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| **CONCEPT PAPER Template**  **Community Health / CBHFA** | | | |
| **Reference #:** |  | **Date:** |  |
| **Project name:** |  | | |
| **Implementing partner (HNS):** |  | | |
| **Supporting partner (IFRC/PNS):** |  | | |
| **Estimated total budget:** |  | | |
| **Target group(s):** |  | | |
| **Location (branch/district):** |  | | |
| **# of communities:** |  | | |
| **Estimated # of households:** |  | | |
| **Estimated # of beneficiaries:** | Total #: | Female #: | Male #: |
| **Project start date:** |  | | |
| **Project end date:** |  | | |
| **Overall goal:** |  | | |
| **Outcomes:** |  | | |
| **Resources needed:** |  | | |
| **HNS role:** |  | | |
| **Supporting partner role:** |  | | |
| **Point of contact at HNS:** |  | | |
| **Point of contact at supporting partner:** |  | | |