## CONCEPT NOTE

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| Note: The purpose of the Concept Note is for the partner to express interest and demonstrate its unique advantage and value added for undertaking the Project Partnership Agreement.  The Concept Note is not a full and well‐defined description of a Project. The detailed Project and its budget will be fully elaborated after the partner is selected. The Concept Note is to help UNHCR to better understand and select the Best‐Fit Partner for a specific Project.  Prospective or existing partners may submit a Concept Note to propose an initiative or as a response to a Call for Expression of Interest issued by UNHCR. A sample template for a Concept Note is below. | | | |
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| **CONCEPT NOTE**  (Maximum 3 Pages. A detailed project description is not required unless requested by UNHCR) | | | |
|  | | Tick if applicable | Identification Number |
| **Proposal in response to UNHCR Call for Expression** | |  | **EOI/LEB/3/SYR/2019** |
| **Partner Initiated Concept Note** | |  |  |
| **Name of the Organization:** |  | | |
| **Contact Information and Address:** |  | | |
| **Project Location:** |  | | |
| **Submitted to UNHCR Office:** |  | | |
| **Project Goal and Envisioned Outcomes:** | | | |
| *Brief description of the how the proposed project will achieve its expected outcome, including new initiatives if applicable* | | | |
| **Background and Rationale:** | | | |
| *Please describe the unique advantage your organization brings to the project for achieving the desired outcome for the persons of concern.* | | | |
| **Methodology and approach** | | | |
| *Brief description of the activities, methodology and approach to be used for the project to address the need and achieve the desired outcome for the persons of concern. Describe how the methodology and approach links/complements UNHCR’s objectives for the persons of concern, including a description of how your organization would monitor project progress. Indicate whether any other partner(s) or contractor(s) will be used in the delivery of the project activities.* | | | |
| **Resources** | | | |
| *Brief description of how the required resources would be mobilized and the estimated total cost of the project, including total funding to be requested from UNHCR, the organization’s contribution (financial and/or in‐kind) as well as any contributions by other donors. Please provide number of projects and resources currently managed.*   |  |  | | --- | --- | | Total Estimated Funding to be requested from UNHCR: |  | | % for Programme Cost:  *(% of budget allocated to the project activities)* |  | | % of Administrative Cost:  *(% of budget allocated to administrative costs - including UNHCR’s contribution towards Project Headquarters Support Costs if applicable)* |  | | | | |
| **Technical Capacities** | | | |
| *Brief description of the distinctive technical capacity and strengths, including past experiences, to deliver the desired outcome of this project. Brief description of areas of improvement for which the organization may require support.* | | | |
| **Expectations** | | | |
| *Brief description of the partner’s expectations of UNHCR for the successful implementation of this project.* | | | |
| **Other** | | | |
| *Any other information the organization would like to provide to UNHCR.* | | | |

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| **Signature:** |  |
| **Name/Title of the duly authorized Partner Representative:** |  |
| **Date:** |  |

**Annex 1**

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| --- | --- | --- | --- |
| **Partner Procurement Capacity Assessment**  **UNHCR Operation: Lebanon**  **Project title (*if known*):** | | | |
| 1. *Name of organization* |  | | |
| 1. *Were the procurement requirements clearly mentioned in the “Call”?* |  | | |
| 1. *What professional experience and capability does the organization have for undertaking procurement at the required scale?* | Is there a functioning procurement unit at an operational level? | | Yes  No |
| Number of International Staff | |  |
| Number of National Staff | |  |
| Average years of professional experience of the procurement staff | |  |
| 1. *What is the anticipated procurement size and nature required for implementing the project in 2019?* | Procurement type | | Goods  Services  Construction works |
| Procurement | | International  Local |
| Specify item for procurement | |  |
| Specify the value US$ | |  |
| 1. *Please provide a brief description of what is to be procured* |  | | |
| 1. *Does the organization have a demonstrated experience in undertaking procurement of a similar size and nature over the past three years?*   *Please provide specific* ***examples****.* | Procurement type | |  |
| International Procurement  (Value US$ per year) | |  |
| Local Procurement  (Value US$ per year) | |  |
| Number of relevant projects | | UNHCR  other UN agencies  other agencies:  ……………………. |
| 1. *Does the organization have a clean audit opinion and verification record related to procurement activities in the past two years?* | Audited by external audit firm | | |
| Specify audit firm |  | |
| Year of audit |  | |
| Opinion |  | |
| Audited by UNHCR | | |
| Year of audit |  | |
| Opinion |  | |
| ICQ procurement risk rating |  | |
| 1. *The organiation is assessed as:* | Pre-qualified by UNHCR:  Date of PQP-notification:…………………………………  Pre-qualified by other UN agency,  Namely: …………………………………………………  Date of pre-qualification: ……………………………….  Not pre-qualified.  Not pre-qualified but the corresponding application is under evaluation by UNHCR Procurement Services  Not pre-qualified but has good potential and is ready. | | |
| 1. *Does the organiation have VAT/sales tax exemption?* | Yes  No | | |
| 1. *Any other comments?* |  | | |

