Program proposal for

Click or tap here to enter text.

From: Individual/Organization

Submitted on: 7/6/2021

Mail to: makerlab@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