



The CLAIM Project

**Strengthening Collaboration with Organizations of Persons with Disabilities (OPDs)
and Civil Society Organizations (CSOs) at Local Level**

for

**Enhancing Effective and Inclusive Political Participation and Representation of
Marginalized Groups, Particularly Persons with Disabilities, in Nepal**

through

Financial Support to Third Party (FSTP)

FSTP Grant Proposal Form

(For Lot 1 & 2)

Reference:

The CLAIM/FSTP-I/2026/NVRF

Deadline for submission of proposal:

13/11/2026 at 5:00 p.m. (Nepali date and time)

Submitted By:

Name of organization	
Address	
E-mail	
Phone No.	

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FSTP Grant Proposal Form

1. Summary (Max 1 page):

Name of Project		
Project's	Overall Objective (Impact)	<copy from Section 2.3 below>
	Specific Objective (Outcome)	<copy from Section 2.3 below>
Target groups:		
Project Locations		Province: District: Municipality
Total amount requested (in NPR)		
Project period:		 2026 to ... 2027
Name of applicant organization		
Registered No./at/date		
Address of the applicant organization		
Contact Person:		
Contact Details:		Phone: Mobile: E-mail:

2. Description of the Proposal (Max. 10 pages)

2.1 Background (Max. ½ page)

[Describe the socio-political context of the country, province, and target municipality. You may also refer to relevant plans, policies, and legal frameworks at the provincial and local levels that are important for promoting the inclusion and rights of marginalized groups, particularly persons with disabilities.]

<insert text here>

2.2 Problem Analysis (Max. 1 page)

[Provide a detailed analysis of the problems to be addressed by the project.]

<insert text here>

2.3 Objectives and Outputs (Max. 1 page)

[Clearly state the project objectives and ensure they are aligned with the objectives of the FSTP call.]

<insert text here>

Overall Objective:

Specific objectives (SO):

Expected Outputs:

2.4 Main Activities and Implementation Processes (Max. 4 page)

[Please describe in detail each activity to be undertaken to produce the outputs, justifying the choice of activities where possible. For each activity, clearly state what will be done, why, for whom, how, when, and where.]

<insert text here>

2.5 Target Groups and Project Location Selection (Max. ½ page)

[Please describe the direct recipients of the project's goods and services. Quantify them where possible (e.g., number of beneficiaries, households, or units to be served.)]

<insert text here>

2.6 Main Stakeholders of Project and Coordination (Max. ½ page)

[Please identify the main stakeholders of the project and describe how you will coordinate with them. Coordination and relationship-building with local government and political stakeholders are particularly expected and should be addressed specifically.]

<insert text here>

2.7 Mobilization of Human Resources (Max. ½ page)

[Please describe the human resources your organization will involve to accomplish the project activities and justify why they are important.]

<insert text here>

2.8 Monitoring and Evaluation (Max. ½ page)

[Describe how the project conducts monitoring, evaluation, and follow-up activities to track progress, assess outcomes, document learning and ensure the effective implementation of project interventions.]

<insert text here>

3. Project risks and mitigation strategies (Max. ½ page)

[Please state the risks you anticipate for the project and the mitigation strategies that you will employ to counter them.]

<insert text here>

4. Sustainability (Max. ½ page)

[Please describe which project initiatives or results will continue beyond the project period, and how sustainability will be ensured.]

<insert text here>

5. Brief Capacity Statement of Your Organization (Max. ½ page)

[Describe how the project idea aligns with your organization's expertise and core mandate. Please also list previous project experience/initiatives that demonstrate your organization's capacity to undertake the proposed project with the target groups and locations.]

<insert text here>

6. Strategic Alliance Partner (if applicable, only) [Max- 1 page]

*(If you plan to engage other community Organizations of Persons with Disabilities (OPDs) or networks of persons with disabilities, please provide details of their organizational background and describe the proposed engagement strategy during project implementation. Please note that strategic alliance partners will not be responsible for managing or handling any financial transactions related to the project. **This section will not be counted within 10 pages.**)*

<insert text here>

3.1 Action plan for implementing the project (Max-1 page)

(Include all activities narrated under 2.4 above)

[illegible]

4. Annexes

Annex-I.1: Applicant's Financial Identification

Account name and account holder name		
Account number		
Type of account		
Currency	NPR	
Swift code		
Bank name and branch code		
Address of bank		

Annex-I.2: Declaration on Financial Risk

(The information provided here is important for the evaluation of the FSTP grant proposal, as it enables evaluators to assess the financial risks associated with the applicant organization.)

Description		Please select one current situation that best describes your organization.		
		3 (High)	2 (Medium)	1 (Low)
1. Bank Operation	Indicator	No active bank account is maintained in the name of the organization. Funds received are managed and spent through an individual's bank account.	An active bank account is maintained in the name of the organization and is operated by a single authorized signatory.	An active bank account is maintained in the name of the organization and is operated jointly by at least two authorized signatories.
	Tick ☒			
2. Tax Liabilities		Tax Deducted at Source (TDS) is not withheld where applicable.	DS is withheld but is not deposited with the relevant tax authority within the required timeframe.	DS is withheld and deposited with the relevant tax authority on or before the statutory due date.
	Tick ☒			
3. Misuse of Funds		Project fund was/has been used for purposes other than serving the project objective.	Project funds have been used for purposes other than the project's objectives, but only in support of the organization's mission.	Project funds have been used exclusively for activities that directly support the project's objectives.
	Tick ☒			
4. Froud		One or more cases of fraud have been detected and remain unresolved.	One or more cases of fraud have been detected but have been resolved.	No cases of fraud have been detected.
	Tick ☒			
5. Statutory Audit		No statutory audit has been conducted during the last three fiscal years.	At least one statutory audit has been conducted during the last three fiscal years.	Statutory audits have been conducted for all of the last three fiscal years.
	Tick ☒			

Signed on behalf of the FSTP grant applicant
Name

Signature

Position

Date

Annex-I.3: Declaration by the FSTP Grant Applicant

The **<organization's name>**, represented by the undersigned, being the authorised signatory of the **<organization's name>**, and in the context of the present application, hereby declares that:

- i. the **<organization's name>** is directly responsible for the preparation, management and implementation of the project;
- ii. the **<organization's name>** is eligible in accordance with the criteria set out under Sections **XX** of the guidelines for applicants;
- iii. the **<organization's name>** is in a position to deliver the supporting documents stipulated under Section 8.3 of the guidelines for applicants;
- iv. The **<Organization's Name>** is committed to preventing and combating Money Laundering (AML) and Terrorist Financing (CFT). Appropriate third-party screening and due diligence checks will be conducted to ensure compliance with applicable AML/CFT requirements.
- v. if recommended to be awarded a grant, **<organization's name>**, accepts the contractual conditions as laid down in the FSTP grant contract.

We acknowledge that if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to exclusion decisions.

Signed on behalf of **<organization's name>**

Name

Signature

Position

Date

Annex-I.4: Checklist for Self-guidance

Please fill this checklist for your *self-guidance*¹.

Name of project				
Name of organization				
SN	Descriptions	Yes	No	N/A
1.	A valid organization registration certificate and the latest renewal certificate are included with the application.			
2.	A copy of the organization's constitution/statutes (signed) is included with the application.			
3.	A copy of Permanent Account Number (PAN) certificate is included with the application.			
4.	Copies of audit report for the last two fiscal years (FY 2080/81 and FY 2081/82) are included with the application.			
5.	Organizational profile is prepared in given format and is included with the application.			
6.	Name list and proof of an active bank account operated in the name of the applicant organization is provided.			
7.	The organization is legally registered in one of the target municipalities or districts.			
8.	The correct FSTP grant application form has been used.			
9.	The technical proposal is typed and is written in English or Nepali Language.			
10.	The financial proposal (Budget) is typed and is prepared in English Language.			
11.	Applicant's Financial Identification has been filled in and has been signed.			
12.	Declaration on Financial Risk has been filled in and has been signed.			
13.	Declaration by the FSTP Grant Applicant has been filled in and has been signed.			
14.	The proposed project location are within one of the four target municipalities in Kavrepalanchok and Rautahat districts, namely: Banepa Municipality, Panchkhal Municipality, Chandrapur Municipality, and Gujara Municipality.			
15.	The duration of the project is 12 months.			
16.	The total requested amount) is within the maximum amount available for a grant (i.e. NPR XXX).			

¹ Add rows if additional supporting documents are included.