**ICMP SMALL GRANTS PROGRAM**

**PROJECT PROPOSAL APPLICATION FORM**

**(PROJECT GRANT)**

|  |  |
| --- | --- |
| **For ICMP use** | |
| **Call number:** |  |
| **Applicant number:** |  |
| **Grant number (if approved):** |  |
| **Date of approval:** |  |

**Please submit this application in word format and pdf format. The pdf format shall contain the signature of the representative of the applicant organization and the stamp of the organization.**

**I. Cover page**

|  |  |
| --- | --- |
| **Date of application:** |  |
| **Project title:** |  |
| Location(s) of project: |  |
| Project Duration (number of months): |  |
| Funds requested: |  |

|  |  |
| --- | --- |
| **Name of the Organization:** |  |
| (Lead Applicant) Contact person: |  |
| Position title: |  |
| Address: |  |
| City: |  |
| Post code: |  |
| Country: |  |
| Phone number(s): |  |
| Email address(es): |  |
| If applicable: | |
| Partner Organization No. 1: |  |
| Contact person: |  |
| Position title: |  |
| Address: |  |
| City: |  |
| Post code: |  |
| Country: |  |
| Phone number(s): |  |
| Email address(es): |  |

|  |  |
| --- | --- |
| Partner Organization No. 2: |  |
| Contact person: |  |
| Position title: |  |
| Address: |  |
| City: |  |
| Post code: |  |
| Country: |  |
| Phone number(s): |  |
| Email address(es): |  |

**Name and title of Person submitting the Application:**

**Signature:**

**Date and Place:**

**Stamp (if applicable):**

**II. PROJECT SUMMARY**

|  |
| --- |
| *Please explain what the project is about in three sentences.* |
|  |

**III. Project description**

|  |  |
| --- | --- |
| 1. Problem statement (max. 400 words) | *Explain the problem related to missing persons that the project will be addressing and the needs of the target population. In addition, give a brief justification of proposed project.* |
|  |
| 1. Areas of support | *Which areas of support is this project addressing? Please mark with an X any that are relevant:* |
| * …. * …. * …. * …. * …. |
| 1. Activities | *List and describe the activities to be implemented.* |
| *Act. 1*  *Act. 2*  *Act. 3*  *Act. 4….* |
| 1. Role of families of the missing in the project (max. 400 words) | *Explain the role of families of the missing persons in the project. In your explanation describe their participation or the way the project will impact them; explain who the families are, what groups they belong to, and their location; explain how will the project ensure their participation and how it will ensure that its activities will impact them.* |
|  |
| 1. Indicate other beneficiaries, participants and stakeholders of the project   (max. 400 words) | *Describe all the stakeholders of the project, other than families of the missing. Stakeholders are those who will have an interest in the project and who can positively or negatively affect the activities. They may be a source of information, or their feedback, authorization or participation is necessary to implement the project. Indicate their role, their location, and how will they be reached out to throughout the project.* |
|  |
| 1. Impact | *Please describe the difference or outcomes you expect the project to achieve.* |
|  |
| 1. Products | *List documents, publications, materials, or any other tangible item that will result from this project.*  *Please indicate if any of these products constitute a continuation or compilation of an initiative started earlier. If so, please clearly indicate what the added value of completing this product through this project will be.* |
|  |
| 1. Risks | *Provide a list of factors or situations may affect the Project or the execution of activities* |
|  |
| 1. Visibility | *Do you intent to make your project known to the general public?*   * *Yes* * *No*   *If yes, please indicate the activities planned to give visibility to the project or its activities.* |
|  |
| 1. Other sources of funding | *Does this project receive funding from other donor?*   * *Yes* * *No*   *If yes, please indicate the donor, their contribution and the activities they are funding.* |
|  |
| 1. Human resources | *Indicate who will work on this project and explain their role.* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***No.*** | ***Position/Function*** | ***First Name LAST NAME*** | ***Location*** | ***Is funding being requested from ICMP for this position? Y/N*** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |

**IV. WORK PLAN**

**In relation to the “Activities” listed in section C of this form, please provide more details: 1. Include preparatory actions as sub-activities, and indicate as appropriate associated dissemination or communication activities. Also consider, the preparation of the reports to ICMP and the time for administrative activities. 3. Indicate quantities. 4. Indicate the specific month in which these activities will be held. Add rows as needed. An Example of Work Plan is provided in Annex 2.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Quantity and Unit** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month**  **5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** |
| *Indicate the specific month-year* | |  |  |  |  |  |  |  |  |  |  |
| ***Activity 1:*** | | | | | | | | | | | |
| *Sub-activity 1.1.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 1.2.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 1.3.* |  |  |  |  |  |  |  |  |  |  |  |
| ***Activity 2:*** | | | | | | | | | | | |
| *Sub-activity 2.1.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 2.2.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 2.3.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 2.4.* |  |  |  |  |  |  |  |  |  |  |  |
| ***Activity 3:*** | | | | | | | | | | | |
| *Sub-activity 3.1.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 3.2.* |  |  |  |  |  |  |  |  |  |  |  |
| *Sub-activity 3.3.* |  |  |  |  |  |  |  |  |  |  |  |
| ***General management of the grant*** | | | | | | | | | | | |
| *Preparation for all activities* |  |  |  |  |  |  |  |  |  |  |  |
| *Writing grant report for ICMP* |  |  |  |  |  |  |  |  |  |  |  |

**ANNEX I: INDICATIVE LIST OF QUESTIONS FOR SECTION F.**

|  |  |
| --- | --- |
| Activity | Change |
| Grantee capacity | What will the Grantee as an organization learn, what skills will it acquire through this Project? How it will benefit, position, strengthen the Grantee? |
| Training | What will participants learn from the training?  How will the behavior or attitudes of the participants will change after training? |
| Advocacy, policy promotion, awareness-raising initiatives, public campaigns on the issue of the missing | Whose minds is the Project seeking to change? What actions will they take after your initiative? |
| Guidance to or representation of families of the missing | If you provide services of legal representation, or if you provide orientation to families of the missing about institutional processes, how will it contribute to the needs of families of missing persons? And how meeting those needs will contribute to the issue of missing persons? |
| Establishing or sustaining local or regional networks of families of the missing or of CSOs | How will the project set the basis for achieving in the long term a network? What changes in attitudes or behavior or context will the project impact to facilitate collaboration? If the network already exists, what problem is the project resolving within the network? |
| Outreach | What effect is expected amongst the targeted audience after attending outreach sessions or reading your outreach materials? How will the information provide change the life, behavior, or attitudes of those who receive it? |
| Facilitating dialogue among families of the missing, and between families and the authorities | What results do you expect to see following the establishment of dialogue between the different stakeholders/beneficiaries? |
| Preparation or dissemination of academic, legal or field research, surveys, assessments related to the issue of the missing | What is the expected effect of the research being published? What situation will the information change? |
| Creation of electronic or physical repositories of information | What new opportunities are created?  Who will have access to the information? How will the information be used? |

**ANNEX II: EXAMPLE OF WORK PLAN FOR A 6 MONTH PROJECT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Quantity and Unit** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month**  **5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** |
|  |  | Nov.2017 | Dec.2017 | Jan.2018 | Feb.2018 | Mar.2018 | Apr.2018 |  |  |  |  |
| ***Activity 1: Seminars in The Hague: dialogue of families of the missing to exchange experiences in the process of accounting for missing persons*** | | | | | | | | | | | |
| *Sub-activity 1.1.: Planning: inviting participants, securing venue* | *n/a* | *x* |  |  |  |  |  |  |  |  |  |
| *Sub-activity 1.2. Seminars are held* | *3 seminars* |  | *x* | *x* | *x* |  |  |  |  |  |  |
| *Sub-activity 1.3. Drafting reports of seminars* | *1 Report* |  |  |  |  | *X* |  |  |  |  |  |
| ***Activity 2: Publication of research: Knowledge of Families of the Missing about how to report a missing persons and access reparations*** | | | | | | | | | | | |
| *Sub-activity 2.1. Hiring consultants* | *2 consultants* | *x* |  |  |  |  |  |  |  |  |  |
| *Sub-activity 2.2.: Research trips and drafting* | *5 field trips, 50 surveys* |  | *x* | *X* |  |  |  |  |  |  |  |
| *Sub-activity 2.3.: Printing, Layout* | *500 copies* |  |  |  | *x* | *x* |  |  |  |  |  |
| *Sub-activity 2.4.: Public dissemination of the report* | *1 event* |  |  |  | *x* | *x* |  |  |  |  |  |
| ***Activity 3: Organizational strengthening plan*** | | | | | | | | | | | |
| *Sub-activity 3.1.: Registration with Chamber of Commerce* | *6 months* |  | *x* |  |  |  |  |  |  |  |  |
| *Sub-activity 3.2.: Board Meetings* | *3 monthly meetings* |  | *x* | *x* | *x* |  |  |  |  |  |  |
| *Sub-activity 3.3.: Drafting of Strategic Plan for 2019* | *1 plan* |  | *x* | *x* | *x* | *x* |  |  |  |  |  |
| ***Management of support from ICMP*** | | | | | | | | | | | |
| *Preparation for all activities* |  | *x* |  |  |  |  |  |  |  |  |  |
| *Drafting final report of grant* |  |  |  |  |  |  | *x* |  |  |  |  |