# Application form for the COVID-19 Solidarity Program for Key Populations in Eastern Partnership countries

# *AFEW International calls for proposals to relieve Emergencies threatening Civil Society Organizations in Eastern Partnership countries*

**Deadline: 30 April 2021 at 17:00 CET (Amsterdam time)**

# Before starting a proposal, please read the eligibility criteria for applicants and proposals in the Call for Proposals carefully, as they will be applied strictly. Proposals that do not meet the conditions set by the eligibility criteria for applicants and proposals will not be considered eligible for further assessment.

Only proposals submitted through the provided email address before the deadline will be taken into consideration.

When you have submitted your proposal, you will receive an automated e-mail confirming receipt of your application. If you are facing technical problems filling out the form, please contact us via [covid19@afew.nl](mailto:covid19@afew.nl) & [valeria\_fulga@afew.nl](mailto:valeria_fulga@afew.nl)

# The more complete your proposal, the better we can assess it, so answer all questions sufficiently and don’t forget to upload/attach the required attachments.

**PART I**

## 1. Activity description

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| --- | --- |
| **Activity title (<10 words)** | *Make sure title captures the essence of the activity you are undertaking to relieve the emergency.* |
| **Emergency Situation**  **(<350 words)** | *Describe the problem or emergency situation and the need(s) that will be addressed.*  *Please include a short and concise description of the context.* |
| **Describe the goal of your activity (< 50 words)** | *Please describe the* ***goal*** *of your activity.* |
| **“What” and “How” (< 100 words)** | *Describe* ***“what”*** *you are going to do**and* ***“how”*** *you are going to do it.* |
| **“Why” (< 100 words)** | *Provide some justification for* ***“why”*** *you believe this activity is necessary.* |
| **“Who” (< 100 words)** | ***Describe “who”*** *will carry out the activity.*  *If applicable, provide information about* ***partners*** *with whom you are planning to collaborate in the current emergency situation and give a clear breakdown of roles and responsibilities for this project.* |
| **Country (-ies) where your activity takes place** | *Tick one (or more) of the following countries:*   * Armenia * Azerbaijan * Belarus * Georgia * Moldova * Ukraine |
| **Region and/or city (< 50 words)** | *Describe where the project will be implemented: in which city and or region, or whatever is applicable* |
| **Target population: who is the main target group?** | * **Sex Workers** * **LGBTQI** * **MSM** * **Women vulnerable to HIV** * **Migrants** * **Adolescents at risk** * **People Using Drugs** * **People Living With HIV** |
| **Number of People expected to reach** | *Please estimate how many people you will reach with your activity directly and indirectly.* |
| **Additional info about your activity (optional) (< 100 words)** | *Anything we did not ask and need to know to get a better insight in the proposed activities.* |
| **Other essential or useful information, for example one minute video or image(s)(** | *Anything we did not ask and need to know to get a better insight in the proposed activities. Reminder: please use the English or Russian language if uploading additional documents.* |
| **Duration proposed activities** | *Duration in months: (max 6 months)*  *Expected Start date:*  *Expected End date:* |

## 2. Budget

|  |  |
| --- | --- |
| **Total critical budget for the proposed activities** | *Total budget, including other funds (if applicable), in* ***EUR*** |
| **Total budget requested from the Emergency Fund**  Please note that the maximum is 3500 EUR | *Amount requested from the Emergency Fund, in* ***EUR*** |
| **Secured budget for this activity (optional)** | *€ (if applicable)* |

|  |
| --- |
| *Download and fill in the Budget framework, specifying the costs of your activity. Only application using this format will be eligible for further assessment. Please do not use your own format.* |

## 3. Applicant information

|  |  |
| --- | --- |
| **Is your organisation a registered CBO or NGO? (optional)** | * *Yes* * *No* |
| **Reference (optional)** | *Please fill in the name and last name of the person outside your organisation who can tell us more about your activities.*   * *Organisation (optional) – the name of the organisation for which the refence person works.* * *Function (optional) – the function (job) of the reference person.* * *Telephone number (optional) – the telephone number of the reference person.* * *E-mail address (optional) – the e-mail address of the reference person.* |
| **Project leader** | *Please write the first and last name of the person who will be the main contact for this application.* |
| **Telephone number Project leader (optional)** |  |
| **Email address Project leader** |  |
| **Track record service provision for key populations (< 200 words)** | *Describe your track record regarding service provision for key populations.* |
| **Meaningful community involvement (< 200 words)** | *Please, describe in what way the community is involved in your organisation and/or activities.* |
| **Track record visuals (optional)** | *You may provide a maximum of two links (e.g. organization website, YouTube, etc.) to written or visual material that provides more information on the successful activities you mentioned above.* |
| **Link to the website of your organisation (optional)** |  |
| **Link to the social media of your organisation (optional)** |  |

**PART II**

In case your application is successful, and you will be awarded with a grant, we will also need the bank details from you. Please fill in the separate excel document as to provide us with your bank details. . Please be aware that the information has to be provided in both English and Russian.