**INNOVATION FUND FOR LATIN AMERICA AND THE CARIBBEAN**

**Application Form**

**A–INFORMATION ABOUT THE ORGANIZATION**

1. **Name of the Organization:**
2. **Does the organization have legal status?** Yes / No
3. **Year in which the organization was created**:
4. **Address of the organization:**

Address:

City:

Province/State:

Country:

Zip Code:

Telephone:

Email address:

1. **Name and surname of the contact person:**

Name & Surname:

Position:

Email address:

1. **Website of the organization:**
2. **Social media** (specify with one and username)

**B–PROJECT INFORMATION**

1. **Project title:**
2. **Country and Province/State where the project will take place:**
3. **Mark with a cross the thematic area which your project corresponds to**:

|  |  |
| --- | --- |
| **THEMATIC AREA** |  |
| - Sustainability |  |
| -Transparency and accountability |  |
| - Promoting an enabling environment |  |

1. **Amount requested (in USD)**
2. **Will there be contributions from other sources/donors?** Yes / No

If the answer is yes, please, specify which one

1. **Estimated duration of the project**
2. **Project purpose**: (One sentence, immediate or direct benefit/development that the project will achieve. This is the rationale for doing the project)
3. **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)*

1. **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).
2. **Project Activities:** (Describe the activities of the project and provide a tentative schedule for each one)

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

1. **Who will benefit from the project and how?**

(Direct and indirect beneficiaries)

1. **Is this a new or an existing project?**
2. **Is this a co-created project or was the project designed together with another organization? If so, which organizations/actors were part of that co-creation/co-design?**

*(No longer than 100 words)*

1. **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**  (Indicate name) |
| E.g: Development of an integrated digital platform | Materials | $10 USD 2 | $5 | 0 |
| Consultants | $15 USD 3 | 0 | $3 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | | **$25 USD 5** | **$5** | **$3** |

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: