|  |  |
| --- | --- |
| **Project Title:** | |
| **PoC-led Organization:** | |
| **Contact person/ project lead:** | |
| **Implementation Period:** | **Location of Implementation:** |
| **Target Population:** | |
| **Number of Indirect Beneficiaries:** | **Number of Direct Beneficiaries:** |
| **Estimated Budget in USD and local currency:** | |

1. **To be filled out by the PoC-Led Organization**

**Background**

*Please describe the context and why this project is needed.*

*Indicate whether the proposed activities are new or already existing.*

*Additionally, please include information about how the community have been involved in generating the project proposal.*

**Main Objectives**

*Please highlight the main objectives of the project.*

**Target Group**

*Please include details about age, gender, diversity (AGD).*

**Main Activities**

*Brief explanation of the activities of the project and specification of what activities the budget is needed for, how it will be used, what supporting documents are expected per activity using budget, and who is the responsible staff member (a brief narrative and completion of below table).*

**Project Expenditure**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Implementation**  **Period** | **Activity Description** | **Type of Activity (i.e. procurement)** | **Implementation Modality** | **Budget (USD and local currency)** | **Supporting Documents** | **Responsible Staff Member** |
| ***Early Dec 2016*** | *Facilitation of workshop on GBV* | *Hiring of expertise* | *Individual contract* |  | *a. Contract*  *b. List of participants*  *c. Agenda*  *c. Confirmation of satisfactory provision of service* | *Name, position* |
| ***Early Dec 2016*** | *Facilitation of workshop on GBV* | *Incentives for participants* | *Operational advance* |  | *a. List of participants incl. confirmation of receiving incentives)*  *b. Agenda of event* | *Name, position* |
|  |  |  |  |  |  |  |

**Impact**

*Please describe the expected short and long-term impact, including how the activities or processes supported by the project can be sustained once the project has concluded.*

**Remarks**

*Please provide any other relevant information.*

1. **To be filled out by the relevant UNHCR office**

|  |  |
| --- | --- |
| **Project #:** | **Objective:** *Please which COMPASS objective that this project relates to* |
| **CC and Budget Chart-Field:** | |

**Capacity-building and support to be provided by UNHCR:**

**Monitoring plan:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Participants** | **Methodology (ex. FGD, Participatory Monitoring, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |