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| For HBS Use Only | |
| Serial No. |  |
| Date Received |  |
| Received by |  |

**Application for Funding**

**“Single Empowerment Grants”**

**Ref: ENPI/2013/323-493**

**“Advancing the Rights of Vulnerable Palestinian Women and Children in East Jerusalem”**

|  |  |
| --- | --- |
|  | Organization Name in Arabic |
|  | Organization Name in English |
|  | Project Title in Arabic |
|  | Project Title in English |

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* **Part A: Institutional Profile**
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**The deadline for application submission is at 16:00 on Sunday 29/11/2015**

Applications should be sent to[**info@ps.boell.org**](mailto:info@ps.boell.org) and in hard copies to **Mrs. Itaf Zahaykeh Masry/** EU Program Coordinator no later than **29 November 2015.**

Heinrich-Böll- Stiftung Ramallah

(Palestine/Jordan Office):

*Tal az-Zaatar St. 6*

*Ramallah, Palestinian Territories*

**Phone:** (00972) 02 296 1121

**Email:** [info@ps.boell.org](mailto:info@ps.boell.org)

|  |
| --- |
| **Information Sheet**  *All information has to be provided in full. Incomplete or misleading information will result in disqualifying your proposal.* *(Use extra sheets if necessary)* |

|  |  |
| --- | --- |
| 1. **Project Information** | |
| Project Title |  |
| Project Location | City:  Village/camp/area: |
| Estimated project duration *(maximum 15 months)* |  |
| Estimated Number of Direct Beneficiaries |  |

|  |  |
| --- | --- |
| 1. **Project Budget** | |
| Total estimated project cost | Euro |
| Requested grant from hbs (max. Up to 18,750 Euro) | Euro |

1. **Sectors**

Please check 🗹 the sectors of the proposed project from the list below:

|  |  |  |
| --- | --- | --- |
|  | **Sectors** | **Sector** |
| 1. | Psychological and psychosocial support for women and children | **□** |
| 2. | Youth Cultural activities | **□** |
| 3. | Women empowerment (economic and psychosocial) | **□** |
| 4. | Youth empowerment | **□** |
| 5. | Human rights protection and promotion | **□** |
| 6. | Awareness raising and advocacy | **□** |
| 7. | Agriculture | **□** |
| 8. | Others: | **□** |

|  |
| --- |
| **Part A: Institutional Profile** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Contact Information** | | | | |
| Name of the Organization in English |  | | | |
| Name of the Organization in Arabic |  | | | |
| Address: |  | | | |
| Telephone: |  | Fax: | |  |
| Email: |  | | | |
| Website: |  | | | |
| Org. Field of Work |  | | | |
| Name of Director |  | | | |
| Name of Contact Person |  | | | |
| Position |  | | | |
| Mobile |  | | | |
| Telephone: |  | Fax: |  | | |
| Email: |  | | | |

|  |  |
| --- | --- |
| 1. **Legal Status** | |
| **1) Type of Agency/Organization** | |
| Please tick (✓) the category that applies to your organization | |
| 🞏 Non-Governmental Organization | 🞏 Cooperative Society |
| 🞏 Non-profit Company | 🞏 Others (Specify): |
| **2) Date of Establishment** | **3) Date of Registration:** |
| **4) Registration Number:** | **5) Registered at (please indicate name of institution):** |
| **6) Provide a copy of the registration certificate. Attached** 🞏 | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Governance** | | | |
| 1. Number of members of your general assembly |  | | |
| 1. Number of members of the Governing Body:   (I.e. Board of Directors, Board of Trustees, etc.) | Female | Male | Total |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 3. Please provide below information about members of the Governing Body: | | |
| **Name** | **Position** | **No. of years in this post** |
|  | Board of Directors |  |
|  | Secretary general |  |
|  | Treasurer |  |

1. **Organizational Strategy**
2. **Concise background about the Organization** ( Max.350 Word)
3. **Mission Statement** ( Max.100 Word)
4. **Objectives: (please list)**

|  |  |
| --- | --- |
| **No.** | **Objectives** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

1. **Strategic plan:**

Do you have strategic plan? 🞎 No 🞎 Yes.

|  |  |  |
| --- | --- | --- |
| HBS may request to review the strategic plan during the project evaluation phase, please indicate if you would agree to that or not | 🞎 Yes | 🞎 No |

What is the timeframe of the plan?

1. **Human Resources and Organizational Structure:**

**Key Staff:** Please fill in details about your key staff as indicated in the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Employee name** | **Years in position** | **Academic or other qualifications** |
|  |  |  |  |
|  |  |  |  |
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| --- |
| **Please provide a copy of the Organizational Structure Attached 🗌** |

1. **Financial Profile**
2. **What are your main sources of funding**[[1]](#footnote-1)**? Please specify amounts in US dollars and sources:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sources of Internal Funding** | **Actual**[[2]](#footnote-2) **for the Year 2013** | **Actual for the Year 2014** | **Actual for the Year 2015** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total of Internal Funding** |  |  |  |
| **Sources of External Funding** | **Actual**   **for the year 2013** | **Actual for the year 2014** | **Actual for the year 2015** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total of External Funding** |  |  |  |
| **Grand Total (Internal & External)** |  |  |  |

1. **External Audit:**

|  |  |  |
| --- | --- | --- |
| 1. Does your organization conduct external financial audit? | | Yes 🞎 No 🞎 |
| 1. If yes, please provide the last audit report for 2014. **Attached 🗌** | | |
| 1. Who is your external certified financial auditor? | | |
| Name: |  | |
| Address: |  | |
| Tel.: |  | |

1. **Activities Profile**

Provide details of the organization main developmental activities (projects & programs) **for the years 2014 and 2015** in date order starting with the latest.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Projects/Programs** | **Geographic Location** | **Targeted Group(s)** | **No. of Direct Beneficiaries** | **Start Date** | **End Date** | **Project/ Program Cost (US$)** | **Status of Project / Program: Completed/Ongoing** | **Source of Fund** |
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1. **Any Other Information**

Are there any other details about the organization and its activities which have not been covered? Please add.

|  |
| --- |
| **Part B: Project Proposal Form** |

1. **Brief Overall Project Description:**
   1. **Project Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. **Project Description**: (Objective, components, activities, and expected outputs). (Max. one page).
2. **Project Background**

**2.1 Project geographic targeted area:** Where will the project be implemented? (Governorate of Jerusalem, old city, villages, camps - be as specific as possible)

**2.2 Provide a** **concise description of the targeted area** (geographic location, area, number of population, general economic and social profile, etc.)

**2.3 Why did you choose to work in this geographic area in particular?** (Max.150Words)

**2.4 What tools did you use to assist your selection of the targeted area?** Did you use the PCBS Poverty Atlas of Palestine (Issued by PCBS for 2014) or any other references or tools in the selection of the targeted area? Please explain.

**2.5 Project Justification**

**2.5.1 How did the project idea emerge? And why is your specific service required?** (Attach any documents that might support your argument such as research, and needs assessment) (Max. 250 word)

**2.5.2 Did the community participate in the project design? If yes, please describe the content, process and outcome of such participation.** (Please attach any relevant documents such as minutes of meetings, attendance list and photos) (Max. 250 word)

**2.6 Related Services:**

2.6.1 Are there any other organizations (governmental or non-governmental) that provide similar services to those proposed in your project? [[3]](#footnote-3)

Yes 🗌 No 🗌

2.6.2 If yes, mention who provides similar service?

**2.7 Relations and Coordination:**

**2.7.1** **Describe how your project is linked to municipalities’ or village councils’ priorities** (local development plans, investment plans, etc.)

**2.7.2 Describe coordination mechanisms and any joint activities with the following (if existent):**

a. Palestinian Authority

b. Other NGOs

c. Others (universities, private sector, etc.)

**2.8 Direct Target Beneficiaries:**

**2.8.1 Who are your direct target beneficiaries? What are the justifications for choosing this category? Please explain in detail.** (Max. 250 word)

**2.8.2** Please check 🗹 the target groups of the proposed project from the list below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Classification of beneficiaries | 🗹 | Number of the direct beneficiaries |
| 1. | Gender |  |  |
| 1.1 | Female | 🗌 |  |
|  | Male | 🗌 |  |
| Total Direct beneficiaries ( ) No. of males ( ) No. of females ( ) | | | |
| 2. | Economic vulnerability |  |  |
|  | Children (6-15 years) | 🗌 |  |
| 2.2 | Youth (15-25 years) | 🗌 |  |
| 2.3 | Elderly (over 60 years) | 🗌 |  |
| 2.4 | Middle age (25-60) | 🗌 |  |
| 3. | Social Vulnerability |  |  |
| 3.1 | Social vulnerability Physically disabled | 🗌 |  |
| 3.2 | Social vulnerability Mentally disabled | 🗌 |  |

* 1. **Organization Relevant Experience**

**2.9.1 Explain in details the experience of your organization in implementing development projects.** (Max. 350 word)

* + 1. **Explain in details how your organization’s past experience is relevant to the suggested project? (**Did your organization implement similar projects? Explain. How will your organization’s past experience assist you in implementing this particular project?) (Max. 350 word)

1. **Project Design**

Please fill the below table to describe your project

|  |  |  |  |
| --- | --- | --- | --- |
| Logical Framework for the project | | | |
|  | | | **OVERALL OBJECTIVE** |
|  | | | **SPECIFIC OBJECTIVE** |
| Assumptions | **Source of Verification** | **Objective Verifiable indicators** | **Expected Results** |
|  |  |  | R1 |
|  |  |  | R2 |
|  |  |  | R3 |
|  |  |  | R4 |
|  |  |  | R5 |
|  |  |  | R6 |
|  |  | Means | List of Activities / Result |
|  |  |  | Result 1-A1 |
|  |  |  | Result 1- A2 |
|  |  |  | Result 2 - A1 |
|  |  |  | Result 2- A2 |

1. **Monitoring and Evaluation Plan and Indicators**

4.1 What indicators will you use for evaluating the project’s success?

* 1. How do you plan to engage the target groups and citizens, especially women and youth, in the monitoring and evaluation process?

1. **Project Implementation Plan**

Project duration (months):-----------------

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Main Activities** | **Duration by Month** | **1st Year** | | | | | | **1st Year 2nd Year** | | | | | | | | |
| **Quarter-1** | | | **Quarter-2** | | | **Quarter-**  **3** | | | **Quarter-**  **4** | | | **Quarter-1** | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **1** | **2** | **3** |
| Result 1: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Result 2: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Result 3: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Result4: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Result 5: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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\*Please fill in the outputs/ Results mentioned in the previous section

1. **Project Budget**

**Please download and fill the excel form with the project budget**

1. **Sustainability of the proposed project**

What is the possibility that services delivered by the project will continue to be delivered beyond the period of funding?

1. **Risks**

Define any risks that might influence the implementation of the project and have not been mentioned elsewhere in the proposal. How have these risks been assessed? Please indicate whether risks have been assessed as high, medium or low in relation to their impact on the project.

**Risks that may influence the implementation of the subproject**:

|  |  |  |
| --- | --- | --- |
| Risk | Level of impact on the project (high, medium, low) | Indicate how the risk will be managed |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Other information**

Are there any other details about the proposed project, its activities and rational behind the proposal, which have not been covered? Please elaborate. (Please attach, if available, any studies, assessments or evaluations of similar projects).

**Annex: Application Checklist**

Please make sure that you have attached the documents you planned to include.

**Attachments**

|  |  |  |
| --- | --- | --- |
| **Document** | **Attached? Check (√)** | |
| Copies of the registration certificate | Yes □ | No □ |
| Detailed project budget ( Excel Format) | Yes □ | No □ |
| Organizational structures | Yes □ | No □ |
| Financial Statements of the Audited Financial reports for the last year 2014. | Yes □ | No □ |
| Any Other attachments, please write here: | Yes □ | No □ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

The project is in line with the priorities as set out in the Guidelines Yes □ No □

The project application has been fully completed Yes □ No □

Name of Organization:

Name of authorized Signatory

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Funding Source**: Internal funding are sources of funding from within your organization, for example, fees you charge services or membership fees. External sources are donations, grants of loans from other Palestinian of international organization. If accurate figures for this current year are not available, provide estimates. [↑](#footnote-ref-1)
2. **Actual**: Actual budget according to audited financial statements [↑](#footnote-ref-2)
3. If your Organization provides services which are under the responsibility of the PA, please provide a letter from the concerned line Ministry justifying the inability of the PA to provide the service in the project area. [↑](#footnote-ref-3)