**PROJECT PROPOSAL APPLICATION FORM**

**HIV and AIDS Prevention, Treatment, Care and Support among people who use drugs and living in closed settings in the Middle East and North Africa**

**CHECKLIST**

***Please make sure your application includes each item specified in the below checklist***

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|  | YES | NO |
| Profile created and completed and/or updated in the UN Partner Portal (UNPP) with all required documents attached | ☐ | ☐ |
| Project proposal (Word or PDF Format, Annex 1) | ☐ | ☐ |
| Project budget (Excel or PDF Format, Annex 2) | ☐ | ☐ |
| Signed Partner Declaration (PDF Format, Annex 3) | ☐ | ☐ |
| For proposals involving partner contributions only:* evidence of secure funding
 | ☐ | ☐ |
| For previous UNOV/UNODC partners only:Statement detailing* lessons learnt from previous funded project(s).
* the difference between the proposed project and the previous project. At a minimum, it is expected that the proposal will include new activities, target group(s) and/or location(s)
 | ☐ | ☐ |

**Project Proposal**

**1.1 Applicant details**

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| **Name of the organization (APPLICANT)** |  |
| **Partner ID (number from the UNPP)** |  |
| **Address of the organization (APPLICANT)** |  |
| **Type of institution**  | ☐ non-governmental organization (NGO)  |
| ☐ Community-based organization (CBO) |
| ☐ Others. Please specify: Click or tap here to enter text. |
| **Date of registration***CSOs registered later than 15 December 2019 are ineligible* |  |
| **Place of registration** |  |
| **Website**  |  |
| **Headquarters location**  | *City and country* |
| **Primary contact person**  |  |
| **Authorized representative** |  |
| **Telephone number**  |  |
| **Email address** |  |

**1.2 Prior experience in implementing similar activities**

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| **Number of years** implementing activities in areas of Health and HIV and other communicable and noncommunicable disease with experience in delivering continuum of care services and reaching out key at risk populations. |  |

*Please provide a description of up to three recent projects through which the applicant has* healthcare services for released inmates, drug users or people who use drugs

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| **Project 1** |
| Name of the project  |  |
| Description of the project |  |
| Name of donor |  |
| Location |  |
| Duration (Beginning and end dates of the project month/year) |  |
| Total cost in USD |  |
| Number of staff involved |  |
| Results  |  |

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| **Project 2** |
| Name of the project  |  |
| Description of the project |  |
| Name of donor |  |
| Location |  |
| Duration (Beginning and end dates of the project month/year) |  |
| Total cost in USD |  |
| Number of staff involved |  |
| Results  |  |

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| **Project 3** |
| Name of the project  |  |
| Description of the project |  |
| Name of donor |  |
| Location |  |
| Duration (Beginning and end dates of the project month/year) |  |
| Total cost in USD |  |
| Number of staff involved |  |
| Results  |  |

1. **APPROACH**

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| **Project title** |  |
| **Amount requested from UNODC in USD (USD 24,000-25,000)***Proposal budgets not fulfilling provided amounts are ineligible* |  |
| **Location of the project***Project located outside stated governorates are ineligible* | *City, Country* |
| **Project dates** *Project shall begin 15/04/2023* *till 31/12/2023* |  |

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| **2.1 Project summary** |
| Please describe the proposed project, and the way in which it responds to the objectives (see Call for Proposals **XAMZ96**) and thematic focus (see Call for Proposals **XAMZ96**) of this grants programme |
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| **2.2 Context Analysis/problem description**  |
| Please describe and analyse the problem conditions which the project aims to influence positively; provide information on how the differing needs of women and men have been identified |
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| **2.3 Specific objective(s) of the project**  |
| Please define objectives that are specific, measurable, achievable, relevant, and time-bound |
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| **2.4 Methodology**  |
| Please describe the project methodology; and specifically, which of the priority indicative activities (see Call for Proposals **XAMZ96**) will be utilised |
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| **2.5 Beneficiaries**  |
| Please provide information on the targeted beneficiaries – including vulnerable and at-risk groups.  |
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| Estimated number of released inmates to benefit from services (male and female)  |  |
| Estimated number of families of released inmates to benefit from services |  |
| Estimated number of people who inject drugs to benefit from services (male and female)  |  |
| Estimated number of released inmates to benefit from noncommunicable disease services of the project (male and female) |  |
| Estimated number of Men Who have Sex with Men (MSM) to benefit from services  |  |
| Estimated number of Female Sex Workers (FSWs) to benefit from services |  |
| Estimated total number of beneficiaries |  |

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| **2.6 Staff involved in the project** |
| Please provide information on the number of staff involved in the project activities and describe their roles and responsibilities.  |
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| **2.7 Monitoring and evaluation plan** |
| Please describe the proposed monitoring and evaluation plan for the project |
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| **2.8 Risks and mitigation measures** |
| Please identify the main risks for project implementation and describe the measures put in place to mitigate them |
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| **2.9 Role key stakeholders** |
| Please describe how the applicant will work in partnership with other entities, including governments |
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| **2.10 Expected results of the project**  |
| Please explain what the expected results of the proposed project will be about end-beneficiaries; provide information on how the differing needs of women and men have been addressed |
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1. **WORKPLAN**

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| **Expected results** | **Main Planned activities** | **Implementation period (months)** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
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1. **FINANCIAL ASPECTS**

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| **4.1 Justification of the amount of funding requested** |
| Please provide justification of the budget on **‘why’** the budget item is necessary to meet the project’s deliverables, and **‘how’** costs were determined. Please ensure that there are no discrepancies between Annex 1 and Annex 2. |
| 1. **Provide an explanation of the links between the budget and the activities included in the Workplan. This explanation should demonstrate a well thought out budgeting process and understanding of evidence-based prevention combined with meaningful youth engagement. This should be no more than 500 words.**
2. **Staff and other personnel costs**

*Describe the role and responsibilities of each staff/personnel to be covered by the funding, and how their salaries were determined.* *Please include key staff contributing significantly to the project who not covered by the UNODC funding and indicate that their salaries are covered through other funding source.**Please include permanent & temporary staff employed during this project.**keeping in mind that it should equate to no more than 20% of the amount requested.*1. **Supplies, Commodities, Materials**

(Describe the need for each item, how they relate to the implementation of the project, and how the costs were determined.)1. **Contractual Services**

*(Explain the need for the services to be delivered by other entities, how they relate to the implementation of the project, and how the costs were determined.)**(Travel Costs; explain need for travel to be covered by the funding, including the purpose of travel, and how the costs were determined.)*1. **General Operating and Other Direct Costs**

*(Describe general operating costs necessary to the direct implementation of the project, such as administrative costs, keeping in mind that it should equate to no more than 10% of the amount requested.)* |

1. **BUDGET PROPOSAL**
* Please use Annex 2 to describe the project’s budget, making sure that it aligns with the information provided in the project proposal and workplan.
* Please note that **staff costs equating to more than approximately 20%** of the total budget would be evaluated for assurance that these are justified by the proposed activities.
* **No more than 10% of the total budget is allocated to indirect costs.**