U.S. Embassy Grants Program Application

Read the instructions provided in this document carefully.
Applications that do not follow the guidelines and instructions provided within this form will not be reviewed. Applications may not exceed 15 pages.

Questions can be directed to: TashkentEnglish@state.gov

1. EXECUTIVE SUMMARY

1.1 Program Overview: Please provide a short outline of the proposed project *(word limit 1200 characters)*

2. GENERAL INFORMATION

Applicant Organization:	
Organization Name:	
Address:	
Street Address	
City/Town	
District	
Website (if applicable)	
Social Media Page (if applicable, platform and link)	

Organization Director:	
First Name, Last Name	
Title	
Telephone	
Mobile	
Email	
Preferred method of contact	

3. BACKGROUND OF ORGANIZATION

3.1 Registration Information:
Is the organization registered, incorporated, or licensed as a legal entity? ☐ Yes* ☐ No *If yes, attach a copy of organization's registration form.
Date of incorporation or registration (MM/DD/YYYY):
Date organization was founded:

How organization is primarily funded:
CVs attached in Appendix A for each staff member on the project? ☐ Yes ☐ No

3.2 Organization Mission:
3.2.1 What is the purpose (or mission statement) of your organization? *(word limit 500 characters)*
3.2.2 How, if at all, is your organization different than other organizations that work in this field? *(word limit 500 characters)*

3.3 Summary of Expertise: Detail your past work in this area so the U.S. Embassy can better understand your organizations' record of performance and ability to succeed in future projects.
3.3.1 Describe past work in this topic area. *(word limit 700 characters)*
3.3.2 Describe any best practices or lessons learned in previous projects. *(word limit 700 characters)*

3.4 Project Partners: From previous work in this area, have you developed networks with other organizations or groups that also work in this field? Are you going to carry out project activities in partnership with other organizations?
If yes, list the organization name and describe their role in the project. *(word limit 400 characters)*

4. PROPOSED PROJECT DESCRIPTION

4.1 Project Information	
Project Name:	
Duration (months)	
Projected Start and End Date:	
Funding Requested	

4.2 Problem Statement
4.2.1 Problem Statement: What problem do you intend to address by implementing this grant? *(word limit 1000 characters)*
4.2.2 Problem Statement Justification: What evidence, experience or other information supports your problem statement? Why is this a priority? *(word limit 1500 characters)*
4.2.3 Project Objective(s): Which objective(s) from the NOFO is this proposed project seeking to address?

4.3 Participants
4.3.1 Describe the target beneficiaries in this program. Be as specific as possible. *Possible participant characteristics may include gender, age-range, education level, geographic location, occupation, socio-economic level, level of education, interests, etc. (Word limit 500 characters)*
4.3.2 Why are these individuals an important population to reach for your project? *(Word limit 500 characters)*
4.3.3 What are the steps your organization will take to ensure access to these participants? (*Word limit 500 characters)*

5. PROPOSED WORK PLAN

5.1. Proposed Project Activities: Provide a detailed work plan that clearly identifies each step you will take to plan and implement this project. Please include an activities calendar divided by months/weeks and responsible people as in the example below.			
Implementation Activities	**Time period (by months/weeks)**	**Personnel/Responsible Organization**	**Resources required if any**
Planning Activities (meetings, obtaining venues, equipment and/or staff)			*(for example: staff time, and funding for office space)*
Major Project Activities (trainings, workshops, events, campaigns, etc.)			
Follow-on activities			

6. EXPECTED PROJECT OUTCOMES

6.2. Project Outcomes and Performance
6.2.1 Expected Outcome*s:* What specific types of change(s) do you expect will occur in participants' knowledge, attitudes, skills, behaviors, etc. during the grant as a direct result of program activities? In other words, what will success look like in this project? *(Word limit 1000 characters)* • *Example: Participants will increase their understanding on labor laws as a result of program activity* • *Example: Participants will increase their skills on branding and social media marketing as a result of program activity*
6.2.2 Performance Indicators: Describe how you will measure success of the program activities by listing specific, measurable indicators you will track over the course of the program. *(Word limit 1000 characters)* • *Example: 100% percent of aspiring female entrepreneurs from rural areas reported increased understanding of women labor laws and rights and where to access legal sources* • *Example: 100 female entrepreneurs from the South completed training in branding and social media marketing (SMM) skills* • *Example: 20 hours of technical training completed on branding and SMM strategies* • *Example: 80% of participants report increased abilities in branding and SMM strategies* • *Example: 150 social media posts published on Instagram following a SMM training for women trying to expand their client base*

6.2.3 Data Collection Methods: What data collection methods will you use to verify, confirm, and track success? Examples may include:

- *Follow-up interviews or focus groups with participants,*
- *Pre-and post-program surveys/questionnaires,*
- *Direct observation of behaviors, etc.*
- *Attendance sheets*
- *Program reports*
- *Host country government reports/data*
- *Official reports*

6.3. Implementation Challenges

6.3.1. What potential obstacles exist that could affect the implementation of the program? For example: obtaining government approval, media/press concerns, availability of electricity/internet *(word limit 1200 characters)*

6.3.2. How does your program plan to address the obstacles listed above? *(word limit 1200 characters)*

7. PROGRAM ADMINISTRATION

7.1 Key Personnel

7.1.1 Describe the role & responsibilities of the key personnel/project team involved in the implementation of the program. *(word limit 1000 characters)*

8. PAST GRANTS

8.1 Grants funded by U.S. Embassy

Have you ever received a previous grant from the U.S. Embassy? Public Diplomacy Section (PDS), USAID, or another US Government entity? ☐ Yes ☐ No

If yes, list:
Donor Organization:
Project name:
Project amount:

Period of performance: Results achieved on this program to date:
8.2 Grants funded by other donor organizations
Have you ever received funding from any other donor organization? ☐ Yes ☐ No
If yes, list: Donor Organization: Project name: Project amount: Period of performance: Results achieved on this program to date:

9. PROPOSED BUDGET

9.1 Budget Summary		
Category	**Description/Details**	**Amount Requested**
Personnel	*Insert a brief description of the expected personnel responsible for project implementation.*	**$**
Fringe Benefits	*If applicable, insert here a brief description of expected contributions for social security, employee insurance, and/or pension plans.*	**$**
Travel	*If applicable, insert here a brief description of planned travel activities for the project.*	**$**
Equipment	*If applicable, insert here a brief description expected expenses for equipment (over $5,000 per unit)*	**$**
Supplies	*Insert here a brief overview of expected expenses for supplies.*	**$**
Contractual	*If applicable, insert here a brief overview of expected contractual costs. They can be consultant, trainer fees, sub-awards, etc.*	**$**
Other Direct Costs	*Insert here any other costs not listed above.*	**$**
Indirect Costs	*Include here any expected overhead costs, not directly tied to specific project activities. This can include rent, administrative costs, and/or other overhead expenses.*	**$**
Total Requested		**$**

Note: You are required to submit a detailed budget in the template spreadsheet (Attachment 7)

10. CERTIFICATION

I am aware that any false statements or claims may disqualify my organization from receiving this and any future awards.	☐ I agree.
By marking the checkbox below, I certify that I have read and understood the instructions provided in this form before filling out this document.	☐ I have read the instructions provided with this form.

By signing this application, I certify that the statements contained in this form are true, complete and accurate to the best of my knowledge.	
Signature of Authorized Representative	
Date Signed	