**PARTNERSHIP FOR SYUNIK-ENHANCED COMMUNITY-BASED SOCIAL SERVICES**

**FSTP GUIDELINE-Output 2**

**Provision of Sustainable Social Services to Vulnerable People in Syunik Region**

**SUB-GRANT APPLICATION FORM**

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|  | **I. General Information** |  |

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| Name of the Applicant |  |
| Legal status (if any) |  |
| When was the initiative/organization created? (date/month/year)  |  |
| Number of State Registration |  |
| The legal address of the organization (registration address) |  |
| Postal (physical) address (if different from legal) |  |
| Tax Identification Number (TIN) (if available) |  |
| Information on state accreditation for providing social services |  |
| **Project Specific Information** |  |
| Project Title |  |
| Location of the Project in Syunik Region – a community that will benefit from the Project |  |
| A specific physical space where the social services would be provided (address and status of ownership) |  |
| Sector of activities |  |
| Project Duration  |  |
| The main objective of the Project |  |
| Target groups and Final beneficiaries\*groups/entities that will directly and indirectly benefit from the Project (quantify where possible) |  |
| The total budget of the Projectin AMD (including co-financing, if any) |  |
| Expected results (quantify where possible) |  |
| Main activities/steps |  |
| **Contact person** |
| First name, Last name |  |
| Phone number |  |
| Email address |  |
| Organization’s Website address (if any) |  |
| Organization’s Facebook page (if any) |  |

**Guide to completing the application**

There is no clearly defined form for filling out the application, but the document submitted by the main applicant must meet the following requirements:

* Do not exceed the indicated number of pages (A4 size): font Calibri, font size 11, margins 2 cm, line spacing 1 (single line spacing)
* Fill the necessary information under the corresponding subheadings
* Answer all questions and provide the full information requested (the evaluation will be carried out only based on the provided information)
* In answering questions be as clear as possible to facilitate the evaluation process.
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|  | **II. Detailed application** |  |

**WHAT AND WHY? (max 1 page)**

What is your organization? Whether you implemented social services projects in any community of the Syunik region at the moment or previously? (services for the elderly, children, youth, people with disabilities, mental health issues, etc.) Please indicate the name of the project, the timing, the type of social service, the main beneficiaries and partners.

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**Relevance to specific topics/sectors/fields (max 2 pages)**

Describe how the Project you are presenting addresses the mandatory requirements defined by the Guidelines:

* Describe which type of community-based social service is planned to be improved/expanded or initiated/developed within the proposed Project and how it connected with the following list of social services, identified during the situational analysis (please refer to the FSTP Guideline, Section 1.0). While describing the services, please address each of the following aspects:
	+ - Specific type of services offered to beneficiaries
		- Work methodology (including service provision procedure, documentation procedure, service provision hours/availability, etc.)
		- Physical and geographic accessibility and inclusiveness to the services
		- Level of engagement and participation of beneficiaries (representatives of the host communities and forcibly displaced individuals from NK)
* Present what kind of impact the proposed social services will have on the target groups/beneficiaries/stakeholders, and how the current situation of the Project's target groups and beneficiaries will be improved.
* Present the expected qualitative and quantitative data in the target community as a result of the project’s implementation

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**WHO WITH AND WHO FOR? (max 2 pages)**

How do your proposed activities contribute to the project’s overall objective as outlined in the guideline?

* Describe the problem you are going to solve. How do your proposed activities/planned use of financial support address the root causes of the problem you are trying to address?
* Describe the main partners involved in the project implementation and the level of their involvement/division of responsibilities.
* Describe ***how*** you plan to engage the community, local government representatives, and private sector to achieve the goals/objectives of proposed activities/planned use of financial support.
* Describe the team capacity involved in the implementation of the project. Provide proposed staff CVs.
* Describe the target groups, current situation, and needs as well as the process of selection of beneficiaries in the context of the proposed social services.
* Describe in detail how you will ensure the minimum principles for quality assurance of social services.

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**TALKING ABOUT THE ACTION (max 2 pages)**

Describe what specific activities/ actions are needed to achieve the goal of the proposed project and the corresponding timeframe.

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How will the monitoring of activities take place?

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How would you ensure the Project’s sustainability (financial and institutional) after the end of the grant program?

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Describe the main risks that could prevent the Project from reaching its goal, and how you plan to address them.

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**Action plan for project implementation**

The action plan should be sufficiently detailed to provide an overview of the preparation and implementation phases of each action, including sub-actions as appropriate. Activities should be numbered in such a way that the logic, sequence, and interrelationships between activities are understood.

Insert the Gantt Chart or detailed Action plan with the timeline and responsible people.

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|  | **III. Declaration of the applicant**  |  |

I, the undersigned, as a person authorized by the applicant organization, who can act as an authorized signatory of the applicant's contract, within the framework of this application, certify that:

* The applicant bears direct responsibility for the preparation, development, management, and implementation of the Project
* The applicant complies with the criteria defined in the FSTP Guidelines for Sub-Grants
* The information presented in this Application is correct, true, and complete to the best of my knowledge and beliefs
* The Applicant is not declared bankrupt, nor is it in any process that implies liquidation of the Applicant voluntarily, forced, or by judicial order
* I agree that the presented data can be shared with the selection committee within the "Partnership for Syunik-Enhanced Community-based Social Services" project
* I am ready to provide additional information to evaluate the application.

I understand that if I provide untrue information, my Sub-Grant Application may be rejected.

Signed by an authorized representative of the Applicant:

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| **Name**  |  |
| **Organization Name** |  |
| **Position** |  |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any suggestions, questions, and complaints related to the participant selection process or projects implemented by People in Need can be submitted to PIN Armenia by phone: at 37493 68 88 70 or via e-mail: crm.armenia@peopleinneed.net