

safe abortion action fund

Application Form

Please complete all sections of this form, as noted in the instructions on the form. All pages must be submitted. Additional pages may be attached if necessary.

Applicants should carefully read the accompanying 'Application Guidelines' before submitting an application.

Check List

Please make sure that all the necessary documents are attached:

- Application form with all the sections completed (no more than 15 pages in total)
- CVs of principal staff participants in the project
- Charter of in-country organization (if appropriate)
- Certificate of Registration of in-country organization
- List of other projects, including financial sources, currently being undertaken by all involved organizations and their financial sources
- Most recent audited financial statements.

Applications should be sent by email or surface mail to:

Email: saaf@ippf.org

Post: **SAAF Management Team
International Planned Parenthood Federation
4 Newhams Row
London SE1 3UZ
UK**

To be considered for funding, applications to the Safe Abortion Action Fund must be **received** no later than **30 October 2006**.

IPPF Use Only

Project Reference Number:

Date Received:

IPPF
London

SECTION 1: Project Summary

1.1 Project title

1.2 Name of in-country organization

1.3 Project summary (max 150 words). This summary should reflect the specific nature of the project and what it is intended to achieve.

1.4 Project start date: / /

1.5 Project end date: / /

1.6 Duration:

1.7 Amount requested from SAAF: \$

1.8 How did you learn about SAAF?

SECTION 2: Organizational Details

2.1 Details of in-country applying organization:

- a. Name of organization:
- Address:
-
-
- b. Project Manager / contact person:
- Job title:
- Tel: Fax:
- E-mail:
- c. Director of organization:
- d. Please indicate the legal status of your organization (as in the Certificate of Registration):
- e. Organization's overall budget for each of the last two years:
 - 2006 \$
 - 2005 \$
- f. Are you applying for or have you received project funds from any other grant scheme? Please specify amounts and brief aims of the project.

2.2 Partners and/or umbrella organization

If your organization is collaborating with two or more participating agencies/organizations in this project, please give details. (Attach additional paper if necessary)

- 1) Name of organization:
- Address: Tel:
- Fax:
- E-mail:
- Contact name:

2) Name of organization:
Address: Tel:
..... Fax:
..... E-mail:
Contact name:

2.3 Project staff

Please list all staff, including project managers and consultants, who will participate in the project and their roles in the project.

SECTION 3: Purpose and Outline of the Project

3.1 Describe the country context and the problem that the project will address.

3.2 State the overall goal of the project.

3.3 Define the primary beneficiaries of the project.

3.4 Project objectives and expected outcomes: Specify the objectives and anticipated results for applying organizations and primary beneficiaries.

3.4 Indicators: How will you measure the progress and impact of your project? How will you measure achievement? What are the milestones for achievement?

3.5 Monitoring and evaluation framework: Describe the monitoring and evaluation process that you intend to implement using the indicators described above.

3.6 Work plan: Project activities

What will you do to achieve the above objectives and address the problem outlined in section a)? Please detail the specific activities that will be undertaken by the project and show how each relates to the purpose of the project.

3.7 Work plan: Project timetable

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1												
Activity 2												
Activity 3												
Activity 4												
Activity 5												
Activity 6												

3.8 Project sustainability: Please describe your expectations for replication, scaling up and lasting impact of the project’s results.

3.9 Potential for systemic impact: Please indicate whether you anticipate the project having an impact on reproductive health services in general and the state of public health in your country.

3.10 External technical assistance requirements: Please describe the essential technical support you might require and how this will be provided.

3.11 Risk Assessment: Please indicate any risks that may alter the project, and any contingency factors that have been built into your project to allow for such risks.

SECTION 4: Budget Information

Please provide a detailed itemized budget for the project in local currency and convert the total to US\$. Please refer to the Application Guidelines for notes on completing the budget.

For each item, please indicate the following:

1. Unit cost per item
2. Amount requested from SAAF
3. Contribution from other sources, including in-kind contribution (please indicate sources)
4. Total amount required for that line item for your project

The budget sheets should be laid out in the template shown below.

PERIOD: Month/Year to Month/Year

SUMMARY	
Total Budget requested (local currency)	
<i>Exchange rate</i>	
Total Budget requested (USD)	

DETAILED BUDGET (Local currency)

Budget Line Description	Units	Total	Year One	Year Two
Salaries (gross amounts) – specify consultants position and daily rate				
Sub-total				
Advocacy/Education/Information/Campaign				
Travel				
Per Diem				
Accommodation				
Meeting Expenses				
Publicity Material				
Other (please specify)				
Sub-total				
Training				
Travel				
Per Diem				
Accommodation				
Meeting Expenses				
Other (please specify)				
Sub-total				
Equipment (please specify number of units and unit cost)				
Medical Equipment				
Information Technology				
Other equipment				
Medical Consumables				
Sub-total				
Total project expenditure				
Overheads (10%) –applied to total project expenditure*				
TOTAL LOCAL CURRENCY				
EXCHANGE RATE				
TOTAL US\$				

* Please note that overheads cover all administrative costs associated with the project, therefore these must not appear within the budget.

SECTION 5: Your Organization

Please tell us about your organization: your work, your mission and core values. Be sure to indicate your organization’s interest and experience in abortion and/or in working with vulnerable groups (e.g. those living in poverty).

5.1 Please give a mission statement and brief history of your organization, detailing particular achievements and current work.

5.2 Long-term strategy: How does this project and partnership contribute to the long-term strategic aims of your organization?

5.3 Your resources: What specific resources does your organization have which are relevant for enabling the project (e.g., prepared training materials, software, people with relevant experience, etc.)?