**Model Courts Initiative**

**Second Grants Program**

**Grant Application Form**

**Annex 1**

Deadline for Submission of Applications: January 31, 2022

Read the RFA carefully before completing this application. *(Please use Time New Roman 12 font consistently throughout the application)*

1. **GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **About the Applicant’s Organization** | | | | | |
| **Project Title:** |  | | | | |
| **RFA No:** | 2004-RFA-002 | | | | |
| **Proposed Location:** |  | | | | |
| **Proposed Budget:** |  | | | | |
| **Project implementation period:** |  | | | | |
| **Name of Applicant Organization:** |  | | | | |
| **Contact information of Applicant Organization:** | Name and Title of Authorized Representative: | |  | | |
| e-mail address: | |  | | |
| Phone number: | |  | | |
| Main Office Address: | |  | | |
| Website: | |  | | |
| **Date Organization was founded and registration status:** |  | | | | |
| **DUNS Number:** |  | | | | |
| **Validity of Proposal:** |  | | | | |
| **Target Group specification:**  Examples: Youth, elderly, women, etc. |  | | | | |
| **Target groups:** who will be directly and indirectly benefited by the project? Please breakdown the direct and indirect beneficiaries by male and female | **Direct Beneficiaries** | | | **Indirect Beneficiaries** | |
| Male: |  | | Male: |  |
| Female: |  | | Female |  |

1. **ORGANIZATIONAL CAPACITY**

**Please check the boxes that apply to your organization:**

1. The organization has written accounting policies and procedures.  Yes  No

*If Yes, please specify which policies and procedures \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The organization has written HR policies and procedures.  Yes  No

*If Yes, please specify which HR policies and procedures \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The organization has an organizational chart.  Yes  No

*If Yes, please attach the document.*

1. The organization has technology resources to implement the project.  Yes  No
2. **PROJECT CONTEXT**
3. **Organization Profile**

*Briefly describe the organization, its purpose, and past related experience. This section must not exceed 500 words.*

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1. **Context Analysis**

*What is the issue or problem that the project will address? Why is it critical to address this issue? Highlight the most common impediments to access to fair, transparent and equitable justice. How does the project contribute to the MCI Grants Program Scope? Section must not exceed 500 words.*

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1. **PROJECT DESCRIPTION**
2. **Project Goal, Objectives and Results**

*Describe briefly the goal, objectives and results of this project. DO NOT describe activities and outputs. Technically, each objective should have an outcome.*

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| --- | --- |
| Project Title |  |
| Project Goal |  |
| Project Objectives |  |
| Project Outcomes |  |

1. **Project Description and Activities**

*Describe the activities that are proposed to meet the objectives and to achieve the expected results, describe how the activities are linked to the grant objectives, how the proposed project contributes to address challenges identified above. This should be the most detailed section but must not exceed six pages in length.*

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| Objective 1.  Activity 1.1. |

1. **Beneficiaries**

*Identify potential beneficiary groups, how the grant activities will reach the intended beneficiaries, and how they will benefit from the grant.*

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1. **Monitoring and Evaluation**

*Describe briefly how your organization will monitor and evaluate the project. For each objective, list the indicators to be collected and the targets set for the project period. Section must not exceed 500 words.*

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1. **Sustainability and Impact**

*Describe briefly how you will ensure the sustainability of the project. Describe briefly the impact which the project is expected to produce. Section must not exceed 500 words.*

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1. **Risk assessment**

*Provide information about the anticipated risks and the mitigation measures you propose. Section must not exceed 500 words. Add additional rows if needed.*

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| --- | --- | --- | --- |
| Risk | Probability | Impact | Mitigation actions |
|  |  |  |  |
|  |  |  |  |

1. **References**

*List contact information for three (3) references from previous donors or organizations (U.S. and other) that your organization has collaborated with in the last two years:*

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Agency or Organization | Title of Project or Nature of collaboration | Start & End Dates of Collaboration | Contact Person (Name, Position, Email, Phone Number) |
|  |  |  |  |
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1. **Organizational Development**

*Please describe the areas your organization needs capacity building, methods proposed and rationale for this activity (optional). Organizational development costs may include training, development of policies and procedures, coaching and mentoring in areas where the organization needs improvement. These costs are up to 10% from the total costs of the project.*

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1. **Human Resources**

*Please specify the position and responsibilities of the personnel involved in project implementation.*

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| Position:  Responsibilities: |

1. **Proposed Budget**

*Provide a breakdown of expenditure per budget line. A detailed budget should be provided in the budget template – Annex 2.*

**Annexes:** The following mentioned documents are annexed to the application:

1. Annex 1: Grant Application Form
2. Annex 2: Budget Template
3. Annex 3: Certifications, Assurances, Representations and Other Statements of the Recipient
4. Confirmation of Registration (Certificate or Decision) or Extract from the State Register
5. The last financial report
6. Last audit report, if available
7. The last activity report, if available
8. CVs of the personnel proposed for project implementation.

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| To the best of our knowledge, all information provided is current, complete, and accurate and efficiently and effectively meet the needs of the target population. | |
| Name and Signature of Applicant Representative: |  |
| Position of Applicant Representative: |  |
| Date of Application: |  |