**ANNEX 1**

**Full proposal**

1. **Organization information**

|  |  |
| --- | --- |
| **Name of Organization** *(Lao)* |  |
| **Name of Organization** *(English)* |  |
| **Acronym in Lao and English** |  |
| **Organizational background***(shortly describe your organization, vision, mission, values and focus)* | **Vision:****Mission:****Objectives:****Target beneficiaries:****Key sector(s):** |
| **Representative & Contact** | **Name:****Position:****Email:****Mobile:** |
| **Program/Project coordinator** | **Name:****Position:****Email:****Mobile:** |
| **Office Address** |  |
| **Proposed project name** |  |
| **Total proposed project budget:**  |  |

1. **Project information**
	1. **Total proposed project budget: XXX,XXX USD**
	2. **Identifying the Problem**
		1. *What are the key issues / problems? How serious are they?*

*Write here*

* + 1. Who are the groups most affected by the problem/issue identified above? *Where are these groups?*

*Write here*

* + 1. *Why do the issues / problems need to be addressed? How important is it that they are addressed?*

*Write here*

* + 1. *How do the issues / problems link to your work or programs?*

*Write here*

* 1. **Sector:** Please mark [✔)the most relevant sector(s)

🗖 Women’s health

🗖 Adolescent Sexual Reproductive Health

🗖 Violence against Women and Girls

🗖 Person with Disability Inclusion

1. **List of acronyms**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Objectives of the proposed innovative action**
	1. Overall Objective: write here
	2. Specific Objective (SO) 01: write here
		1. Expected Result 1: write here
		2. Expected Result 2: write here
		3. ………….
		4. ………….
2. **Activities and expected results**

|  |
| --- |
| **Overall Objective:** write here |
| **Specific Objective 01:** write here | **Indicators:** write here |
| **Expected Result 1:** | **Activities** | **Indicators** | **Means of Verification** |
| 1. write here | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… |
| 2. write here | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… |
| 3. write here | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… | 1. write here2. write here3. write here…..…… |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Add more line(s) if necessary* |  |  |  |

1. **Human resources** - list of staff who will be involved in the project implementation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name of staff** | **Position** | **Roles** | **Contribution [%]** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |

1. **Workplan** *(Note: This workplan and the costed workplan should be on the same timeline)*

|  |  |
| --- | --- |
| **List of activities**[the activities identified under objectives] | **Timeline 2025** |
| Jan | Feb | Mar | April | May | June | Jul | Aug | Sep | Oct | Nov | Dec |
| **Specific objective 01:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Expected Result 1:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 1.1: |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 1.2: |  |  |  |  |  |  |  |  |  |  |  |  |
| ……………… |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*Note:** A *costed workplan must be attached.*

**

1. **Monitoring and Evaluation**
	* 1. *How do you plan to collect results of the activity implementation?*

Write here

* + 1. *What is the expected concrete evidence from the project implementation?*

Write here

* + 1. *How will you document and disseminate the evidence mentioned in 1.1.2?*

Write here

* + 1. *How will you use the evidence to advocate at the policy level?*

Write here

**Note\*** *Monitoring plan must be approved by CARE international in Lao PDR in the preparation phase before starting implementation*

**IX. Major risks and risk mitigation measures**

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| --- | --- |
| **Risk** | **Mitigation measure** |
|  |  |

**9.1. Project implementation risks:**

**9.2. Protection from Sexual Harassment, Exploitation and Abuse – Child Protection (PSHEA-CP) risks:**

|  |  |
| --- | --- |
| **Risks** | **Measurement / mitigation** |
|  |  |

1. **Capacity Development Proposal**
	1. What are your organizational capacity priorities? *\*You can refer to your existing organizational capacity development plan if you have one in place*

|  |
| --- |
| Write here*– Describe the overall situation of your organizational capacity and why you want to strengthen it. After strengthening your capacity, how do you anticipate seeing your organization strength grow?* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priorities**(Top 3 areas in need of strengthening) | **Key challenges** [Briefly and specifically describe the key challenges of the areas that you need to strengthen] | **How will you address** [Briefly explain how you are planning to address the key challenges] | **Actions**[what are the exact actions that will be taken] | **Estimated cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Prepared by Reviewed by Approved by**

 (Partner) (Technical Advisor) (Partnership Manager)

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 Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_