****

**CONCEPT NOTE APPLICATION FORM**

**DAPC grants 2017**

**CHECKLIST**

***Please make sure your application satisfies all the criteria specified in the below checklist.***

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Concept Note (including estimated costed workplan) (Word or pdf Format) |  |  |
| Registration certificate (stating the status of the organisation as not-for-profit) |  |  |
| Passport or ID with picture of the representative of the organisation |  |  |

|  |  |
| --- | --- |
| **1 (/3): Organization information** | |
| **Organization Name** |  |
| **Organization Country** |  |
| **Organization Contact Details (address, contact person, email)** |  |
| **Date of registration of the organisation** |  |
|  | |
| **Organization’s previous experience in implementing *internationally funded projects* and working with international organizations (Please list the most relevant project(s) indicating *year, amount of funding in USD*, *source* of funding)** |  |
| **Organization’s previous experience and other expertise in substance use prevention, health promotion and youth empowerment** |  |
| **Has the organization previously benefitted from a DAPC-grant?** | YES / NO |
| **2 (/3) : Project concept – Maximum of 4-5 pages, font size 12** | |
| **Estimated costs and duration** | |
| **Project Duration** |  |
| **Funding request in USD** |  |
| **Total budget of the project in USD** |  |
| **Project location(s)/ geographical scope** |  |
| **Proposed project title** |  |
| **Project Description and Rationale** | |
| Introduction/ context and rationale | This should include:   * Key information on the **context**(political, economic, social, environmental) relevant for the project and linked with the intended changes of the intervention * Justification on the need for the project   Information about the **applicant’s mission, expertise**, in particular with regard substance use prevention and health promotion, and how it intersects or aligns with the project; A justification on why the NGO is well placed to carry out the activity.   * The target group and beneficiaries – who are **the main target group** and beneficiariesof the project, their **number** and how will they be identified? |
| **Project summary** | |
| Summary of the activities to be implemented (please list the key activities in chronological order) |  |
| Summary of the specific achievable objectives (please list the key objectives for the activities listed above) |  |
| Expected impact |  |
| Prevention methods: Please indicate which type(s) of evidence based prevention intervention(s) and/ or policie(s), as listed in the International Standards on Drug Use Prevention, this project will utilize |  |
| Youth involvement: please describe how the project supports active youth participation, and/or connects participating youth to other youth globally via UNODC Youth Initiative (including via social media) |  |

**3 (/3): Estimated Costed Workplan** (*max. 2 pages; please add rows as necessary*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expected results** | **Main Planned activities** | **Implementation period (months)** | | | | | | | | | | | | **Amount** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PROJECT COST** | | | | | | | | | | | | | |  |