**GRANT APPLICATION FORM**

**FOR ALL GRANTS**

**1. GENERAL INFORMATION**

**NAME OF YOUR NATIONAL SCOUT ORGANISATION:**

…………………………………………………………………………………………………………………………………………………

**TITLE OF YOUR PROJECT:**

…………………………………………………………………………………………………………………………………………………

**PROJECT START DATE (DD/MM/YYYY):** ………………………………………….……….……….…….……

**PROJECT INTERIM REPORT DATE (DD/MM/YYYY):** …………….…………………………….………

**PROJECT END DATE (DD/MM/YYYY):** …………………….……….…….….……………………………….…

**PLEASE SELECT THE PROJECT CATEGORY YOUR PROJECT FITS IN BEST:**

  Strengthening capacity  Inspiring Messengers of Peace  Special Project

*If selected category is “Special projects”, please indicate subcategory:*

* Support to youth in (post) conflict zones  Disaster response*

* Environment  Peace and culture of dialogue*

* Other (please specify)*

**LEVEL OF INTERVENTION**

☐ Local Community

☐ Sub-National

☐ National

☐ WOSM Global or Regional

**PROJECT MANAGER:**

Name: ……………………………………………………………………………………………………………………………………

E-mail address: ……………………………………………………………………………………………………………………

Phone number: ……………………………………………………………………………………………………………………

**2. PROJECT DESCRIPTION**

Please briefly explain what is the current situation and what change you are trying
to achieve in your NSO/community and why? (200 words maximum)

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

 **HOW WILL THIS CHANGE BE VISIBLE IN TWO YEARS? *(200 words maximum*)**

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

**3. KEY PERFORMANCE INDICATORS**

 How many individuals will be involved in your project?

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Scout | Non-Scout (Young people) | Adults in Scouting |
| Participant |  |  |  |
| Beneficiary |  |  |  |

Please indicate:

|  |  |  |
| --- | --- | --- |
|  | Current situation | How many new members will you recruit as a result of the project? |
| Number of members in NSO |  |  |

 How are you going to know the change has been achieved?

Please select **a minimum of 2** of the proposed indicators below and **insert figures applicable for your case.**

*Note: If the indicators listed below are not suitable, please list up to 2 others in the “additional indicator” fields.*

|  |  |  |
| --- | --- | --- |
| **Applicable to your project** | **Key PerformanceIndicator (KPI)** | **What is your target?** |
|  | Number of NSO members who will provide community service. |  |
|  | Number of participants who will apply the knowledge/skills gained through the project in school/other setting. |  |
|  | Number of volunteer hours that will be done through the project. |  |
|  | Number of GSAT dimensions of best practice the NSO will significantly improve. |  |
|  | Number of policies and procedures the NSO will successfully implement through the project. |  |
|  | Additional indicator: |  |
|  | Additional indicator: |  |

**4. BUDGET**

 **WHAT IS THE TOTAL BUDGET FOR YOUR PROJECT (IN USD)?**

………………………………………………………………

 **WHAT GRANT AMOUNT ARE YOU REQUESTING FROM MOP (IN USD)?**

………………………………………………………………

 **PLEASE INDICATE IF YOUR PROJECT HAS ANY SPONSOR/CO-FUNDERS IN THE TABLE BELOW. IF YES, WHAT KIND AND WHAT AMOUNT OF SUPPORT ARE THEY PROVIDING?**

|  |  |  |
| --- | --- | --- |
| Sponsor/co-funder | Kind of support (financial, in-kind)and amount | Is this supportconfirmed? |
| 1 |  |  |  |
| 2 |  |  |  |
| 2 |  |  |  |

***Note:*** *There is a detailed spreadsheet to be completed for the project plan and budget.*

**5. PARTNERSHIPS**

 **WHO ARE THE PARTNERS TO YOUR PROJECT?**

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

 **WHAT WILL BE THEIR CONTRIBUTION?**

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

**6. NSO BANK ACCOUNT INFORMATION**

NSO Account Name:

Bank Name:

Bank Address:

Account Number:

IBAN:

SWIFT Code: