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DATE OF RECEIPT: DD/MM/YYYY

PUBLIC INVESTMENT MANAGEMENT SECRETARIAT
PROJECT PROPOSAL FORM

PROJECT OVERVIEW	
NAME OF NEW PROJECT	
EXECUTING AGENCY	
IMPLEMENTING AGENCY(IES)	
PORTFOLIO MINISTRY/HEAD	
PROJECT BACKGROUND	
PROJECT PURPOSE *(This tells what the current situation is i.e. what needs to change (problem statement), what will happen if the project does not proceed contrasted with what will happen if the project proceeds.)*	
PROJECT DURATION *(State start and end dates, and key milestone dates)*	
PROJECT OBJECTIVE(S) *(State the Specific, Measurable, Achievable, Realistic and Timely (SMART) high level result to be attained from this project)*	
PROJECT DESCRIPTION/SCOPE OF WORK **(Include project activities and limitations)**	
PROJECT DEMAND *(Who needs it (beneficiaries) and why?, estimated # of direct and indirect beneficiaries)*	
PROJECT BENEFITS *(Long Term Impact (>5 years)–economic, social, environmental etc.)*	
WHAT ARE SOME OF THE IMMEDIATE/MEDIUM TERM BENEFITS/OUTPUTS TO IMPLEMENTING THE PROJECT?	

[Short term: 18-24 months, Medium term: 4 years]	
PROJECT STATUS	
PROJECT FINANCING	
PROPOSED FUNDING SOURCE	☐ Bilateral/ Multi- lateral Loan ☐ Self-financing ☐ Public-Private Partnership ☐ Grant State name of Funding Source:_____ ☐ Source of funding has not been identified ☐ Source of funding has been identified
LEVEL OF FUNDING	☐ Full funding ☐ Partial Funding If partial funding only, state amount:_____ Balance of funding from: _____
PROJECT COST ESTIMATES **(Give the total cost and disaggregate capital from recurrent, GOJ vs Other and Loan vs Grants, where applicable) Give both J$ and FX$ estimates where possible** ***Note: (Breakdown of budget inputs to be attached to this document – for project costs, recurrent expenses per annum)***	Total Capital Costs ($) Foreign exchange component ($) Average annual operating costs ($)
Revenue Source	☐ User fees ☐ Levies ☐ Government Subvention ☐ Partial Funding ☐ Statutory Charges or Taxes ☐ Subsidies ☐ Self-financing Other_____
GOVERNMENT INPUT REQUIRED	☐ Guarantee ☐ Waivers ☐ Tax exemptions ☐ Concessions ☐ Post project recurrent expenditure

	☐ Government lands ☐ N/A
IS THE ENTITY COMPLIANT WITH RELEVANT STATUTES?	☐ Yes ☐ No If no, explain:
OPTIONS REVIEW **Summary of options explored – traditional procurement, PPP, etc.**	☐ Government of Jamaica Procurement ☐ Grants ☐ Bilateral & Multilateral Loans ☐ Public-Private Partnerships ☐ Large-scale Projects and Pioneer Industries & Integrated Resort Development ☐ Unsolicited Proposals
Public Private Partnership (PPP) Option	
▪ **Has a similar project been implemented by the private sector utilising a PPP modality locally, regionally or globally? If so, kindly include references**	
▪ **Have you had any discussions with or received any proposals or expressions of interest from any private sector party in developing this project concept? If so, please provide further information on the nature of interest**	
▪ **Are there any legal, social, environmental, technical or financial impediments to private sector involvement in the development of this project concept? If so, please explain.**	
▪ **Provide a high level allocation of risk and function/responsibilities between the private sector and the GOJ in a PPP arrangement.**	
STRATEGIC OBJECTIVES	
SECTOR	
VISION 2030 GOAL ALIGNMENT/	

MEDIUM TERM FRAMEWORK ALIGNMENT *(state which Goals and National Objectives)*	
SUSTAINABLE DEVELOPMENT GOALS ALIGNMENT*(state which)*	
POLICY ALIGNMENT *(To which policy is this project's implementation contributing?)*	
CORPORATE PLANNING *(Is the project in the entity's Corporate Plan?)*	
SUMMARY OF PROJECT PROPOSAL DEVELOPMENT	
Summary Outputs of Socio-Economic Analysis	
Summary Outcomes of Feasibility Analysis	
Summary Outcomes of Business Case	
PROJECT AUTHORITY	
SUBMITTED BY (Name, Title, Name of Organization, Address)	
TELEPHONE *(Direct Line)*	
EMAIL ADDRESS	
SIGNATURE	
AUTHORIZED BY *(Head of entity to sign)*	_____ Title -

ANNEX 1: CHECKLIST OF DOCUMENTS INCLUDED IN PIMSEC SUBMISSION

Required documents/inclusions:

☐ Project Concept Summary/Proposal
☐ Endorsement letter from Portfolio Ministry
☐ Financing Plan/Capital Budget

Other:

☐ Corporate & Strategic Plan
☐ Market Surveys
☐ Technical Reports
☐ Portfolio Ministry Endorsement
☐ Approvals / Permits
☐ Organizational Profile & Structure
☐ Agreements/MOU's
☐ Estimate of Operating Costs
☐ Budget/Cash flow Projections[1]
☐ Environmental Impact Assessment
☐ (Pre) /Feasibility Studies
☐ Architectural Designs & Bills of Quantities
☐ Governance Structure
☐ Security (Titles to Assets)
☐ Commitment of Funds Agreement
☐ Implementation schedule

☐ Other_____

[1] As submitted to Ministry Of Finance

ANNEX 2: FINANCING PLAN TEMPLATE

Items	Grant	Equity	Debt	Total
Sub – Total				
Contingencies				
TOTAL				

ANNEX 3: RESULTS FRAMEWORK

Sector:					
Project Name:					
Results	**Indicators**	**Baseline**	**Targets**	**Means of Verification**	**Risks & Assumptions**
Impact Statement (ultimate benefits for target population)					
Outcome Statement (short-to-medium-term change in development situation)					
Outputs (products and services-tangible and intangible-delivered or provided)					
Key Activities (tasks undertaken in order to produce the outputs)					

ANNEX 4: RISK MANAGEMENT PLAN

Sector: **Project Name:**				
Risks	**Impact**	**Probability**	**Risk Score**	**Risk Response**
Risk 1	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	Avoidance, Reduction, Sharing or Acceptance **(with rationale)**
Risk 2	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	Avoidance, Reduction, Sharing or Acceptance **(with rationale)**
Risk 3	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	High, Medium or Low **(with rationale)**	Avoidance, Reduction, Sharing or Acceptance **(with rationale)**

N.B: Add rows as required.

ANNEX 5: MONITORING & EVALUATION PLAN

Sector:								
Level of Results	**Expected Results, Outcomes and Outputs**	**Performance Measure (with indicative target and area to monitor)**	**Type of M&E Activity/ Events (monitoring and/or evaluation)**	**Data Collection Method/Source**	**Responsibility for Data Collection/Validation & Reporting**	**Timing/ Frequency of Data Collection**	**Budget**	**Schedule**
Project Name & Number:								
Project Impact								
Project Outcome								
Project Outputs/ Deliverables								
Key Activities								

ANNEX 6: 5-YEAR OPERATIONAL & MAINTENANCE FORWARD ESTIMATES

OPERATING COST ITEMS	Year 1	Year 2	Year 3	Year 4	Year 5
1. **Staffing**					
Salary					
Statutory Deductions					
Motor Vehicle Allowance & Mileage					
Travelling Exp. & Subsistence					
Health Insurance & Other Benefits					
2. **Utility**					
Electricity					
Water & Telephone					
3. **Rental/Lease of Office Space**					
Rental /lease					
Janitorial Service					
4. Security					
Electronic Monitoring Service					
Security Guard Service					
5. **Office & Stationery supplies**					
Stationery supplies					
Refreshment supplies					
Other Supplies					
6. **Advertising & Public Relations**					
7. **Maintenance**					
Building Repairs & Maintenance					
ICT & Equipment Maintenance					
Motor vehicle Maintenance					
Landscaping & Property Maintenance					
8. Other Operating Expenses					

SUB- TOTAL					
Contingency					
TOTAL OPERATING EXPENSES					

N.B: Add rows for O&M items as required.

Key:

GOAL/OUTCOME: To complete the goal box, answer the following question: what is the higher level objective towards which the project is expected to contribute (and who are the target groups who will be impacted)?

PROJECT OBJECTIVE/ PURPOSE: To complete the project objective box, answer the following question: what is the effect that is expected to be achieved as a result of the project?

OUTPUTS: To complete the outputs box, answer the following question: what are the results, under the full control of the project manager, which can be guaranteed (include the target groups in the articulation of the results).

ACTIVITIES/INPUTS: To complete the activities box, answer the following question: what are the activities that the project has to undertake in order to produce the outputs? Will persons need to be hired or contribute time?

ASSUMPTIONS: To complete the assumptions box, what are the pre-conditions outside of project management's control that must happen if the goal, the objective, the outputs and the activities are to happen/prevail? This is what allows the PIMC to know the relative level of risk associated with project execution.

OBJECTIVELY VERIFIABLE INDICATORS: OVIs measure, both directly and indirectly, whether the goal, purpose, outputs and activities are achieved. Each has its indicator of achievement or benchmark. OVIs should be specific as to: quality (what?); quantity (how much?); time (when and/or how long?); Target Group (who?); and Place (where?).

MEANS OF VERIFICATION (MOV): Where will the data to verify that the goal, the objective, the output and activities have been achieved come from and are these sources credible? In other words, what will corroborate the OVI?

If→then (horizontal) logic: If the Activities are accomplished then the Outputs should be realizable and if the Outputs are realizable then the objective is achieved. If the objective is achieved then the Goal is also realized.

The LFM and the Results Matrix are aligned if the indicators and means of verification in the LFM corroborate the indicators in the Results Matrix and the data collection instruments.

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Date received by PIMSEC	
Project Analyst assigned:	
	Recommendation: ☐ Approve ☐ Conditional Approval ☐ Reject ☐ Defer ☐ No objection
Comments	