*Please fill out the following Statement of Interest (SOI) form with the relevant information.*

**Applicant Information**

Legal name of the Organization:

Organization’s signing authority:

Name:

Title:

Telephone:

Address:

E-mail:

UEI (from SAM.gov, if available—if selected for funding, this registration will be necessary):

NCage (if available):

Person submitting the proposal on behalf of the organization:

Name:

Title:

Telephone:

E-mail:

**Application Overview**

Name of project:

Length of project: X months, starting on MM/DD/YYYY

Project description, problem statement and solution (maximum 5 lines):

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**Who** is the target audience for this project?

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**What** is the strategy?

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**When** will the event/activities take place?

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**Where** will the event/activities take place? **Where** will this be promoted (social media?)

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**Why** is this important in the big picture?

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**Summarize the following:**

Goals

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Objectives

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Outcomes

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Outputs

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Beneficiaries

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Proposed timeline

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Total budget in U.S dollars

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Organizational capacity to carry out the proposed activity and manage U.S. Government funds and brief introduction of the organization (10 lines maximum)

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Budget breakdown by category, please update the example summary below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **No**  | **Budget Categories**  | **US Embassy** |  | **Cost Share** |
|  |  |  |  |  |
| 1 | Personnel | $1,000.00 |  | $5,000.00 |
|  |  |  |  |  |
| 2 | Fringe Benefits | $500.00 |  | $1,000.00 |
|  |  |  |  |  |
| 3 | Travel  | $3,000.00 |  | $1,000.00 |
|  |  |  |  |  |
| 4 | Equipment  | $6,000.00 |  |  $-  |
|  |  |  |  |  |
| 5 | Supplies  | $1,000.00 |  |  $-  |
|  |  |  |  |  |
| 6 | Contractual  | $1,000.00 |  |  $-  |
|  |  |  |  |  |
| 7 | Construction  |  $-  |  |  $-  |
|  |  |  |  |  |
| 8 | Other Direct Costs  | $500.00 |  |  $-  |
|  |  |  |  |  |
| 9 | Total Direct Costs (Lines 1-8)  | $13,000.00 |  | - |
|  |  |  |  |  |
| 10 | Indirect Costs  | $1,300.00 |  |  |
|  |  |  |  |  |
| 11 | U.S. Share of Costs (Lines 9-10)  | $14,300.00 |  | $7,000.00 |
|  |  |  |  |  |
| 12 | Recipient Share of Costs  | - |  | $7,000.00 |
|  |  |  |  |  |
| **13** | **Total Costs** | **$21,300.00** |  |  |