF BENEFICIARIES** | ............... | |

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| **TECHNICAL STAFF**  *Identify the technical staff required to train all trades you are applying for; in case he/she is already hired, please attach his/her CV* |
| |  |  |  |  | | --- | --- | --- | --- | | **No** | **Position** | **Qualification** | **“Available”** or **“to be hired”?** | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | 6 |  |  |  | | 7 |  |  |  | | 8 |  |  |  | |

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| **SUSTAINABILITY**  *How will your project (the planned activity) continue beyond the phase funded by SDF?* |
| ***(Max. 50words)*** |

**SECTION 4: INDICATIVE BUDGET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET SUMMARY**  *List the most important activities you are soliciting funding for and the indicative budget for each activity.* | | | | | | | | |
| **S/N** | **ITEM BY TYPE** | | **DESCRIPTION** | | **QTY** | **UNIT COST**  **/MONTH** | **TOTAL COST/ MONTH** | **TOTAL COST/ 6 MONTHS** |
| **I** | **SALARIES & OTHER ALLOWANCES FOR PROGRAM DEVELOPMENT** *(Include position and qualification for every staff in description)* | | | | | | | |
| 1 | Internal Staff | |  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
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|  | |  |  |  |  |
|  | |  |  |  |  |
| 2 | Local Expert | |  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| 3 | External Expert | |  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  |  | **SUB-TOTAL** | | | | |  |  |
| **II** | **CONSUMABLES** *(List all consumables required per trade. You can insert more rows if needed)* | | | | | | | |
| **A** | **TRADE I:……** | | |  |  |  |  |  |
| 1 |  | | |  |  |  |  |  |
| 2 |  | | |  |  |  |  |  |
| 3 |  | | |  |  |  |  |  |
| 4 |  | | |  |  |  |  |  |
| 5 |  | | |  |  |  |  |  |
|  |  | **SUB-TOTAL** | | | | |  |  |
| **B** | **TRADE II:………** | | |  |  |  |  |  |
| 1 |  | | |  |  |  |  |  |
| 2 |  | | |  |  |  |  |  |
| 3 |  | | |  |  |  |  |  |
| 4 |  | | |  |  |  |  |  |
| 5 |  | | |  |  |  |  |  |
|  |  | **SUB-TOTAL** | | | | |  |  |
| **C** | **TRADE III:……** | | |  |  |  |  |  |
| 1 |  | | |  |  |  |  |  |
| 2 |  | | |  |  |  |  |  |
| 3 |  | | |  |  |  |  |  |
| 4 |  | | |  |  |  |  |  |
| 5 |  | | |  |  |  |  |  |
|  |  | **SUB-TOTAL** | | | | | |  |
| **III** |  | **OTHER RELATED TRAINING COST** | | | | | | |
| 1 | Certificate Cost | | |  |  |  |  |  |
| 2 | Graduation Cost | | |  |  |  |  |  |
| 3 | Stationeries (Printing materials, etc...) | | |  |  |  |  |  |
| 4 | Insurance Cost for Trainees | | |  |  |  |  |  |
|  |  | **SUB-TOTAL** | | | | |  |  |
|  |  | **GRAND TOTAL** | | | | |  |  |

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| --- |
| **REQUIRED CONTRIBUTION FROM APPLICANT *(****for non-government applicants)*  *Justify how the institution will contribute to facilitate the training.* |
| (Max. 300 words) |
|  |

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

|  |  |  |
| --- | --- | --- |
| Place: |  | *Office stamp* |
| Date: |  |
| Signature: |  |