|  |
| --- |
| **Project Title:**  |
| **Applicant Organization:**  |
| **Contact person/ project lead:**  |
| **Implementation Period:**  | **Location of Implementation:** |
| **Target Population:**  |
| **Number of Indirect Beneficiaries:** | **Number of Direct Beneficiaries:** |
| **Estimated Budget in USD and local currency:** |

1. **To be filled out by the Applicant Organization**

**Background**

*Please describe the context and why this project is needed.*

*Indicate whether the proposed activities are new or already existing.*

*Additionally, please include information about how the community have been involved in generating the project proposal.*

**Main Objectives**

*Please highlight the main objectives of the project.*

**Target Group**

*Please include details about age, gender, diversity (AGD).*

**Main Activities**

*Brief explanation of the activities of the project and specification of what activities the budget is needed for, how it will be used, what supporting documents are expected per activity using budget, and who is the responsible staff member (a brief narrative and completion of below table).*

**Project Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Implementation****Period** | **Activity Description**  | **Type of Activity (i.e. procurement)** | **Implementation Modality**  | **Budget (USD and local currency)** | **Supporting Documents** | **Responsible Staff Member** |
| ***May (June) 2024 - ……*** | *Facilitation of workshop on GBV* | *Hiring of professional facilitator* | *Individual contract* |  | *a. Contract**b. List of participants**c. Agenda**c. Confirmation of satisfactory provision of service* | *Name, position* |
| ***May 2024 - …*** | *Facilitation of workshop on GBV* | *Incentives for participants* | *Operational advance* |  | *a. List of participants incl. confirmation of receiving incentives)**b. Agenda of event* | *Name, position* |
|  |  |  |  |  |  |  |

**Impact**

*Please describe the expected short and long-term impact, including how the activities or processes supported by the project can be sustained once the project has concluded.*

**Remarks**

*Please provide any other relevant information.*

1. **To be filled out by the relevant UNHCR office**

|  |  |
| --- | --- |
| **UNHCR Reference number:**  | **Output statement in COMPASS:** *please add description* |
| **Cost Centre and Output code:** |

**Capacity development and support to be provided by UNHCR:**

*please explain how the operation plans to support the grantee organization to help strengthen their internal capacity*

**Monitoring plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Participants** | **Methodology (ex. Focus Group Discussion, Participatory Monitoring, etc.)** | **Observations** |
|  |  |  |  |
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