**LMMS Project Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | |  | |
| Date this form is being completed 🡪 | |  | |
| **Customer Name /Legal Organization Name for Contract purposes:** | |  | |
| **Customer Address**:  *(street, number, city, state, country, zip)* | | *(street, number, city, state, country, zip)* | |
| **Country Organization Located in**: | |  | |
| **Customer Contacts :** | **Name** | | **Email** |
| 1. Chief of Party: |  | |  |
| 1. Project Manager: |  | |  |
| 1. Contract Signer: |  | |  |
| 1. Billing Contact: |  | |  |
| 1. Other: |  | |  |

**LMMS USAGE DATES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start Date:** |  | **End Date:** |  | **Duration in Months:** |  |

**PROJECT DESCRIPTION –** Please tell us about your project, design, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this a Consortium? (Y**es or **N**o**)** | |  | |
| **If yes, what is the Consortium name?** (*please provide consortium award document or link)* | |  | |
| **If yes, which agencies are a part of this consortium?** | | | |
| * **1.** | * ***2.*** | | * **3.** |
| * **4.** | * ***5.*** | | * **6.** |
| **Which agency is prime for Data Management?** | |  | |

**What types of programs will you be doing?**

(*Cash, Food, WASH, Livelihoods, Health & Nutrition, Children, Shelter, Training, other…)*

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| --- |
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| --- | --- |
| **Beneficiaries** *Total Number***:** |  |
| **Households** *Total Number***:** |  |
| **Average Household size**: |  |

**GEOGRAPHIC SCOPE**

*This assists us in advising on required equipment based on the number of locations, etc.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Geographic Scope – Country:** | | | | |  | |
| **Number of Regions**: | | | | |  | |
| **Are locations close enough to share equipment?** *Please consider security, time, and transportation capabilities when planning sharing equipment.* | | | | |  | |
| **Concurrent Registrations and/or Distributions?**  *Will regions have simultaneous activity? Indicate which ones below.* | | | | |  | |
|  | **Region Name** | **Internet**  **(Y**es or **N**o**)** | **# of  Households** | **# of Beneficiaries** | **# of staff doing Regist /Distrib** | **Concurrent Regist/Distrib at this location? Yes / No** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

**LMMS SOLUTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Indicate LMMS Solutions to be used: |  |  | Mark boxes with an **"X"** | | | | ***a****. Digital ID (Registration)* |  | Yes |  | No |  | | ***b****. Distribution:* |  | Yes |  | No |  | | ***b1****. In Kind (any item), Service, other* |  | Yes |  | No |  | | ***b2.*** *Tracking: Activity (cash for work, food for work..)* |  | Yes |  | No |  | | ***b3.*** *Tracking: Attendance (Training)* |  | Yes |  | No |  | | ***c****. Distribution Cash (paper voucher/other)* |  | Yes |  | No |  | | ***d****. Distribution Cash using E-Voucher* |  | Yes |  | No |  | | ***e****. Flexible Forms  (Assessments, surveys, criteria based selection, PDM Post Distribution Monitoring, M&E) integration with Kobo Toolbox* |  | Yes |  | No |  | | ***f****. Dashboards Management Insights & Analytics* |  | Yes |  | No |  | |  |  |  |  |  |  | | |
|  | |
| Will **E-Voucher Solution** be used: (Yes or No) |  |
| If yes, What is the total USD amount to be disbursed during the project: | * USD$ |
| If yes, How many vendors/merchants will be included in the network? |  |
| If yes, Do vendors have Internet Access *( yes fully, yes intermittent, no*) |  |

**TRAINING**

|  |  |
| --- | --- |
| Training needed? *(Yes or No)* |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Define Training requested: | Mark boxes with an **"X"** | | | | | | ***a****.* User Training  *(3 full days, Max 15-20 participants)\** |  | Yes |  | No |  | | ***b****.* Technical Training *(2 full days, Max 8-10 part) \** |  | Yes |  | No |  | | ***c****.* TOT - Training of Trainers *(2 full days, Max 10 part) \** |  | Yes |  | No |  | | *\*(plus travel costs, lodging, food & transport)* |  |  |  |  |  | | |
| Training Tentative Dates:  *Dates can only be confirmed upon contract signing and*  ***confirmed equipment availability date****.* |  |

**EQUIPMENT***Equipment list is recommended based on detailed program information provided on this form by the customer.*

|  |  |
| --- | --- |
| How will Customer purchase equipment?  *Through your Procurement department, vendor, already have equipment, or other.* |  |
| Date when All Equipment will be available at customer’s site: |  |
| Will the program use LMMS Cards (yes or no) |  |
| Will the program use Smart Cards with chip? (yes or no) |  |

**Confirm Equipment Arrival Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Date of Arrival** | **Item** | **Date of Arrival** |
| Laptops | * *Insert Date Upon arrival* | Card Printer (+ink, cleaner) | * *Insert Date Upon arrival* |
| Phones | * *Insert Date Upon arrival* | LMMS Cards (PVC or EVS) | * *Insert Date Upon arrival* |
| Receipt Printer |  | Other |  |

|  |  |
| --- | --- |
| **Describe other information or agreements not covered in sections above:** |  |
|  | |