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## Application for a Small Grant 2016

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| 1. **Lead Applicant** | | | | |
| Name | | Title | | |
| Position held | | | | |
| Work Address | | Telephone number(s)Email address | | |
| Partner Applicants (add as many as necessary) | |  | | |
| Name | | Title | | |
| Position held | | | | |
| Work Address | | Telephone number(s)Email address | | |
| **2. The Project** | | | | |
| **Title of project** | | | | |
| **FULL PROJECT PROPOSAL**  **State clearly the purpose of the proposal and show how it meets the Small Grants Funding Criteria, as stated in the call, (up to 1,500 words, continue on separate sheets as necessary).**  **Please use the following structure:**   1. **Executive Summary** 2. **Which of 4 core areas of Dutch policy on SRHR and HIV will be addressed?** 3. **What is the aim of the proposal and intended outputs?** 4. **In what way does the proposal build on previous work and/or prepare for future work?** 5. **What activities will be undertaken and how will these activities lead to achieve the intended aims and outputs?** 6. **How will the results be disseminated?** 7. **What is the time line and the plan for monitoring?** | | | | |
| **Proposed duration (in months)** | **Proposed starting date:** | | | |
| **3. Summary of financial support requested** | | | | |
| **Assistance Number of staff**  **Whole/part-time** | | |  | |
| **Equipment, materials** | | |  | |
| **Travelling and subsistence** | | |  | |
| **Other expenses (specify)**  ***NB overheads and office accommodation costs are ineligible.*** | | |  | |
| **Total Costs** | | |  | |
| **4. Financial Administration**  The financial aspects of this proposal have been reviewed and agreed by the Finance Officer of the Organisation that will be responsible for administering the grant. The staff salaries quoted are correct and in accordance with the normal practice of this institution. | | | | |
| **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Finance Officer)**  **Initials, name and address:** | | | | **Tel No**  **Email address** |
| 1. **Signed by the Applicant** | | | | |
| **Name Signature Date** | | | | |