 **ASIA PACIFIC REGION**

**PROJECT REACH OUT**

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**

|  |  |
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| **1.1.** Name of Applicant Member Organisation: |  |

|  |  |
| --- | --- |
| **1.1.** Name/s of Beneficiary Member Organisation/s: |  |

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| **1.2.** Please provide a brief background on the status of girls and young women in your country. (Maximum of 200 words.) |  |
|  | |
| **1.3.** Please provide a brief background on the status of girls and young women in your partner MO. (Maximum of 200 words.) |  |

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? | Mission and Vision & Values  Strategy and Planning  Governance  Girl Guide and Girl Scout Experience  Adult Leadership Practice  Organisational Management  Finance  Resource Mobilisation  Image and Visibility  Influence  Membership Recruitment and Retention |

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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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|  | **Expected Result** | **How will you measure this?** |
| **2.4.** What are the expected results of this project? (These results must be measurable and should directly benefit young women, contributing to their needs and be relevant to their personal development.) | 1.)  2.)  3.)  (Please list if there are more.) | 1.)    2.)    3.) |

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| **2.5.** What are the planned project activities? |  |

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| **2.6.** At which level is this project conducted? (Please check.) | National  Regional  State or Province  Unit/ Troop  Others (please specify): |

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| **2.7.** Proposed location of the project: |  |

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| **2.8.** What is the participant age range for this project? |  |

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|  | **Target Beneficiaries:** | **How many?** |
| **2.9.** 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.) | Girl Guides (age range?)  Youth (non-guides)  Volunteer Groups  Household and community members  Other sectors (please specify):  TOTAL: |  |

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| **2.10.** What is the expected duration of the project and what dates will this project cover? |  |

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|  | **Member Organization** | **Role and Contribution** |
| **2.11.** Who is/are your Beneficiary Member Organisation/s? Please list them and briefly identify their roles and main contributions. | 1.) 2.) 3.) (Please list if there are more.) |  |

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|  | **Name of Partner/ Partner Organization** | **Sector** |
| **2.12.** Do you have any other 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.) |  |

1. **SHARING EXPERIENCE**

**3.1.** Please provide a background of the exchange project in line with the elements of the WAGGGS Educational Method.

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| **Element** | **Please state your MO’s planned activities and other actions in relation to each element.** | **Please state your beneficiary MO’s planned activities and other actions in relation to each element.** |
| 1. ) Learning in Small Groups |  |  |
| 2. ) My Path, My Pace |  |  |
| 3. ) Learning By Doing |  |  |
| 4. ) Connecting With Others |  |  |
| 5. ) Connecting With My World |  |  |

**3.2.** TheWAGGGS Leadership Model encourages practicing leadership mindsets. Please state how you and your partner MO could practice leadership in this project.

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| **Element** | **Please state how your MO could incorporate each leadership mindset into the project (where applicable)** | **Please state how your Beneficiary MO could apply each leadership mindset into the project (where applicable)** |
| 1. ) Reflective mindset |  |  |
| 2. ) Collaborative mindset |  |  |
| 3. ) Creative and critical thinking mindset |  |  |
| 4. ) Gender equality mindset |  |  |
| 5. ) Worldly mindset |  |  |
| 6.) Responsible action mindset |  |  |

**4. 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?** |
| **4.1.** How will this project be monitored? | 1.)  2.)  3.)  4.)  5.) |  |

**4.2.** 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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| **Expected Outcomes or**  **Objectives** | **Indicator** | **Planned activities** | | | | **Target beneficiaries** | **Partners involved** | **Budget needed** |
| *1st Half of Year 1* | *2nd Half of Year 1* | *1st Half of Year 2* | *2nd Half of Year 2* |
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| **4.3** How will you sustain the impact of the project after the project is over? |  |

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| **4.4** How will the post project impact be measured and documented? |  |

**5. BUDGET**

**5.1.** **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 |

**5.2. 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 |

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

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| --- | --- | --- |
| **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 |

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

**A.) APPLICANT MEMBER ORGANISATION**

|  |  |
| --- | --- |
| Name and Signature: |  |

|  |  |
| --- | --- |
| Position in the Organization: |  |

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| Contact details: | E-mail address:  Mobile phone: |

**B.) BENEFICIARY MEMBER ORGANISATION**

|  |  |
| --- | --- |
| Name and Signature: |  |

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| Position in the Organization: |  |

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| Contact details: | E-mail address:  Mobile phone: |

**7. OTHER COMMENTS**

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

**8. PROJECT APPLICATION AUTHORISATION**

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| **8.1.** Name and Signature of Person Writing and Submitting this Project Application: |  |

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| **8.2.** Position/Role of Nominating Person: |  |

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| **8.3.** Contact details: | E-mail address:  Mobile phone: |

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| **8.4.** Date: |  |

**9. CONSENT FOR BENEFICIARY MO**

*(Upon signing this section, the beneficiary member organization gives full consent to take part in the project, be subject to the guidelines of Project Reach Out and fulfill its roles and responsibilities.)*

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| **9.1.** Name and Signature of Person Giving Consent: |  |

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| **9.2.** Position/Role in Organization: |  |

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| **9.3.** Contact details: | E-mail address:  Mobile phone: |

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| **9.4.** Date: |  |

**10. 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)*.*