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**ANNEX 2 – APPLICATION FORM FOR PROPOSALS**

The Spotlight Initiative Caribbean Regional Programme (Phase I)

Please complete the below form and be as detailed as possible in your responses (not more than 10 pages excluding appendices).

By applying to this call for proposals, you are agreeing to the inclusion of your application and the information contained therein in a roster/ database of individuals and organisations with a track-record of working on sexual and reproductive health and rights (SRHR) issues. United Nations (UN) agencies will thereafter be able to refer to the roster/ database when seeking partners for the implementation of their activities.

Interested CSOs/NGOs should have a proven record of accomplishment in capacity

building work related to Sexual and Reproductive Health and Rights, and especially Comprehensive Sexuality Education (CSE), youth development, Gender Based Violence (GBV) or related issues, an established organizational culture of accountability and commitment to delivery of results and internal programmatic, administrative and financial capacity for budgets of more than USD 50,000 annually supported with a record of accomplishment of quality and timely project results.

**CHECKLIST**

***Please make sure your application satisfies all the criteria specified in the below checklist.***

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| --- | --- | --- |
|  | YES | NO |
| Are you a civil society organisation? |  |  |
| Does your organisation have experience working with young people? |  |  |
| Proposal budget (Excel Format) attached |  |  |
| Complete bank information provided |  |  |
| Copy of registration certificate |  |  |
| Audited and/or financial statements for the last fiscal year (in the absence of audited statements, any other official document demonstrating the annual income of the previous year will be accepted) |  |  |
| CV of the person who will be the focal point of the project |  |  |

**Full Consultation Proposal**

**1. APPLICANT INFORMATION**

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| --- | --- |
| **Organization Name:** |  |
| **Registration Number and date of registration:** |  |
| **Physical address of the Head office and Sub-offices:** |  |
| **Geographic Focus:** |  |
| **Representative’s Details:** | |
| First and Last Name: |  |
| Full Address: |  |
| Contact information (tel, email, etc.): |  |
| Position in the organization: |  |

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| **1.1. Describe the organization’s activities in the youth work, particularly in relation to comprehensive sexuality education for out of school populations** |
| *(Please give details about your experience with various youth constituencies and/or your advocacy. Please specify whether the organization has done any youth consultations.) (max 300 words)* |

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| **1.2. Staff involved in past consultations** |
| *(Please provide information on the number and the expertise of the staff involved in past consultations. Indicate any experience in youth work, particularly CSE. Please attach the CV of the person who will be the focal point for the consultations, if different from that of the project focal point.)* |

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| **1.3. Prior experience in working with the UN and with International Organisations** |
| *(Please mention any work or support in the last 3 years which were funded, even partially, by UN organisations or implemented with the support of international organizations. Provide the name of the donor organisation, size of the funding received, date, duration and location of the work or support and a brief description.)* |

**2. CONSULTATION INFORMATION**

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| **Grant amount requested from UNFPA in USD** |  |
| **Location of consultations** | *(Please indicate place and country and justify the regional reach. This can be also virtual if some cases where restrictions of movements will not allow gathering of persons)* |
| **Consultation chronogram** | *(Please note that the consultations will be done during a two months period and is expected to start on 15th July 2021 at the earliest)* |

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| **2.1.  Consultation Summary** |
| *(No more than 200 words, please explain the approach)* |

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| **2.2. Consultation end-beneficiaries and role of the community. State if you are working in cooperation with other organizations (if yes, which organizations, what sector, how do you cooperate etc.)** |
| *(Please provide information on the targeted beneficiaries (vulnerable and at-risk groups). Give a rough estimate of how many people the consultations will be able to reach/support. Please describe how the community will be involved in the consultations. Also explain how (if at all) you are cooperating/or plan to cooperate with other organizations.)* |

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| **2.3. Relevance of the consultations to the specific needs of the target group** |
| *(Please describe the needs and constraints of the target group and how the consultations relate to them. Also, how constraints will be addressed such as how to consult persons living with special needs such as hearing impaired, rural populations, etc.)* |

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| **2.4. Overview of sub-regional network and or experience** |
| *(Please provide information on those organizations you wish to work with and or those organisations that you have worked or engaged with whose goals, values and development philosophies accord with this engagement).* |

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| **2.5. Expected results of the consultations** |
| *(Please explain what the expected outcome of consultations will be on the situation of end-beneficiaries. More specifically, describe how you intend to gain visibility, support and the leverage needed to achieve the impact you seek)* |

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| **2.6. Monitoring provisions and performance indicators** |
| *(Please explain how your organization will monitor the implementation of the consultations and indicate one or more indicators that will be used to assess the progress and performance of the consultations, and the achievement of the expected results.)* |

1. **LOGIC FRAMEWORK FOR THE CONSULTATIONS** (max. 2 pages)

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| --- | --- | --- | --- | --- |
|  | **Consultation Proposal** | **Indicators** | **Verification** | **Assumptions and Risks** |
| **Overall Objective** | *What is the overall objective to which the consultation(s) will contribute?* | *What are the key indicators related to the overall objective?* | *What are the sources and means of information for these indicators?* |  |
| **Specific Objective(s)** | *What specific objective will the consultation(s) achieve to contribute to the overall objective?* | *What indicators clearly show that the objectives of the action have been achieved?* | *What are the sources and means of information that exist or can be collected?* | *What factors and conditions outside the consultation(s) responsibility are necessary to achieve that objective? (external conditions)*  *Which risks should be taken into consideration?* |
| **Expected Results** | *What are the expected results?* | *What are the indicators to measure if and to what extent the consultation(s) achieves the expected results?* | *What are the sources and means of information for these indicators?* | *What external conditions must be met to obtain the expected results on schedule?* |

**4.** **WORKPLAN** (max. 2 pages)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Main Planned activities  to support consultations | Implementation period  Weeks | | | | | | | | | | | | Responsible party | Amount  in USD | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 2021 | |
| UNFPA | Others (if any) |
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## BUDGET

## *Please submit in Excel.*

## BANK INFORMATION

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| Bank Name |  |
| Bank SWIFT Code |  |
| Bank Address |  |
| Account Holder |  |
| Account Number |  |
| International Bank Account Number IBAN |  |

## ADDITIONAL DOCUMENTS

Please provide, along with your application, the following documents:

* A copy of the Certificate of Registration from your organization;
* A copy of your organization’s last year audited financial statement;
* A CV of the person who will be the focal point of the project.

Signature:

Date (dd/mm/yy):