

<p style="text-align: center;">PACIFIC ISLANDS HIV AND STI RESPONSE FUND</p> <p style="text-align: center;">FUNDING STREAM III</p> <p style="text-align: center;">COMMUNITY ACTION GRANTS</p> <p style="text-align: center;">PROPOSAL</p>

1.1 Please provide your contact details?

Name of Organization:	
Contact Person:	
Address:	
Phone:	
Fax:	
Email:	
Partner Organizations (if any)	

1.2 What is the title of your project? Where is it located? What is the duration?

Name of Project:	
Duration:	
Start Date:	
Finish Date:	
Country/Region/Specific Location	

1.3 Funds requested

Total Funds Requested	
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1.4 Registration and Specifications

1. Are you a registered organization/NGO/CBO? If yes, please state year of registration and enclose registration certificate.

2. May we obtain your constitution and by-laws if and when needed?

3. List of Office Bearers

4. Do you have a bank account or would you be able to have a bank account under your organization?

5. Have you ever received any financial grants?

A) When _____

B) From _____

C) Amount _____

6. Please provide a copy of your organization's last financial statement (preferably externally audited). If you do not have one please phone Fanny on (679) 665 0483 to discuss other options.

7. Have you ever conducted any HIV activities? If so, what were they?

2. Which of the PRSIP thematic areas is this project aligned to ?

Please tick one or more boxes

- 1. **HIV/ STIs prevention awareness**
 - Sex workers – Support for HIV activities.
 - MSM – Support for HIV activities.
 - Community mobilisation projects e.g. Stepping Stones, village, religious, youth and sports groups
 - Outreach e.g. community training
 - Tourism / hotel industry
- 2. **HIV & other STI diagnosis**
- 3. **Continuum of Treatment, Care and Support Systems and Services**
- 4. **Leadership and Enabling Environment**
 - Other

Please state.....

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6. Budget

Please give a breakdown of how the money will be spent.

Item Description	Cost
Personnel / staff	
Total Personnel Costs	
Project Support Costs (.e.g. transportation, power, telephone etc.)	
Total Project Support Costs	
Activities	
Total Activity Costs	
Grand Total	

7 Project Activities

Please describe what you are going to do and how you will know it has been completed.

Name of Activity	Description of Activity: What will be done, who will benefit? Who will participate? Who will organise, supervise or train?	How would you know that the activities were successful?

8. Keeping it Going

Please outline how the project will continue after the grant is completed.

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9. Sharing the Results

How will you share the results of your project back to the CDO/NACA and other interested parties?

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Declaration:

I declare that the information on this form is correct and understand that if approved, we will conduct this project as outlined above and provide the necessary reports as per the project agreement.

Contact Person:

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Print Name

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Signature

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Position/Organisation

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Date

Office use:

Response Fund Project No.:

Date Grant Approved:

Date Grant Completed:
