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| Solar Water Pump (SWP) Facility |

Application Template

Partnership to establish and strengthen supply and distribution of quality Solar-powered Water Pumps for use by smallholder farmers in Kenya.

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| SEFFA Project – SNV Kenya |

Version1: First Call for Applications, Nov 2021

|  |
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| * Proposals must be submitted using this template/prescribed format.
* Submit a cover letter with your application, expressing interest to partner with the SEFFA project as a distributor of SWPs (Addressed to SNV) send to **snvendev@snv.org**.
* Submit your proposal through the email or any other method described in the advert for this application.
* Submit your proposal on or before the advertised application deadline of **31st December 2021**. Late submissions will not be accepted.
* Attach the supporting documents (copies of the documents listed in the table). Can be included as annexes to your proposal and or submitted as separate attachments.
* Only shortlisted applicants will be contacted.
 |

Attachments / Supporting Documentation

|  |
| --- |
| **Please attach copies of the following with your submission and check the box where attached.** |
|

|  |  |
| --- | --- |
| Tick only where evidence has been attached  | Comments  |
| 1. | Business Registration  | [ ]  |  |
| 2. | Business permit/license | [ ]  |  |
| 3. | Tax registration certificate  | [ ]  |  |
| 3. | Tax clearance certificate  | [ ]  |  |
| 4 | Product/s catalogue | [ ]  |  |
| 5 | Product Photos  | [ ]  |  |
| 6 | MoU/Letter – Distribution Partner (if not product owner) | [ ]  |  |
| 7 | Testing and certification (per product or per component) | [ ]  |  |

 |

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# SECTION ONE: Business and Product Details

### Registration and contact details

|  |  |
| --- | --- |
| **Registered Business Name**  |  |
| **Contact person** | **Name:**  | **Position:**  |
| **Full contacts of organization** | **Physical:**  | **Postal:** |
| **Telephone:**  | **Email:**  |
| **Type of organization** |

|  |  |  |
| --- | --- | --- |
| 1. | Manufacturer | [ ]  |
| 2. | Distributor | [ ]  |
| 3. | Financial Institution | [ ]  |

 |

|  |  |  |
| --- | --- | --- |
| 4. | NGO | [ ]  |
| 5 | Social Enterprise | [ ]  |
| 6. | Others (specify) | [ ]  |

 |

### Organizational brief or capability statement

|  |
| --- |
| Brief introduction of your organization (**Maximum 1/2 page)** including:* Nature of your business.
* Overall business or distribution model.
* Years of experience.
* Work in energy / solar products.
 |
|  |

### Regional presence (current and planned)

|  |
| --- |
| Current county coverage and interest or plans to venture into any of the six counties (Makueni, Machakos, Kajiado, Maranga, Kirinyaga, and Meru). |
| 1. Do you have any direct local operations in any of the project counties either through your outlets, sales team, service centres, or technicians? If yes, indicate which counties and provide a brief explanation on the type/nature of local presence (offices, branches, outlets, sales agents, service centres, warehouses, technical teams, etc).
 |  |
| 1. Do you have any in-direct local operations in any of the project counties through distribution partners or any other indirect channels or networks? If yes, indicate which counties and provide a brief explanation on the type/nature of local presence (partners, credit providers, stockists, resellers, technicians, etc)
 |  |
| 1. For this application, which of the six counties do you have an interest or plans to operate with support from the SEFFA Project? Provide brief explanation on which counties and type/nature of local presence (Outlets, sales agents, service centres, warehouses, partners, credit providers, stockists, resellers, technicians, etc)
 |  |
| 1. Which other counties (outside the six project counties) do you have a direct or indirect local presence or both? Name the counties under each of the three categories on the right (Indicate NONE where not applicable).
 | 1. DIRECT PRESENCE:
 |
| 1. PARTNERS:
 |
| 1. BOTH (a) and (b**)**:
 |

### Detailed product description

|  |
| --- |
| **Solar-Powered Water Pumps for Smallholder Farmers** |
| **Product Disruption** | **1** | **2** | **3** | **4** |
| 1 | Product Brand |  |  |  |  |
| 2 | Product Name/Model |  |  |  |  |
| 3 | Type (surface or submersible) |  |  |  |  |
| 4 | Direct Drive or Battery Integrated |  |  |  |  |
| 5 | Battery technology (where applicable) |  |  |  |  |
| 6 | Head (M) |  |  |  |  |
| 7 | Pump (DC or AC) |  |  |  |  |
| 8 | Volume (m3/day) |  |  |  |  |
| 9 | Warranty  |  |  |  |  |
| 10 | Testing / Certification Details (attach supporting document) |  |  |  |  |
| 11 | Cash Price including PV system (where applicable) |  |  |  |  |
| 12 | PAYG Price including PV system (where applicable) |  |  |  |  |
| 13 | Credit or Loan Pricing including PV system (where applicable)  |  |  |  |  |
| 14 | PV Array (W) |  |  |  |  |
| 15 | Duration (hours per day) |  |  |  |  |
| 16 | Daily Watt Hours (Wh/day)  |  |  |  |  |
| 17 | MTF Tier |  |  |  |  |
| **NOTES:*** Add columns as necessary.
* Pumps must be suitable for smallholder farmers.
* Indicate the Tier Level of each product based on the SEforAll’s Multi-Tier Framework as described in the call for applications/terms of reference for this call.

NOTE: Please attach product details/catalogue/Photos with your application. |

### Quality assurance and technical support

|  |  |
| --- | --- |
| **Requirements**  | **Details**  |
| 1. Are you the product manufacturer (product owner)? If not, please describe your distribution role and provide partnership evidence.

NOTE: Attach MoU/Letter of distribution partnership. |  |
| 1. Are your products tested/certified by a verifiable third-party facility based on product standards?

NOTE: Attach verifiable proof or website link where applicable. |  |
| 1. Describe the technical installation requirements per product.
* Will any of the products require technical expertise to design, assemble or install?
* Are there any installation costs/charges to the users in addition to the product pricing?
 |  |
| 1. Describe your technical and after-sales support mechanisms (technicians, call centres, repair centres, reverse logistics, site/technical assessments, user training, etc)
 |  |

### Product stocking and delivery plans

|  |  |
| --- | --- |
| **Requirements**  | **Details**  |
| 1. Are you an existing distributor or planning to begin distribution for any or all your proposed products?
 |  |
| 1. Do you have current stocks for immediate delivery to customers (for any or all your proposed products)? If no current stocks for any of your products, what are your stocking plans and when will that stock be ready for delivery to customers?
 |  |
| 1. How do your products get to the end-users? Do you hold any stocks at the county level directly or through stockists and if so, in which out of six project counties?
* If you do not hold stocks at the county level, how do you get products to the customers, and long does it take?
 |  |
| 1. Please describe your strategy and plans to ensure your product/s are available throughout the project period.
 |  |
| 1. Briefly describe your data management and reporting system.
 |  |
| 1. Do your products have a unique serial number or any other identification mark?
 |  |
| 1. Will you be able to provide end-user sales data including customer contact details, county, gender, etc?
 |  |

# SECTION TWO: Results-Based Financing (RBF)

### RBF strategic activities

|  |  |
| --- | --- |
| **Requirements**  | **Details**  |
| 1. Briefly describe the business and market barriers motivating your application to participate in the RBF.
 |  |
| 1. Briefly describe how the RBF project will add value to your business.
 |  |
| 1. Indicate the strategic activities which you will implement using the RBF funds to address the barriers indicated above and to achieve the proposed sales targets.
 | 1.2.3.4.5.6. |
| 1. How will you ensure opportunities and the involvement of women and youth?
 |  |
| 1. How will you pre-finance these activities before receiving incentives from the project?
 |  |
| 1. Is there any other donor or development project/programme supporting or contributing to your proposed activities?
* If any, please indicate the activities covered or the role of the donor/development project/programme.
 |  |

### Previous sales performance

|  |
| --- |
| **The section is mandatory.** * Provide your sales track record from May 2021 to October 2021.
* Only include the sale of the products you have proposed in section 4 above.
* Ensure you have separated sales per product name.
* Ensure you have separated sales per county in the six project counties.
* Ensure that information provided here can be verified during the due diligence visit.
* The past performance in combination with the RBF proposal will help assess how achievable your RBF sales projections are likely to be.
 |
| **County**  | **Product Name** | **Sales Period (May-Oct 21)** | **Total Units Sold** |
| Machakos | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Makueni  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Kajiado | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Muranga | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Kirinyaga | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Meru  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| For all other counties outside the six project counties listed above, please cumulate of all units sold per product, indicate the number of counties where each product was sold, and list all the counties covered by the cumulative figures (See examples provided in red below). |
| **Name of Counties** | **Name of Product** | **Period Months** | **Units Sold** |
| County A, County B, County C | 1 | Product 1 | May-Oct 2021 | 10 |
| 2 | Product 2 | May-Oct 2021 | 4 |
| 3 | Product 2 | May-Oct 2021 | 25 |
| 4 | Product 4 | May-Oct 2021 | 16 |

### Other RBF Key Performance Indicators and Gender Balance

|  |
| --- |
| **The section is mandatory.** * In addition to the sale of water pumps (projections in section 10, what will be your other performance indicators based on your proposed RBF activities.
 |
|  | **Key Performance Indicator** | **Baseline (Nov 2021)** | **Target**  |
| **Target - 2022** | **Target - 2023** |
| Key performance indicators (Indicate a performance indicator for each of the strategic activities indicated above). | 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | **Key Performance Indicator** | **Baseline (Nov 2021)** | **Target - 2022** | **Target - 2023** |
| **M** | **F** | **M** | **F** |
|  Jobs created with support from the project should be disaggregated by gender (please include the target share for youth). | 1 | Employee (admin/management) |  |  |  |  |  |
| 2 | Sales agents  |  |  |  |  |  |
| 3 | Technicians |  |  |  |  |  |
| 4 | Stockists/Resellers  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
|  |  | **Baseline (Nov 2021)** | **Target - 2022** | **Target - 2023** |
| 5 | Women groups |  |  |  |
| 6 | Youth Groups  |  |  |  |

###  RBF co-investment narrative

|  |
| --- |
| A targeted average commercial investment leverage of 1:4 (a minimum of 20% contribution from the businesses either in cash or in-kind or both) is set for the RBF, which will be measured per business during the verification process at the end of each investment cycle. |
| 1. Briefly describe the nature and source of your co-investment for RBF activities and the total budget.
 |  |
| 1. What evidence and/or supporting documentation will you provide to facilitate confirmation during the verification cycles.
 |  |

### Results-Based Financing (RBF) Bid

|  |
| --- |
| **The section is mandatory** **should be filled using the excel template provided as an attachment:** NOTE: Your verified past performance combined with your RBF proposal will be used to assess how realistic/achievable your RBF sales projections are likely to be, and the grant total should not exceed **EUR 100,000.** (for more information and guidance refer to the **Call for Applications or the RBF bid matrix**).* To compute the EUR equivalent of the Energy Service Potential (ESP) Bonus (Column E), use your Tier calculation (from your product table in section 4 above) to get the corresponding ESP bonus rates, then multiply the ESP Bonus rate with your proposed base level incentive for that product.
* To compute the EUR equivalent of the QA bonus (Column F), use your Tier calculation (from your product table in section 4 above) to get the corresponding QA bonus rate, then multiply the QA bonus rate with your proposed base level incentive for that product.
* The total Incentive Value (Column G) = BLI + ESP + QA (Columns D, E, and F) is in the table below.
* The total RBF Bid Value (Column h) = Projected sales (Column C) \* Total Incentive Value (Column H).
 |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| **County** | **Product Name (as proposed for project support)** | **Projected Sales****Jan 22 - Sep 23****(Units)** | **Base Level Incentive (BLI) Value EUR** | **Energy Service Potential (ESP)****EUR = D \* ESP Bonus Rate** | **Quality Assurance****(QA) EUR = D \* QA Bonus Rate** | **Total Incentive Value****EUR = D+E+F** | **Total RBF Bid Value** |
|  | 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  | 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| **TOTALS**  | **XXXX** |  |  |  | **XXX** | **XXXX** |

# SECTION THREE: Capacity Building Grants (CBG)

###  CBG Strategic Activities

|  |
| --- |
| **The section is Optional** * While CBG applications are optional, all RBF applicants interested in support through CBG are required to identify their CBG needs during their initial application for the RBF facility.
* CBG will involve a pre-agreed set of activities and budgets pre-approved by the project.

  |
| **Requirements**  | **Details**  |
| 1. Briefly describe the business and market barriers motivating your application to participate in the CBG.
 |  |
| 1. Briefly describe how the CBG will add value to your business or the performance of your RBF activities and results.
 |  |
| 1. Indicate the strategic activities which you will implement using the CBG funding to address the barriers indicated above and to achieve the proposed sales targets.
 | 1.2.3.4.5. |
| 1. How will you ensure opportunities and the involvement of women and youth?
 |  |
| 1. How will you pre-finance these activities before receiving incentives from the project?
 |  |
| 1. Is there any other donor or development project/programme supporting or contributing to your proposed activities?
* If any, please indicate the activities covered or the role of the donor/development project/programme.
 |  |

###  CBG Milestones

|  |  |  |  |
| --- | --- | --- | --- |
| **County**  | **Key Performance Indicator** | **Baseline (Nov 2021)** | **Target**  |
| **Target - 2022** | **Target - 2023** |
| Key performance indicators (Indicate a performance indicator for each of the CBG strategic activities indicated above). | 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **County**  | **Key Performance Indicator** | **Baseline (Nov 2021)** | **Target - 2022** | **Target - 2023** |
| **M** | **F** | **M** | **F** |
| Jobs created with support from the project should be disaggregated by gender (please include the target share for youth).  | 1 | Employee (admin/management) |  |  |  |  |  |
| 2 | Sales agents  |  |  |  |  |  |
| 3 | Technicians |  |  |  |  |  |
| 4 | Stockists/Resellers  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
|  |  | **Baseline (Nov 2021)** | **Target - 2022** | **Target - 2023** |
| 5 | Women groups |  |  |  |
| 6 | Youth Groups  |  |  |  |

###  CBG co-investment narrative

|  |
| --- |
| For all eligible expenditures (see section 4.3 below), all applicants are required to match the CBG with at least 20% co-investment value (1:4). Co-investment from the applicants can be comprised of their own and partner cash and in-kind contribution. |
| Briefly describe the nature and source of your co-investment for CBG activities and the total budget.  |  |

### Capacity Building Grants (CBG) Bid

|  |
| --- |
| **The section is Optional*** CBG will involve a pre-agreed set of activities and budgets pre-approved by the project.
* The total projected value of the CBG needs (equivalent to 80% contribution from the project) should not exceed EUR 20,000.
* A high-level breakdown of the CBG co-investment (equivalent to a minimum of 20%) related to their own and partner cash and in-kind contributions.
* The detailed breakdown on a monthly/quarterly basis (activities, budgets, and expected outcomes) will be required at a later stage from only those successfully selected, but before implementation kick-off.
 |
| **Capacity Building Activities**  | **Description**  | **Amount**  | **Expected outcomes / results** | **Evidence/Supporting Documentation to facilitate validation** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| **GRAND TOTAL**  | **SEFFA CBF Facility** | **XXXXXXX** | 100% |  |
| **Total CBG Funding Request**  | **SEFFA CBF Facility** | **XXXXXXX** | 80% |
| **Co-investment**  | **Own Contribution In-Cash** | **XXXXXXX** | xx% |
| **Own Contribution In-Kind** | **XXXXXXX** | xx% |
| **Partner Contribution In-Cash** | **XXXXXXX** | xx% |
| **Partner Contribution In-Kind** | **XXXXXXX** | xx% |

# SECTION FOUR: ACF and TAF Support Needs

###  Awareness Creation Facility (ACF) Support Needs

|  |
| --- |
| **The section is Optional*** While ACF applications are optional, all RBF applicants interested in support through the ACF facility are required to identify their ACF needs during their initial application for the RBF facility.
* Since ACF facilitation will be non-financial, no budget of financial request is required.
* ACF will be assessed based on enhancing the performance of the RBF applications.
 |
| 1. Briefly describe the business and market barriers motivating your application to participate in the ACF.
 |  |
| 1. Briefly describe how the ACF will add value to your business or your RBF performance.
 |  |
| 1. List your specific ACF support needs.
 | 1.2.3.4.5. |
| 1. How will you ensure opportunities and the involvement of women and youth?
 |  |

### Technical Assistance Facility (TAF) Support Needs

|  |
| --- |
| **The section is Optional*** While TAF applications are optional, all RBF applicants interested in support through the TAF facility are required to identify their TAF needs during their initial application for the RBF facility.
* Since TAF facilitation will be non-financial, no budget of financial request is required.
* TAF will be assessed based on enhancing the performance of the RBF applications.
 |
| 1. Briefly describe the business and market barriers motivating your application to participate in the TAF facility.
 |  |
| 1. Briefly describe how the TAF will add value to your business or your RBF performance.
 |  |
| 1. List your specific TAF support needs.
 | 1.2.3.4.5. |
| 1. How will you ensure opportunities and the involvement of women and youth?
 |  |