**Attachment A**

**PARTNER BIO-DATA**

**International NGO**

**National NGO**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organization:** | | | | |  | | | | | | | | | | |
| **Name/Title of the duly authorized Partner Representative:** | | | | | | |  | | | | | | | | |
| **Contact Information :** | | | | |  | | | | | | | | | | |
| **Phone:** |  | | | | | | **Fax:** | |  | | | **E-mail** |  | | |
| **Address:** | |  | | | | | | | | | | | | | |
| **Details of Contact Person:**  **(if other than the representative specified above)** | | | | | | | |  | | | | | | | |
| 1. **Registration** | | | | | | | | | | | | | | | |
| Legally registered in Lebanon (please attach registration certification) | | | | | | | | | | | | | | | **Yes  No** |
| if No, Applied for Registration to Government of Lebanon on:  (please attach registration request) | | | | | | | | | | | | | | dd-mm-yyyy | |
| For International NGO Only: Legally registered in their country of origin | | | | | | | | | | | | | | | **Yes  No** |
| 1. **Financial Management System** | | | | | | | | | | | | | | | |
| Have the authority to operate bank account in Lebanon. | | | | | | | | | | | | | | | **Yes  No** |
| Agree to maintain a separate bank account for the UNHCR funding. | | | | | | | | | | | | | | | **Yes  No** |
| Have a waiver from UNHCR Controller to use pool account | | | | | | | | | | | | | | | **Yes  No** |
| Agree that any additional cost incurred due to pool account not to be charged to UNHCR | | | | | | | | | | | | | | | **Yes  No** |
| Accounting System: | | | **Accounting Software  Maintained in Excel  Manual/Paper based** | | | | | | | | | | | | |
| Have an accounting system that allows for the proper recording/tracking of financial transactions related to UNHCR projects, including allocation of expenditures in accordance with the requirement of partnership agreement. | | | | | | | | | | | | | | | **Yes  No** |
| If No, please explain the process followed: | | | | | | | | | | | | | | | |
| Cost allocations to the various funding sources made accurately and in accordance with established agreements. | | | | | | | | | | | | | | | **Yes  No** |
| General ledger and subsidiary ledgers reconciled and balanced monthly. | | | | | | | | | | | | | | | **Yes  No** |
| All accounting and supporting documents retained in a defined system that allow authorized users easy access. | | | | | | | | | | | | | | | **Yes  No** |
| Accounting department have appropriate (include adequately qualified and experienced) staff. | | | | | | | | | | | | | | | **Yes  No** |
| Following functional responsibilities performed by different units or persons:  (a) authorization to execute a transaction;  (b) recording of the transaction; and  (c) custody of assets involved in transactions? | | | | | | | | | | | | | | | **Yes  No**  **☐ Yes ☐ No**  **☐ Yes ☐ No** |
| Following internal control guidelines and Standard Operating Procedures (SOPs):   1. Financial guidelines 2. Procurement guidelines 3. Human Resources and recruitment guidelines | | | | | | | | | | | | | | | **Yes  No**  **☐ Yes ☐ No**  **☐ Yes ☐ No** |
| Registered with Lebanon's VAT Department | | | | | | | | | | | | | | | **Yes  No** |
| If not, Applied for registration on: | | | | | | | dd-mm-yyyy | | | | | | | | |
| Eligible to get Tax/VAT exemption | | | | | | | | | | | | | | | **Yes  No** |
| Commit to present UNHCR Net expenditure (not including Tax/VAT) | | | | | | | | | | | | | | | **Yes  No** |
| If No, Specify Reason: | | | | | |  | | | | | | | | | |
| Have the organization’s account been recently audited? | | | | | | | | | | | | | | | **Yes  No** |
| 1. **Experience working with UNHCR** | | | | | | | | | | | | | | | |
| Currently have Partnership Agreement with UNHCR Lebanon (in 2016) | | | | | | | | | | | | | | | **Yes  No** |
| Have worked with UNHCR in other operations: | | | | | | | | | | | | | | | **Yes  No** |
| Specify any major operations (up to 5): | | | | | | | | | |  | | | | | |
| Main Area of Expertise (select all relevant) | | | | **Legal Protection  SGBV  Child Protection  WASH  Shelter**  **Education  Secondary Health Care  Public Health Care  Basic Assistance  Community Support Project** | | | | | | | | | | | |
| Any Other (specify): | | | | | | |  | | | | |
| Registered in the UNHCR Partner Portal | | | | | | | | | | | | | | | **☐ Yes ☐ No** |
| Participated in the Lebanon Crisis Response Plan (LCRP) for Syria Situation | | | | | | | | | | | | | | | **Yes  No** |

