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| **U.S. Embassy Grants Program Application** |

**Read the instructions provided in this document carefully.**

Applications that do not follow the guidelines and instructions provided within this form will not be reviewed.

Questions can be directed to: **SGP-Kazakhstan@stste.gov**

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| 1. **GENERAL INFORMATION** | | | | | |
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| **Applicant Organization:** | | | | | |
| Organization Name: | | |  | | |
| Address: | | |  | | |
|  | Street Address | |  | | |
|  | City/Town | |  | | |
|  | District | |  | | |
| Website (if applicable) | | |  | | |
| Social Media Page (if applicable, platform and link) | | |  | | |
|  | |  | |  | |
| **Organization Director:** | | | | | |
| First Name, Last Name | | |  | |
| Title | | |  | |
| Telephone | | |  | |
| Mobile | | |  | |
| Email | | |  | |
| Preferred method of contact | | |  | |

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| 1. **BACKGROUND OF ORGANIZATION** | |
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| **2.1 Registration Information:** | |
| Is the organization registered, incorporated, or licensed as a legal entity?  Yes\*  No  \*If yes, attach a copy of organization’s registration form. | |
| Date of incorporation or registration (MM/DD/YYYY): | |
| Date organization was founded: | |
| How organization is primarily funded: | |
| CVs attached in Appendix A for each staff member on the project?  Yes  No | |
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| **2.2 Organization Mission:** | |
| 2.2.1 What is the purpose (or mission statement) of your organization? | |
| 2.2.2 How, if at all, is your organization different than other organizations that work in this field? | |
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| **2.3 Summary of Expertise:** Detail your past work in this area so PAS can better understand your organizations’ record of performance and ability to succeed in future projects. | |
| 2.3.1 Describe past work in this topic area: | |
| 2.3.2 Describe any best practices or lessons learned in previous projects: | |
| 2.3.3 From previous work in this area, have you developed networks with other organizations or groups that also work in this field? How, if at all, will this award contribute to those networks? | |
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| **2.4** **Project Partners:** Are you going to carry out project activities in partnership with other organizations? | |
| If yes, list the organization name and describe their role in the project. | |
| 1. **PAST GRANTS** | |
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| **3.1 Grants funded by U.S. Embassy** | |
| Have you ever received a previous grant from the U.S. Embassy? USAID, Public Affairs, or another US Government entity?  Yes  No | |
| If yes, list:  Project name:  Project amount:  Period of performance:  Results achieved on this program to date: | |
|  | |
| **3.2 Grants funded by other donor organizations** | |
| Have you ever received funding from any other donor organization?  Yes  No | |
| If yes, list:  Project name:  Project amount:  Period of performance:  Results achieved on this program to date: | |
| 1. **PROPOSED PROJECT DESCRIPTIONS** | |
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| **4.1 Project Information** | |
| Project Name: |  |
| Duration (months) |  |
| Projected Start and End Date: |  |
| Funding Requested |  |

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| **4.2 Project Goals and Justification** | |
| **4.2.1 Problem Statement:** What problem do you intend to address by implementing this grant? | |
| **4.2.2 Problem Statement Justification:** What evidence, experience or other information supports your problem statement? Why is this a priority? | |
| 4.2.3 **Goals:** What does success look like on this program? | |
|  | *Short-term Outcomes:* What specific change(s) do you expect to occur during the grant as a direct result of program activities? |
|  | *Long-term Outcomes:* What specific change(s) do you expect to occur after the program ends that are a direct result of program activities? |
| 4.2.4 What potential obstacles exist that could the effect the implementation of the program? For example: obtaining government approval, media/press concerns, availability of electricity/internet | |
| 4.2.5 How does your program plan to address the obstacles listed above? | |

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| * 1. **Participants** |
| 4.3.1 Describe the target participants in this program. Be as specific as possible. *Possible participant characteristics may include: gender, age-range, education level, geographic location, occupation, socio-economic level, level of education, interests, etc.* |
| 4.3.2 Why are these individuals an important population to reach? |
| 4.3.3 How will your organization access those participants? |
| 4.3.4 Explain the criteria you will use to choose participants. |
| 4.3.5 Explain the steps of your participant selection process to ensure you reach the target audience above. |

1. **PROPOSED WORK PLAN**

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| **Proposed Project Activities:** Provide a detailed work plan that clearly identifies each step you will take to plan and implement this project. Please include an activities calendar divided by months/weeks and responsible people as in the example below. | | | |
| **Implementation Activities** | **Time period** | **Personnel/Responsible Organization** | **Resources required, if any** |
| **Planning Activities (meetings, obtaining venues, equipment and/or staff)** |  |  | *(for example: staff time, and funding for office space)* |
| **Major Project activities** |  |  |  |
| **Follow-on activities** |  |  |  |

1. **BUDGET**

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| **6.1 Budget Summary** | | |
| **Category** | **Description/Details** | **Amount Requested** |
| Personnel |  |  |
| Fringe Benefits |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Contractual |  |  |
| Other Direct Costs |  |  |
| Indirect Costs |  |  |
| Total Requested |  |  |
| Project Total |  |  |
|  | | |
| **6.2** **Budget Note** | | |
| 1. All project expenses should be calculated in advance and must be realistic.  2. Please prepare the project budget in USD. However, you will receive your grant in the local currency.  3. Some expenses will need to be explained in the Budget Narrative below, please see box 6.3 for details.  4. Please put in the description/details on the budget summary the number of hours of work per week that each person will spend on this project.  5. Cocktail parties, receptions, and entertainment costs are not allowed. Coffee breaks for conferences and seminars must be justified and are limited to a maximum of 10% of the total award amount.  6. If applicable, please list on the description of the budget summary contribution of your organization – they can be voluntary work, use of premises, vehicles, classroom supplies, equipment or payment of a program event from your own funds (e.g. rental of a hall, printing of announcements, meals, travel, etc.). | | |
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| **6.3** **Budget Narrative** | | |
| *Write your budget narrative here.* | | |

1. **CERTIFICATION**

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| I am aware that any false statements or claims may disqualify my organization from receiving this and any future awards. | | I agree. |
| By marking the checkbox below I certify that I have read and understood the instructions provided in this form before filling out this document. | | I have read the instructions provided with this form. |
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| By signing this application, I certify that the statements contained in this form are true, complete and accurate to the best of my knowledge. | | |
| Signature of Authorized Representative |  | |
| Date Signed |  | |