

**RISE Life Management Services**

European Instrument for Democracy and Human Rights (EIDHR**)**

***Enabling Opportunities for Persons with Disabilities***

**FINANCIAL SUPPORT TO THIRD PARTIES:**

**Supporting local organizations to provide Covid 19 responses**

**for Persons with Disabilities**

**OPEN CALL for PROPOSALS**

**2022/EOPD/RLMS**

**GRANT APPLICATION FORM**

Deadline for Submission of Proposals:

**July 18, 2022, 4:00 p.m. Jamaica date and time**

**Information session for Applicants: June 15, 2022, 10:30 a.m. – 11:30 a.m.**

**(via Zoom)**

**GRANT APPLICATION FORM**

|  |  |  |  |  |  |  |
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| GRANTEE INFORMATION | | | | | | |
| **Name of Applicant** |  | | | | | |
| **Address** |  | | | | | |
| **Name of Authorized Representative/s** |  | | | | | |
| **E-mail Address/website** |  | | | | | |
| **Telephone Number/s** |  | | | | | |
| **Registration Number:** | Companies Office:   Department of Cooperatives & Friendly Societies: | | | | | Date of Registration: |
|  |  | | | | | |
| GRANT INFORMATION | | | | | | |
| **Name of action** | |  | | | | |
| **Location where activities will be implemented** | | Parish: | | | | Community/ies |
| **Duration of action** | |  | | | | |
|  | | | | | | |
| *BUDGET SUMMARY (Please note that a detailed budget must be included in the submission)* | | | | | | |
|  | | Local Currency (JMD) | | | |  |
| **Amount Requested** | |  | | | |  |
| **Cost-share amount** | |  | | | |  |
| **Total Budget** | |  | | | |  |
|  | | | | | | |
| applicant Capability and past performance *(Please provide a brief narrative describing your organization’s mission and primary activities, and also list training you have been involved in towards increasing your capacity to administer projects)* | | | | | | |
| Organizational Background Narrative | | | | | | |
|  | | | | | | |
| Capacity Building Training your organization has been involved in: | | | | | | |
| **Training Course** | | | | **Date** | **By whom** | |
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| Past Performance *(Please describe one major project in which your organization was involved in the past two years, which shows the organization’s expertise and ability to meet the goals of the proposed action.)* | | | | | | |
| **First Project (if applicable)** | | | | | | |
| Project Title | | |  | | | |
| Period of Performance | | |  | | | |
| Location | | |  | | | |
| Role of Organization (leader or partner) | | |  | | | |
| Project Objectives | | |  | | | |
| Total Budget | | |  | | | |
| Funding Source and Contact Information | | |  | | | |
| **Second Project (if applicable)** | | | | | | |
| Project Title | | |  | | | |
| Period of Performance | | |  | | | |
| Location | | |  | | | |
| Role of Organization (leader or partner) | | |  | | | |
| Project Objectives | | |  | | | |
| Total Budget | | |  | | | |
| Funding Source and Contact Information | | |  | | | |
|  | | |  | | | |
| Statement of Liability | | | | | | |
| I, the undersigned, being the person responsible in the applicant organization for this project, certify that the information given in this application is true and accurate. | | | | | | |
| Name | | |  | | | |
| Position | | |  | | | |
| Signature | | |  | | | |
| Date | | |  | | | |

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| DESCRIPTION of the action: |
| **Background/Rationale/Problem Statement** *(Please provide a brief and necessary background information on the issues and the problems that the proposed grant will address.)* |
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| **Goals and Objectives *(****Please state the goal and its corresponding objectives to address the problems identified above.)* |
| **Goals:**   * **Objective 1** * **Objective 2** |
| **Summary** *(Please provide a brief summary of the proposed action)* |
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| **Technical Approach/Strategy** |
|  |
| **Activities** *(Please provide a detailed description of all the activities to achieve each objective. Explain the logical connection between the proposed activities and the fulfillment of objectives.)* |
|  |
| **Expected Outcomes and Targets/Deliverables Narrative** *(What are the expected results that the*  *project will bring about? Please describe how data will be gathered and analyzed, and how performance will be monitored, measured, and reported.)* |
|  |
| **Beneficiaries** *(Please describe the type and number of beneficiaries as well as their needs and constraints.)* |
|  |
| **Sustainability** (*Please describe the measures you will take to ensure sustainability after the end of the grant agreement e.g. capacity building, institutionalization, etc. Please also describe how the organization will allocate its time and manage its existing commitments while also performing this project.)* |
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**Project Work-Plan and Timeline (***Please provide the proposed work-plan table (Gantt chart).*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period of Implementation | | | | | | | | | | | | | |
|  | **Months** | | | | | | | | | | | |  |
| Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Implementing body |
| Example |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preparation Activity 1 (title) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Execution Activity 1 (title) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preparation Activity 2 (title) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Etc. |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Before sending your proposal, please check that each of the following criteria HAVE BEEN MET IN FULL AND TICK THEM OFF. Please remember to submit this document along with your proposal** | **Tick the items off below** | |
| **Title of the Proposal:**  ***Support local organizations to provide Covid 19 responses for persons with disabilities*** | **Yes** | **No** |
| **PART 1 (ADMINISTRATIVE)**  **1. The correct grant application form has been used.** |  |  |
| **2. The proposal is typed and is in English** |  |  |
| **3. The budget is enclosed, in balance, presented in the format requested, and stated in JMD** |  |  |
| **PART 2 (ELIGIBILITY)**  **5. The duration of the action is between 6 months and 9 months (the minimum and maximum allowed).** |  |  |
| **6. The requested contribution is between JMD 1, 600, 000 and JMD 3, 200, 000** |  |  |
| **7. The requested contribution is between 70% and 95% of the estimated total eligible costs (minimum and maximum percentage allowed).** |  |  |