**ANNEX II**

**Application Format of The Leadership Development Training Fund**

The Fund will accept applications in another format if information provided enables The Fund Team to make a judgment about the questions outlined below.

**Applicant association:**

|  |  |
| --- | --- |
| **Name of association:** | **Country:** |
| **Association contact:** | **Email and skype contacts:** |

**Partner association**

|  |  |
| --- | --- |
| **Name of association:** | **Country:** |
| **Association contact:** | **Email and skype contacts:** |

**Please add additional partners’ details if relevant.**

**Background:**

|  |
| --- |
| **What problem or issue does your project address?** Please consider how this relates to the criteria of the Leadership Training Fund |
|  |

**Beneficiaries:**

|  |
| --- |
| **Who will benefit from your project? Please include estimates of numbers in relation to male and female, youth, countries, minority groups in your society (if applicable)**  |
|  |

**Purpose and objectives:**

|  |
| --- |
| **Why is this project important? What specific changes do you plan to achieve through the project?** Please consider how this relates to the criteria of the Leadership Training Fund |
|  |

**Monitoring and evaluation:**

|  |
| --- |
| **How will you know if the project has achieved the changes above? What evidence will you use and how will you collect this evidence? How will your experience on this project be used in your future plans?** |
|  |

**Activities, funding and project management experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What will you do?** | **When will you do it?** | **Funding in place** | **Funding needed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL:**  |

**Management information:**

|  |  |
| --- | --- |
| **Who will be responsible for the project?** |  |
| **Please confirm the arrangements you have in place to manage the project and meet deadlines and reporting requirements:**  |  |
| **Who will be responsible for the finances of the project?**  |  |
| **Please confirm what arrangements you have in place to ensure that the funding is kept secure and used for the purpose given:**  |  |

**Partnership:**

|  |
| --- |
| **Have the associations in your project application worked together before? If yes, what and how have you worked together? If no, how did your partner relationship develop?** |
|  |

|  |
| --- |
| **What are the responsibilities of each of the associations involved in the project?** |
|  |

**FOR FUND TEAM USE ONLY:**

|  |  |  |
| --- | --- | --- |
|  | **Initial assessment** | **Fund Team decision** |
| **Eligibility requirements** |  |  |
| **Criteria** |  |  |
| **Input from WAGGGS/ WOSM** |  |  |
| **Follow up proposed** |  |  |