**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…)*

|  |
| --- |
| *
 |

|  |  |
| --- | --- |
| **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:**  |  |
| *
*
 |