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| 1. **Experience working in the Sector(s) relevant to the Concept Note**   **Please copy this table below to present information on each relevant sector** | | |
| Sector: |  | |
| Brief description of recent project(s) implemented in the area: | |  |
| Impact on beneficiaries (measurable) | |  |
| Available human/technical resources: | |  |
| Active participation in (LCRP) Sector Working Group | | **Yes  No** |
| Timely reporting on Activity Info | | **☐ Yes ☐ No** |

**Attachment B**

**PARTNER DECLARATION**

|  |  |  |
| --- | --- | --- |
| The purpose of this declaration is to determine whether the prospective partner is committed to UNHCR’s core values and its commitment to persons of concern. | | |
| **Name of the Organization** |  | |
| By answering yes, the organization confirms that it is not sanctioned by the UN Security Council Committee on Sanctions pursuant to resolutions 751 (1992), 1267 (1999), 1907 (2009) 1989 (2011) or any other resolutions, and that the organization has not supported and does not support, directly or indirectly, individuals and entities associated with those sanctioned by the Committee or any person involved any other manner that is prohibited by a resolution of the United Nations Security Council adopted under Chapter VII of the Charter of the United Nations. <http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml> | | **Yes  No** |
| By answering yes, the organization confirms that it is has not been charged with or been complicit in corrupt activities, including crimes against humanity and war crimes, and is not involved, nor has been involved in the past, with such activities that would render the organization unsuitable for dealing with UNHCR or working with persons of concern. | | **Yes  No** |
| By answering yes, the organization commits that it will not discriminate against any persons of concern, regardless of their race, religion, nationality, political opinion, gender or social group. | | **Yes  No** |
| By answering yes, the organization commits to abide by the *Principles of Partnership as* endorsed by the Global Humanitarian Platform (GHP) in July 2007. The *Principles of Partnership* are:   1. *Equality.* Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other’s mandate, obligations and independence and recognize each other’s constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent. 2. *Transparency.* Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust amount organizations. 3. *Result‐orientated approach.* Effective humanitarian action must be reality‐based and action orientated. This requires result‐ orientated coordination based on effective capabilities and concrete operational capacities. 4. *Responsibility.* Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort. 5. *Complementarity.* The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other’s contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome. | | **Yes  No** |
| By answering yes, the organization confirms that it is willing to comply with all clauses of the UNHCR Project Partnership Agreement when implementing UNHCR‐funded Projects. | | **Yes  No** |

I declare, as an official representative of the above‐named organization, that the information provided in these declarations and expression of interest is complete and accurate, and I understand that it is subject to UNHCR verification.

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| Signature: |  |
| Name/title of the duly authorized partner representative: |  |
| Date: |  |

**Attachment D**

**SUBMISSION CHECKLIST**

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| --- | --- |
| **Required Submissions** | **Submitted** |
| Cover Letter | **Yes  No** |
| Concept Note | **Yes  No** |
| Partner Bio Data | **Yes  No** |
| Partner Declaration | **Yes  No** |
| Certificate of Registration with the Ministry of Interior in Lebanon is attached  And  Registration with the Ministry of Finance VAT department.  Partner eligible for VAT refund  Partner commit to report expenditure without VAT | **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** |
| Obtained Prequalified for Procurement (PQP) or initiated process | **Yes  No** |
| Annex 1: Assessment of the selection of a specific Partner to undertake procurement | **Yes  No** |