Image

**ANNEX 4\_ WORKING PLAN FORM**

**1. General information**

|  |  |
| --- | --- |
| Legal name |  |
| Code in the Unified State Register of Enterprises and Organisations of Ukraine/EDRPOU Code |  |
| Registration year |  |
| Please underline the locality where your organisation is based and works | *Svitlodarska Community (Svitlodarsk, Vozdvyzhenka, Zhovanka, Maiorsk, Pisky 2, Bakhmutka, Luhanske, Travneve, Hladosove, Novoluhanske, Myronivskyi, Kodema); Bakhmutska Community (Ivanivske, Opytne, Zaitseve, Pokrovske, Klynove), Toretska Community (Toretsk, Shcherbynivka, New York, Zalizne, Pivnichne, Nelipivka),*  *Marinska Community (Marinka, Heorhiivka); Avdiivska Community (Avdiivka), Vuhledarska Community (Vuhledar, Stepne, Berezove), Ocheretynska Community (Verkhniotoretske)*  *Popasnianska Community (Popasna, Troitske, Novozvanivka, Komyshuvakha, Novoivanivka, Vrubivka),*  *Hirska Community (Hirske, Novotoshkivske, Nyzhne, Katerynivka, Zolote 4, Zolote 2, Zolote, Toshkivka, Orikhove),*  *Lysychanska Community (Loskutivka)*  *Sievierodonetska Community (Sievierodonetsk, Bobrove, Borivske, Syrotyne)* |
| Full address |  |
| Website and/ or Facebook page |  |
| Projects implemented in Donetsk / Luhansk regions during 2014-2021 | *Project name, donor (if any), objective, geographical location of the project (2-3 examples)* |
| The mission and main goals of your organisation |  |
| Sector of your work |  |
| Do you represent a political party? (funded by a political party: local, international – government or state funding not included) |  |
| Are you a member of the Vilnius Task Force? |  |
| Are you engaged in local democracy promotion and/or in projects aimed to enhance a dialogue between civil society and local authorities in Luhansk and Donetsk regions? | *Name, brief description of the project, and timeline (1-2 sentences)* |
| Do you implement any community oriented initiatives in cooperation with local authorities? With Regional Donetsk / Luhansk regional administrations? | *Name of the governmental body, brief description of the project and the timeline (1-2 sentences)* |
| Are you a member of an alliance with other CSOs, volunteer networks, local governmental bodies, schools, universities, private sector and other organisations? | *Name and region of activity of partners* |
| Did you receive financial support from PIN Ukraine for the implementation of the VTF Recommendations from the proposed reports? |  |
| Do you currently receive any financial support from PIN Ukraine for other projects? |  |
| Contact person for this form | *Name, surname, telephone number, and e-mail* |

**2. Working plan description**

|  |  |
| --- | --- |
| Region of implementation (Donetsk / Luhansk) |  |
| Terms of implementation (from…to…) |  |
| **Recommendations** (from the Prioritisation framework “*Realising the Humanitarian-Development-Peace Nexus…”* ***and /*or** study “*IDP women’s participation in a community’s life…”)* your project aims to implement. **You can select at least two Recommendations (one from each study or two from one study).** | *Copy-paste the text from the doc* |
| Why did you choose them? | *1-2 sentences* |
| **Outputs** of the services provided (what kind of activities will lead to the outcome, for instance, two Memorandum of Understanding with Ciivl-and-Military administrations will be signed according to which CMAs will have public meetings with residents at least once per month) | *Recommendation 1)….*  *Recommendation 2)….* |
| **Outcomes** of the services provided (what will be achieved, for instance, communication between local authorities and citizens will become more open) | *Recommendation 1)….*  *Recommendation 2)….* |
| **Audience outreach:** the minimum approximate number of people targeted by the implementation of Recommendations you’ve selected | *(for example, your trainings will be attended by at least 100 citizens, or your media material will be seen by 2,000 residents of the community)* |
| **Trainings, workshops and lectures:** if you have such activities planned, please indicate which of the trainers you plan to invite and why her / him | *Name and surname of the lecturer / trainer, the organisation she/he is occasionally affiliated with, brief information on her/his expertise (how it relates to the topic of the training), if possible, also a CV of the lecturer / trainer* |
| **Sources of verification** that will prove that you have achieved results: carried out the activities mentioned above and achieved the indicators of audience coverage | *Photos, copies of Memoranda, minutes of meetings, designed materials, sheets of attendance of each training, statistics of visits to your site, your Facebook page, etc.* |

**3. Declaration of the applicant**

By submitting this document, I declare that:

— The information provided in the form is correct.

— The organisation *People in Need* may use the information contained in the application and provide it to the tender commission for evaluation, selection and dissemination of information.

— I can provide other information at the request of the People in Need for evaluation, selection, dissemination and analysis.

|  |  |
| --- | --- |
| Date | Please type your full name, position in the organisation, and the name of your organisation here |