 **ASIA PACIFIC REGION**

**PROJECT 3L**

Application Form

*This form must be completed and returned by June 30, 2019 to the Regional Committee of WAGGGS Asia Pacific Region. Please send it to Clémence Joris, Programme Coordinator, at* [*Clemence.Joris@wagggs.org*](mailto:Clemence.Joris@wagggs.org)*.*

*Please also put the Asia Pacific Regional Staff Team in cc. (Grace Tam, Head of Asia Pacific Region,* [*Grace.Tam@wagggs.org*](mailto:Grace.Tam@wagggs.org)*, Rupa Gautam, Relationship Manager,* [*Rupa.Gautam@wagggs.org*](mailto:Rupa.Gautam@wagggs.org) *and Chelsea Teodoro, Regional Administrator,* [*Chelsea.Teodoro@wagggs.org*](mailto:Chelsea.Teodoro@wagggs.org)*.*

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| **1.1.** Name of National Organisation: |  |

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| --- | --- |
| **1.2.** Please provide a brief  background on the status of girls and young women in your country in relation to the project theme. (Maximum of 200 words.) |  |

|  |  |
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| **1.3.** Please list at least 5 skills needed to be developed by young women of the Project Age Group | 1.)  2.)  3.)  4.)  5.)  Other skills: |

1. **PROJECT DESCRIPTION**

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| --- | --- |
| **2.1.** Title of the Project: |  |

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| --- | --- |
| **2.2.** What is the main focus of this Project? (Please check.) | Leadership practice  Governance  Quality experience for girls and young women  Safe space for girls  Advocacy  Innovation and Social entrepreneurship  STEM (Science, Technology, Engineering, Mathematics)  Powered Nutrition |

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| **2.3.** What are your goals and Objectives for the project? | Main Goal:  Specific Objectives:  1.)  2.)  3.)  4.)  5.)  (Please list if there are more.) |

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| **2.4.** At which level is this project conducted? (Please check.) | National  Regional  State or Province  Unit/ Troop Level  Others (please specify): |

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| **2.5.** Proposed location of the project: |  |

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| **2.6.** What is the participant age range for this project? |  |

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| **2.7.** What is the expected duration of the project and what dates will this project cover? |  |

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| **2.8**  Please list at least 5 skills that young women of the project age group could develop through this project: | 1.)  2.)  3.)  4.)  5.)  Other skills: |

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|  | Objective | Indicator |
| **2.9.** What are the expected results of this project? (These results must be measurable.) | 1.)  2.)  3.)  (Please list if there are more.) | 1.)    2.)    3.) |

**2.10.** Please provide an outline of your planned activities and other actions in relation to the elements of the WAGGGS Educational Method *(Learning in Small Groups, My Path, My Pace, Learning by Doing, Connecting With Others, Connecting With My World)*.

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| --- | --- | --- |
| Planned Activities | Relation to applicable elements. | |
| 1. ) | Learning in Small Groups |  |
| My Path, My Pace |  |
| Learning by Doing |  |
| Connecting With Others |  |
| Connecting With My World |  |
| 2. ) | Learning in Small Groups |  |
| 3. ) Learning By Doing | My Path, My Pace |  |
| 4. ) Connecting With Others | Learning by Doing |  |
| 5. ) Connecting With My World | Connecting With Others |  |
| Connecting With My World |  |
| 3. ) | Learning in Small Groups |  |
| My Path, My Pace |  |
| Learning by Doing |  |
| Connecting With Others |  |
| Connecting With My World |  |
| 4. )  (Please add more rows if necessary.) | Learning in Small Groups |  |
| My Path, My Pace |  |
| Learning by Doing |  |
| Connecting With Others |  |
| Connecting With My World |  |

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|  | **Target Direct Beneficiaries:** | **How many?** |
| **2.11.** Who are the beneficiaries of this project? (Please check all of those that apply and identify whether they are direct or indirect beneficiaries by highlighting the direct beneficiaries in yellow.) | Members of the Member Organisation  Youth (not members of the Member Organization)  Volunteer Groups  Household and community members  Group with special needs / PWD  Other sectors (please specify): |  |
|  | **SUBTOTAL** |  |
|  | **Target Indirect Beneficiaries:** | **How many?** |
|  | Members of the Member Organisation  Youth (not members of the Member Organization)  Volunteer Groups  Household and community members  Group with special needs / PWD  Other sectors (please specify): |  |
|  | **SUBTOTAL** |  |
|  | **TOTAL** |  |

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| **2.12.** What is the expected duration of the project and what dates will this project cover? |  |

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|  | Name of Partner/ Partner Organization | Sector | Contribution or Role |
| **2.13.** Do you have any partners? Please list them and identify the sector they belong to (ex. Agriculture, Government, Industry, etc.). | 1.) 2.) 3.) (Please list if there are more.) |  |  |

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|  | **Types of Support (Please write N/A if not applicable)** | **How?** |
| **2.14.** What contribution will the Member Organization make to this project? Please clearly identify. | Funding |  |
| Staffing |  |
| Providing Resources |  |
| Facilitation |  |
| Others, please specify: |  |

**3. MONITORING, IMPLEMENTATION AND EVALUATION**

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|  | What are your methods of monitoring? | Who is in charge of this method? What is his/her role in the MO or project? |
| **3.1.** How will this project be monitored? | 1.)  2.)  3.)  4.)  5.) |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expected Outcomes or  Objectives | Indicator | Planned activities | | | | Target beneficiaries | Partners involved | Budget needed |
| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|  |  |  |  |  |  |  |  |  |
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**3.2.** How will the project be implemented? Show this using a work plan. Highlight the actions and expected outcomes in 3 months, 6 months, 9 months and 12 months. Please add more rows if necessary.

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| **3.3** How will you sustain the impact of the project after the project is over? |  |

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| **3.4** How will the post project impact be measured and documented? |  |

**4. BUDGET**

**4.1.** **Estimated Total Expenditures**

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| --- | --- | --- | --- | --- | --- |
| EXPENSES | | | | Amount in Local Currency | Amount in GBP (You can use [this currency converter](http://www.oanda.com/currency/converter/)) |
|  | Particular | Unit | Unit Price |
| Project Delivery Materials | *Please list all the particulars here.* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Administrative Costs |  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL** |  |  |  | GBP |

**4.2. Allocation of Grant and Additional Funding Provided by MO**

From your total expenses please list down those that will be covered by the grant and those what will be covered by additional funding.

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| --- | --- | --- | --- |
| **EXPENSES** | | Amount in Local Currency | Amount in GBP (You can use [this currency converter](http://www.oanda.com/currency/converter/)) |
|  | Particular |
| Covered by Grant | Please list all the particulars here. |  |  |
|  |  |  |
|  |  |  |
| Subtotal | |  |  |
| Covered by Additional Funding |  |  |  |
|  |  |  |
| Subtotal | |  |  |
| **TOTAL** | |  | GBP |

**4.2.** Declaration of possible sources of income (if applicable.)

|  |  |  |
| --- | --- | --- |
| INCOME (Please put N/A if not applicable.) | | |
| SOURCES | Target  Amount in Local Currency | Target  Amount in GBP (You can use [this currency converter](http://www.oanda.com/currency/converter/)) |
| Please list all the possible sources of income here. |  |  |
|  |  |  |
| **TOTAL** |  | GBP |

**5. PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF THE PROJECT**

|  |  |
| --- | --- |
| **5.1.** Name and Signature: |  |

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| --- | --- |
| **5.2.** Position in the Organization: |  |

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| **5.3.** Contact details: | E-mail address:  Mobile phone: |

**6. OTHER COMMENTS AND FEEDBACK**

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| --- | --- |
| Do you have other comments, suggestions and requests that you wish to make? |  |

**7. PROJECT APPLICATION AUTHORIZATION**

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| --- | --- |
| **7.1.** Name and Signature of Person Writing and Submitting this Project Application: |  |

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| **7.2.** Position/Role of Nominating Person: |  |

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| **7.3.** Contact details: | E-mail address:  Mobile phone: |

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| **7.4.** Date: |  |

**8. PRIVACY NOTICE**

*Privacy Notice: WAGGGS will use the information regarding the contacts of the MOs that you provided in accordance with applicable data protection laws to keep track of the leadership of the MO and main contact points. WAGGGS is registered as a data controller with the UK Information Commissioner’s Office under registration number Z092177. For further information about how we use personal information see our Privacy Policy – available at* [*www.wagggs.org/en/privacy-cookies/*](https://mail.wagggs.org/owa/redir.aspx?C=uvDzUhlenJCkOB2N7WvtCZS1M7hqvF4jVhjKqY0bVK28kssM15XWCA..&URL=http%3a%2f%2fwww.wagggs.org%2fen%2fprivacy-cookies%2f)*.*