|  |  |
| --- | --- |
| **Title:** |  |
| **Program Summary (100 words max):** |  |
| **Project Amount:** |  |
| **Contact Person:** |  |
| **Date of submission:** |   |

1. **Background and Rationale (Max. 100 words)**

Please mention why this project is important

|  |
| --- |
|   |

1. **Project Objective (Max. 100 words)**

Please mention the objectives of the project and its alignment with the long-term vision

|  |
| --- |
|  |

1. **Project Beneficiaries**

Please mention the immediate/primary/direct beneficiaries and secondary/indirect beneficiaries

|  |
| --- |
|  |

1. **Project Activities**

Please mention the detailed planned activities of the projects. Activities should be clearly defined, and the information presented should be well-developed.

|  |
| --- |
|  |

**Outreach Strategy:**

|  |  |  |
| --- | --- | --- |
| **Objective**  | **Media Channels** | **Details** |
|  |  |  |
|  |  |  |

1. **Project Timeline and Schedule:**

Please share a detailed timeline through a **Gantt chart.**

Download the **Gantt chart** here: <https://emkcenter.org/wp-content/uploads/2022/12/Gantt-Chart.xlsx>

|  |
| --- |
|  |

1. **Project Outcome:**

Please mention the outcome expected upon the completion of the project. Outcomes should indicate what change or result is anticipated if project objectives are achieved.

|  |
| --- |
|  |

1. **Project Monitoring and Evaluation**

Please share the Monitoring and Evaluation Plan using the given Log frame

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective**  | **Activities**  | **Outcome** | **Outcome Indicator** | **Means of verification** | **Risk Mitigation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Key personnel (please provide a short bio of the key personnel including roles and expertise within 100 words. Details CV can be attached as annexes)**

Provide details of the core team members of the project

|  |
| --- |
|  |

1. **Professional references:**

Please include references’ name, organization, email, and phone number. References should be able to validate the applicant’s ability to work effectively, achieve results, and successfully implement similar activities within the past three (3) years.

|  |  |
| --- | --- |
| Reference 01  | Reference 02 |
| Name  |  | Name  |  |
| Designation |  | Designation |  |
| Organization |  | Organization |  |
| Email ID |  | Email ID |  |
| Phone Number  |  | Phone Number  |  |

1. **(Optional) Please use the space below to list additional citations in support of this project.**

|  |
| --- |
|   |
|  |

1. **Clarifications**
* *I understand that EMK may share this application, internally as part of the due diligence process or if EMK identifies opportunities to strengthen or fund an application by connecting with other entities for appropriate consideration.*
* *By submitting this application, I certify that the answers to the questions are accurate to the full extent of my knowledge.*

Full name of the Applicant: Date: