|  |  |
| --- | --- |
| Ref. Number |  |
| (Swiss PRO only) | |

**Annex 2**

***Support to Local Self-governments in Implementation of Social Protection Services as Adequate Response to Covid-19 Consequences***

Call for Proposals 01-2021

**PROJECT PROPOSAL APPLICATION FORM**

***Please, fill in electronically only.* *Please expand the boxes as per need.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE APPLICANT** | | | | | | | | | | | |
| The Municipality of | | | | | |  | | | | | |
| Contact information of the Lead Applicant | | | | | | Address: | | | | | |
| Telephone: | | | | | |
| Fax: | | | | | |
| Email address: | | | | | |
| WEB page: | | | | | |
| Name of legal representative of the LSGs (the person authorised to sign the contract) | | | | | | Name: | | | | | |
| Telephone: | | | | | |
| Mobile phone: | | | | | |
| Email address: | | | | | |
| Municipal contact person that would be in charge of project and his/her contacts (email address and phone number): | | | | | |  | | | | | |
| Bank name and Bank account number of the LSG as the Lead Applicant | | | | | |  | | | | | |
| PIB | | | | | |  | | | | | |
| Registry Number | | | | | |  | | | | | |
| Partner (if applicable): | | | | | |  | | | | | |
| **Human Resources Engaged on the Project** | | | | | | | | | | | |
| Name | | | | | Position in the project team | | | In charge of | | Full-time | Part-time |
|  | | | | |  | | |  | |  |  |
|  | | | | |  | | |  | |  |  |
|  | | | | |  | | |  | |  |  |
| **Description of the Project** | | | | | | | | | | | | |
| **Project Title** | |  | | | | | | | | | | |
| **Project duration** | | Total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months | | | | | | | | | | |
| **Budget in Brief**  (in USD) | | Swiss PRO | | | | | Co-financing  *(if applicable, no in-kind contributions, please)* | | *TOTAL* | | | |
|  | | | | |  | |  | | | |
| **Experience in Project Management**  *Please list and elaborate at least three similar projects involving vulnerable groups and social inclusion activities that your LSG implemented (max 1 page)* | |  | | | | | | | | | | |
| **Context and Problem Analysis**  *What problem will you address? Why is its addressing important for the community? Please be specific and back it with available and relevant data. Please provide linkage with the relevant national or local strategic and action plans.* | |  | | | | | | | | | | |
| **Operational capacity:** *Please provide details in case your LSG has conducted needs assessment of vulnerable groups in local communities in terms of Covid-19 consequences, prioritisation of needed SPS and on designing, proposing and implementing required solutions to those needs* | |  | | | | | | | | | | |
| **Relevance of the project to the Call for Proposals**  (*Please identify which of the objectives of the Call the project is addressing and briefly explain how?)* | |  | | | | | | | | | | |
| **Target group**  (*Who is your target group? How will they benefit from the project? How many beneficiaries will be directly included in the project? Who and how many people will indirectly benefit from the project?*) | |  | | | | | | | | | | |
| **Objectives of the project**  *(What is the overall objective and what are specific objectives of the project)* | |  | | | | | | | | | | |
| **Details on partnership** (*Description of roles and responsibilities of each partner, operational modalities, financial responsibilities and contributions. Additional agreement on partnership or Letter of Intent for Partnership stipulated in the Call must be submitted with the application)* | |  | | | | | | | | | | |
| **Project Implementation Strategy**  *(Describe how your project is going to address the problem, what activities are planned and how these activities are going to contribute to achievement of the project objectives. Maximum 3 pages.)* | | *(Description. Max 2 pages.)* | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Month | Activity Description | Responsible person/organisation | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | |
| **Impacts, outcomes, outputs and indicators of success**  *(Please list here what impacts, outcomes and outputs your project will achieve and what indicators will be used to substantiate the claims.)* | | Impacts:  1. | | | | | | | | | | |
| Impacts’ indicators:  1.  2. | | | | | | | | | | |
| Outcomes:  1.  2. | | | | | | | | | | |
| Outcomes’ indicators:  1.  2. | | | | | | | | | | |
| Outputs:  1.  2.  3…. | | | | | | | | | | |
| Outputs’ indicators:  1.  2.  3. | | | | | | | | | | |
| **Monitoring of social protection services**  *Please describe way of monitoring of proposed social protection services* | |  | | | | | | | | | | |
|  | **Project Sustainability**  *(Detail how do you plan to secure sustainability of the project after the implementation ends? What are possible risks which could threaten the project's sustainability and how do you plan to address them?)* | |  | | | | | | | | | |
|  | **Evaluation Strategy**  *(A proposal for evaluation strategy, with outlined set of indicators.)* | | |  | | | | | | | | |

On behalf of the Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

[Stamp]

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_