**USAID Diversity & Inclusion Scholarship Program**

**Grant Application**

ENTER ORGANIZATION NAME HERE

ENTER PROJECT NAME HERE

# Project Justification

*What are the issues that need addressing?*

*Whom do these issues affect?*

*Why is it important to address these issues now?*

*What efforts, if any, have been made to address these issues?*

*What has and hasn’t worked? How will working on these issues help to promote the activity’s goals?*

ENTER TEXT HERE

# PROJECT GOAL & OBJECTIVES

*What will your project accomplish at the end of grant term (your goal)? A goal should be specific, relevant, and realistic.*

**GOAL:** ENTER TEXT HERE

*How will your project accomplish this goal (your objectives)?*

**OBJECTIVES**

1. ENTER TEXT HERE

2. ENTER TEXT HERE

3. ENTER TEXT HERE

# DESCRIPTION OF ACTIVITIES & RESULTS

*What activities will you undertake to accomplish your project objectives? In describing your activities, please link them to the objectives you have identified.*

*For each activity, answer the following: What will you do, when, where, and how? Who will participate? How will you engage other regional or International Higher Education Institution? How will this activity address gender concerns and inclusion of people with disabilities and other marginalized groups (as applicable)?*

*Please make sure that activities are realistic within the proposed budget and timeframe.*

*Under each Objective, please list the expected result(s)*: *What result(s) do you expect under this objective?* *Please show that results address the issues mentioned in the Project Justification.*

**Objective 1:** ENTER TEXT HERE

**Expected Result:** ENTER TEXT HERE

***Activity 1.1***ENTER TEXT HERE

***Activity 1.2*** ENTER TEXT HERE

**Objective 2**: ENTER TEXT HERE

**Expected Result:** ENTER TEXT HERE

***Activity 2.1*** ENTER TEXT HERE

***Activity 2.2*** ENTER TEXT HERE

**Objective 3:** ENTER TEXT HERE

**Expected Result:** ENTER TEXT HERE

***Activity 3.1***ENTER TEXT HERE

***Activity 3.2*** ENTER TEXT HERE

# Background & Past Performance of Organization

*When was your organization established? What are the main areas of work? What activities has it had in the fields relevant to the activities proposed?*

ENTER TEXT HERE

# Target Beneficiaries and Geographic Coverage

*Who will benefit?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Beneficiary Type | Male | Female | Other | Person with Disability | Age Group | Geographical Location (Township, State/Region) |
| 1 | E.g. Student, young people | 30 | 30 | 10 | 3 | (19 – 25) - 70 | Sanchaung, Yangon |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*Which geographic areas and populations will the project cover? Why did you select these locations to implement your activities?*

ENTER TEXT HERE

# Annexes (not included in page count):

**VI.1 Work Plan**

*Please adjust the below template as needed to show the project timeline. Delete or add text as needed. The language below is only an example.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Activity** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| Admin | Recruitment of Staff | **X** |  |  |  |  |  |  |  |  |  |  |  |
| Project team meeting |  |  | **X** |  |  | **X** |  |  | **X** |  |  |  |
| Documentation |  |  | **X** |  |  | **X** |  |  | **X** |  |  |  |
| Project monitoring report writing |  |  |  |  |  |  |  | **X** |  |  |  |  |
| Evaluation and onward planning |  |  |  |  |  |  |  |  | **X** |  |  |  |
| Audit |  |  |  |  |  |  |  |  | **X** |  |  |  |
| Project |  | | | | | | | | | | | | |
| 1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**VI.II Monitoring & Evaluation**

*The DISP defines “impact” as significant, long-term or sustained positive change or benefit to a beneficiary group. What is the impact the project will have on Myanmar?*

ENTER TEXT HERE

*Please complete the M&E plan below:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal:** | | | | |
| **Objective 1:** | | | | |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| **Objective 2:** | | | | |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| **Objective 3:** | | | | |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |
| *Description of Activity* | *Indicator(s)* | *Source of Data & Collection Method (How is evidence gathered?)* | *Frequency of Data Collection* | *Notes, If Applicable* |

# VI. Budget Summary:

*Please enter the total amount requested. This should match the total shown in the budget document.*

ENTER MMK AMOUNT HERE.

# Authorized Signatory Statement:

The person below is authorized to submit the application on behalf of the named organization(s). This person is also authorized to discuss and accept the grant if awarded.

Signature: \_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: