Program proposal for

Click or tap here to enter text.

From: Individual/Organization

Submitted on: 7/6/2021

Mail to: edusa@emkcenter.org

**A. Program details**

1. **Proposed Title:**

Title of the program/campaign

**2. Program brief:**

Explain the program in no more than 100 words

**3. Problems to address:**

What are the problems you are going to address in this event/workshop/exhibition and why do you think it is important?

**4. Possible date, duration and frequency:**

When do you plan to start and when do you want to complete the program, and in case of campaign how frequently will the programs take place?

**5. Target audience:**

|  |  |
| --- | --- |
| **Age group** | **Background/profession** |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |

**6. Outreach plan:**

How do you plan to reach your audience?

**7. Key activities:**

What are the steps and measures you will take during the event/workshop/exhibition to address the abovementioned problems?

**8. Outcome:**

What measureable changes do you think can be achieved through the program?

**9. Theme of the program:**

|  |  |
| --- | --- |
|[ ]  Entrepreneurship Development |[ ]  Music and performing arts |
|[ ]  Professional development  |[ ]  Democracy, Good Governance, Anti-Corruption |
|[ ]  Dance and choreography |[ ]  Countering Violent Extremism |
|[ ]  Art exhibition |[ ]  Countering Disinformation |
|[ ]  Women's empowerment through Technology |[ ]  Intellectual Property Rights preservation |
|[ ]  English classes for underprivileged students |[ ]  Speaker’s session on education, environment, economy etc. |
|[ ]  Performance Theatre |

**10. Possible partners:**

Who could be the possible partners of the program?

**11. Required support from EMK Center:**

What are the supports you need from EMK Center?

**B. Organizer’s details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organization:** |  |
| **Phone:** |  | **Email:** |  |
| **Address:** |  |
| **Application type:** | ☐ | Individual | ☐ | On behalf of organization |
| **Organization’s status:** | ☐ | Unregistered | ☐ | Registered as foundation |
|  | ☐ | Limited company | ☐ | University affiliated organization |

**C. Budget (if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Serial** | **Particular** | **Units** | **Unit cost** | **Total** |
| **01** | **Program action cost (Costs affiliated to organize the program)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Sub-total |  |
| **02** | **Operational management cost (Costs affiliated to the coordination and management)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Sub-total |  |
| **Grand total** |  |

**D. Required documents**

*[Please submit the following documents while submitting the proposal]*

|  |  |  |
| --- | --- | --- |
| Individual service provider | Non-profit organization/club | Profitable organization |
| * CV of the organizer
* Scanned copy of NID of the organizer
* Scanned copy of TIN
* Bank account details
 | * Portfolio of the organization
* Organization’s registration certificate/authorization from university
* Scanned copy of TIN (not required for club)
* Bank account details
 | * Certificate of Incorporation from RJSC
* Scanned copy of the updated trade license
* Scanned copy of TIN
* BIN certificate
* Bank account details
* Organization portfolio
 |

**DIRECT DEPOSIT SIGN UP**

Please Type or Block Print Clearly in Black Ink

**NAME:** Please insert your name

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE:** |[ ]  **Individual** |[ ]  **Company/NGO/Club** |[ ]  **Vendor** |

**ADDRESS:** Please insert your address

**TELEPHONE:** Please insert your telephone number

**EMAIL:** Please insert your email

**TYPE OF ACCOUNT:** Choose an item.

**ACCOUNT NAME:** Please insert your account name

**ACCOUNT NUMBER:** Please insert your account number

**NAME OF BANK:** Please insert your bank’s name

**BANK ADDRESS:** Please insert your bank’s address/branch

**ROUTING NUMBER:** Please insert your bank’s routing number

**CERTIFICATION:**

In signing this form, I authorize payment to be sent to the financial institution named above to the designated account

|  |  |
| --- | --- |
|  |  |
| **Account Holder Signature** | **Date:** Click or tap to enter a date. |

Sign the documents and send it back to EMK Center