

**PROJECT CONCEPT FORMAT**

**ERD Reference Number**  
*(for ERD use only)*

**Concept ID**  
*(For ERD use only)*

**Previous Concept ID (if any)**  
*(For ERD use only)*


Please refer “Project Concept Format Filling Guidelines” before continue.

**1. Project Information**

1.1) **Concept Date** .....

1.2) **Project Title**  
.....  
.....  
.....

1.3) **Thematic Area**  
.....

Human Resources Development, Capacity Building and Institutional Strengthening
Poverty Reduction
Rehabilitation & Reconstruction
Rural & Regional Development
Women & Children Differently Able

1.4) **Total Project Cost in LKR (mn)** .....

1.5) **Proposed Duration of the Project**

(a) **Unit :** Months

(b) **Duration** .....

## 1.6) Sector and Sub sector

Main Sector	Sub Sector	Main Sector	Sub Sector
Agriculture	Plantation	Information and Communication	Postal Services
	Food Crop Development		Telecommunications
	Minor Export Crops		Media
	Livestock Development		Information Technology
	Horticulture		
	Agriculture Extension / Research		
Budgetary/ Balance of Payments Support		Industrial Development	
Culture and Heritage		Labour and Employment	
Education	General Education	Power and Energy	Power Generation
	Higher Education		Power Transmission & Distribution
	Technical/Vocational Education		Energy Conservation
	Non-formal Education		Oil and Gas
Environment and Natural Resources	Forestry	Private sector Development	Renewable Energy Source
	Wild Life / Conversation		
	Water Resource		
	Protected Area		
	Coastal Resources		
	Land Development		
	Industrial Pollution		
	Marine Pollution		
	Disaster Management		
	Urban Environment		
	Flood Protection		
	Solid Waste Management		
Finance and Banking	Banking	Tourism	
	Capital Market & Funds		
	SME Financing		
	Micro Financing		
Fisheries and Aquatic Resources	Marine Fisheries	Trade	
	Inland Fisheries		
	Fisheries Harbour		
General		Transportation	Roads & Highways
			Railways
			Aviation
			Ports & Shipping
			Land Transport
Governance	Economic Management	Water Sanitation and Drainage	Water / Sea Transport
	Public Administration		Water Supply
	Law and Order		Sewerage
	Human Rights		Strome Water Daainage
	Foreign Affairs		
Health , Nutrition and Social Protection	Health Care	Local Government	
	Nutrition		
	Social Protection		
	Public Health		
	Indigenous Medicine		
Housing		Youth Affairs	
Urban Development		Sports	

## 1.7) Type of the Proposal

(Tick one project type only. In case where more than one is involved, indicate the type with the largest component)

- i. Project Type Assistance
  - Goods , Services and Equipment Supply
  - Facilities Construction
  - Both
- ii. Feasibility Study
  - Pre-feasibility / Basic study
  - Feasibility
- iii. Technical Assistance
  - Master Plan for Development
  - Training and Human Resources Development
  - Project Development

## 2. Applicant's Information .

(Consist of brief introduction of the agency that creates and owns the project concept /forwarding ministry/Provincial Councils/stand alone organizations covering Organizational and personnel details)

**2.1) Host Country /Applicant    Government of Sri Lanka**

**2.2) Project Proponent**

2.2a ) Name of the Agency.....

2.2b) Address .....

2.2c) Phone .....

2.2d) Fax .....

2.2e) Contact Person

**i.) Title : Dr / Rev / Mr / Mrs / Miss**

**ii.) Name .....**

**iii.) Designation .....**

**iv.) Phone .....**

**v.) Fax .....**

**vi.) E-mail id .....**

2.2f) Contact Person 2

**vii.) Title : Dr / Rev / Mr / Mrs / Miss**

**viii.) Name .....**

**ix.) Designation .....**

**x.) Phone .....**

**xi.) Fax .....**

**xii.) E-mail id .....**

**2.3) Forwarding Ministry / Provincial Council**

- 2.3a) Name .....
- 2.3b) Address .....
- 2.3c) Phone .....
- 2.3d) Fax .....

2.3e) Contact Person 1

- i.) Title : Dr / Rev / Mr / Mrs / Miss
- ii.) Name .....
- iii.) Designation .....
- iv.) Phone .....
- v.) Fax .....
- vi.) E-mail id .....

2.3f) Contact Person 2

- i.) Title : Dr / Rev / Mr / Mrs / Miss / Ms
- ii.) Name .....
- iii.) Designation .....
- iv.) Phone .....
- v.) Fax .....
- vi.) E-mail id .....

**3. Project Rationale**

(Do not indicate/explain the objective of the project. Answer to each sub section should be in brief.)

**3.1) Introduction to the Project**

(General sector information and information specific to the area)

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 .....  
 .....  
 .....

attachments (if any): .....

**3.2) Specific Problem to be Addressed by the Project**

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 .....  
 .....  
 .....  
 .....

attachments (if any): .....

**3.3) Mode of Intervention in Terms of this Project (Justification)**

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.....  
.....  
.....

attachments (if any): .....

**3.4) Composition of Target Beneficiaries/Stakeholders (indicate Gender Ratio)**

	Beneficiary / Stakeholder	Description	Gender Ratio	
			Male	Female
1				
2				
3				
4				
5				
6				
7				

attachments (if any): .....

**3.5) Relationship of the Project to Government Policy Framework /Plan**

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.....  
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**Name of the Government Policy Framework /Plan** .....

attachments (if any): .....

**3.6) Coherence with Sectoral Policies and Strategies**

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.....  
.....

**Name of the plan** .....

attachments (if any): .....

**3.7) Considered Project Alternatives and Reasons for Rejection**

(Indicate the identified possible alternatives to achieve the project objectives and explain the reasons for rejecting them)

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.....  
.....

attachments (if any): .....

**3.8) Whether a Feasibility Study for the Project has been carried out**

Yes  No

If So attach the Feasibility Report .....

**4 Project Objective & Purpose**

(Indicate the main objective and the purpose of the project without adding project justification)

**4.1) Goal of the Proposed Project**

No ..... is the Primary Objective  
No ..... is the Secondary Objective

(Select and Indicate the Number(s) Pertaining to the Primary Objective and the Secondary Objective from List below)

- 1. Economic Development/Reform for Economic Growth
- 2. Poverty Alleviation
- 3. Social Development
- 4. Environmental Management
- 5. Capacity Building/Institutional Strengthening

**4.2) Purpose of the Project**

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.....  
.....  
.....

attachments (if any) .....

**5. Project Outputs, Activities and Duration**

**5.1) Expected Project Outputs**

	Output	Unit of Measure	Quantity
1			
2			
3			
4			
5			

attachments (if any ): .....

**5.2) Project Activities**

	Activity	Unit of Measure	Quantity
1			
2			
3			
4			
5			

**5.3) Proposed Duration of the Project**

4.3.a) Unit : Months

4.3.b) Duration .....

**6. Project Location & Land Requirement**

**6.1) Is the Project Location in Islandwide or Area Specific:**

- Islandwide
- Area Specific

**6.2) Total Land Requirement:**

Unit of Measurement .....  
Extent .....

**6.3) Specify the Project Location**

(Indicate the place(s) where project activities take place.)

Provide additional description if boundary cannot be demarcated clearly :

Site	Province	District	Division	Location	Land Required ? (Y /N )	Extent
1						
2						
3						

attachments (if any) : .....

**7. Environment and Environment Impact**

**7.1) Please Indicate if any of the Following Land Uses are Within the Project Site or Within 1 km Distance from any Boundary of the Project Site :**

National reserves, Sanctuaries, Forest reserves and proposed forest reserves, National Heritage wilderness areas, Coastal zones, flood areas and flood protection areas, Reserves, Ancient protected monuments, Schools, Religious places and Hospitals

**Yes**, one or more of the above land uses are within the site boundary

**Yes**, one of more of the above land uses are within 1 km of the site boundary

**No**, none of the above land uses are within the project boundary or within a 1 km distance from any boundary of the project site.

If the answer to this question is affirmative, please list land use(s) and provide a map (1:50,000 or smaller scale) showing the project boundary and a distance of 1 km from each boundary.

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.....

attachments: .....

7.2) **What are the Possible Environment and Natural Resources Constraints to the Existing Activities due to the Proposed Project?**

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7.3 **Indicate which of the Following Resources may be Required for the Project.** If possible, specify quantities and from what sources (i.e., name of source or location if available).

Resource	Required for this Project	Unit of measurement	Extent (if known)	Location (if known)
Surface Water	Yes/No			
Groundwater	Yes/No			
Quarry Stone or Earth fill	Yes/No			
Energy:	Yes/No			
Forests	Yes/No			
Other(Specify).....	Yes/No			

7.4) **Will the Project Require Relocating 100 or more Families?** Yes ..... No .....

7.5) **Whether the Project Location is Inside the Costal Buffer Zone?** Yes .....No .....

7.6) **Is the Proposed Project a Prescribed Project?** (Please refer to Sri Lanka Government Gazette Extraordinary – 772/22 of 1993.06.24. and the Gazette Extraordinary No 1104/22 of 1999.11.05 You are advised to consult CEA to verify the Prescribed status).

Yes  No

**8. Gender Perspective**

8.1) **Does the Project Identify any Gender Gaps? If so Describe.**

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 .....  
 .....

8.2) **Is there any Strategy in the Project to Address the Gender Imbalances**

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 .....

8.3) **Which Project Activities are Designed to Bridge such Gender Gaps and What will be their Impact on Gender Imbalance?**

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 .....

.....



## 9. Cost & Financing

9.1) Total Project Cost in LKR (mn).....

9.2) Cost Components

Component	Activity	Cost in Local Currency (LKR mn)
<b>1.</b>	<b>1.1</b>	
	<b>1.2</b>	
	<b>1.3</b>	
<b>2</b>	<b>2.1</b>	
	<b>2.2</b>	
	<b>2.3</b>	
<b>Total</b>		

9.3) Financing Plan

Financial Source	Cost
	Local Currency (LKR mn)
External Source	
Proponent (Implementing Agency) Funding	
Beneficiary Contribution	
Consolidated Fund	
Other (Specify).....	
<b>Total</b>	

9.4) Details of Already Offered External Assistance to Projects in the Related Sector in the Last Five Years

Donor	Related Field	Project Title: Assistance Already Offered	Amount USD (mn)	Year of Commencement	State whether Completed or Ongoing

## 10. Project Implementation

( If the Project Proponent is the Implementing Agency the Information at 2.2 should Appear Here)

**10.1)Implementing Agency with Overall Responsibility.**

- 10.1a )Name of the Agency.....
- 10.1b) Address .....
- 10.1c) Phone .....
- 10.1d) Fax .....
- 10.1e) Contact Person 1
  - i) Title : Dr / Rev / Mr / Mrs / Miss / Ms
  - ii) Name .....
  - iii) Designation .....
  - iv) Phone .....
  - v) Fax .....
  - vi) E-mail id .....
- 10.1f) Contact Person 2:
  - i) Title : Dr / Rev / Mr / Mrs / Miss / Ms
  - ii) Name .....
  - iii) Designation .....
  - iv) Phone .....
  - v) Fax .....
  - vi) E-mail id .....

**10.2)Functions of the Implementing Agency with Overall Responsibility**

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**10.3) Implementing Agency /Agencies and Their Functions and Prior Experience with Similar Projects / Activities**

	Implementing Agency/Agencies	Functions	Prior Experience
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

**10.4) Responsibilities of Other Entities (Other Relevant Agency)**

10.5.a) Applicable / Not applicable

10.5.b) Narration

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**10.5) Staff Availability for Implementing the Proposed Project (Specify any Additional Staff Required)**

Implementing Agency	No of Staff Members Available