**CALL FOR PROJECTS BY MONEGASQUE ISOs**

**MICROPROJECT FORM**

 **(request for funding of 10,000 Euros or less per year)**

|  |  |
| --- | --- |
| **Name of Monegasque ISO** |  *(in full and acronym)* |
| **Name of project** |  |
| **Project location (country, city, village)** |  |
| **Project duration** |  |
| **Total cost of project** |  |
| **Amount of funding requested from the Government of Monaco:** |  |

|  |  |
| --- | --- |
| **Date of funding request:** |  |

Contact person for follow-up of funding application file

|  |  |
| --- | --- |
| **Surname and first name:** |  |
| **Position:** |  |
| **Telephone:** |  |
| **Email:** |  |

1. **Description of the initial situation justifying the project**

*Present a diagnosis of the current situation or the issue that justifies the project.*

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| Country context:Situation, issue that justifies the project: |

1. **Direct and indirect beneficiaries of the project**

*Identify the direct beneficiaries of the project in a detailed and accurate manner (as far as possible)*

*Examples:*

* *10 women members of an association, including 5 displaced women*
* *30 children aged between 3 and 18, 50% of whom are girls and 3 have a disability*

*Also indicate indirect beneficiaries: individuals who will benefit indirectly from the impact of the project (families of direct beneficiaries, village community, people suffering from a disease or affected by a given situation, etc.).*

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| Direct beneficiaries:Indirect beneficiaries:  |

1. **Goal to be achieved through project delivery**

*Describe the improvements hoped for by the end of the project*

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1. **Description of actions/activities planned as part of project delivery**

*Detail the actions/activities to be implemented as clearly and comprehensively as possible.*

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1. **Project players and their role in project delivery**

|  |  |
| --- | --- |
| Name of player | Role in project delivery |
|  |  |
|  |  |
|  |  |

1. **Strategy to ensure the sustainability of actions once project has been completed**

*Specify the way in which project beneficiaries will be involved in the implementation of the project to ensure they take it on board.*

*Indicate the way in which actions undertaken as part of the project will be sustained following funding. For example, future funding for the running of facilities put in place: benefactors, sponsors, self-financing activities, etc.*

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| Involvement of beneficiaries: Sustainability:  |

APPENDIX 1

Presentation of local implementing partner

 *(in the event that the ISO will not implement the project directly)*

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| --- | --- | --- |
| **Full name:** |  |  |
| **Acronym:** |  |  |
| **Address:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Website:** |  |  |

|  |  |
| --- | --- |
| **Legal status:** |  |
| **Date of creation:** |  |
| **Number of members:** |  |

|  |  |
| --- | --- |
| **Purpose of the organisation:** |  |
| **Main intervention areas:** |  |

appendix 2: project budget

**Year 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated expenditure** | **TOTAL** | **ISO’s contribution** | **Contribution requested from the Government of Monaco** | **Contribution of other funders/donors** |
| **Activities** *Provide details: training, medication, school supplies, building, grants…* |  |  |  |  |
| **Mission/monitoring expenses***Provide details: flights, accommodation, car rental…* |  |  |  |  |
| **TOTAL** |  |  |  |  |

* ***Add as many lines as necessary***
* ***Duplicate the table if the project is over several years (1 table per year).***

**appendix 3**

**funding plan**

|  |  |
| --- | --- |
| **ORIGIN OF FUNDS** | **TOTAL** |
| **Total cost of Project** |  |
|  |  |
| **Funds requested** |  |
| Government of Monaco |  |
| Other funder/donor |  |
| **TOTAL** |  |
| **Funds acquired** |  |
| Monegasque ISO |  |
| Other funder/donor |  |
| **TOTAL** |  |