**COVID-19 EMERGENCY FUND LATIN AMERICA AND THE CARIBBEAN**

**Application Form**

**A–INFORMATION ABOUT THE ORGANIZATION**

1) Name of the Organization:

2) Foundation date:

3) Name and surname of the contact person:

4) Email:

5) Web page:

6) Other social media

6) Telephone number:

7) Address:

**B–PROJECT INFORMATION**

1) Project title:

2) Country and province/ Department where the project will take place:

3) Mark **with a cross** the thematic area which your project corresponds to:

|  |  |
| --- | --- |
| **THEMATIC AREA** |  |
| -Access to information |  |
| -Transparency and accountability in public funds used during the pandemic |  |
| -Monitor of access to public services |  |

4) Estimated duration of the project (please, indicate starting month and ending month)

5) Project purpose: *(One sentence, immediate or direct benefit/development that the project will achieve. This is the rationale for doing the project)*

6) Project outputs: *(The quantitative or qualitative deliverables or results of the project activities. They should be sufficient to deliver the project purpose. Use bullet points preferably).*

6) Project summary: *(The key problems that the project aims to address; the timeliness of this project – why is now a good time to be doing this?, relevant work already conducted in the area).*

*(No longer than 300 words)*

7) Project activities

|  |  |  |
| --- | --- | --- |
| **Activities** | **Starting date** | **End date** |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

8) Who will benefit from the project and how?

(No longer than 100 words)

9) Is this a new or an existing project?

10) Is this a co-created project? If so, which organizations/actors were part of that co-creation?

(No longer than 100 words)

11) Risk analysis

|  |  |  |
| --- | --- | --- |
| **Risks** | **High/medium/low** | **Contingency Plan** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C – ACTIVITY BASED BUDGET (in local currency and in USD dollars)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Details** | **Emergency Fund** | **Implementing Organization** | **Other donor** |
| E.g.: Construction of a nursing room | Materials | $10 USD 2 | $5 | 0 |
| consultants | $15 USD 3 | 0 | $3 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | |  |  |  |

Note: Attach pro - form invoices of the expected suppliers of all the articles that will be purchased with the contribution made by the Fund.

This form was presented by:

Full Name and position in the organization:

Signature:

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

Date: