**Application Form**

**Innovative Grant on**

 **SRHR, HIV & Humanitarian for Youths**

**in**

**Asia Pacific Region 2.0**

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| **Section A** |
| Name of organization/Individual/Group/Club:  |
| Country and address: |
| Website (if applicable): |
| Social Media (if applicable) |
| Key contact person for TA application and contact email:  |
| Key contact person telephone: |

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| **Section B** |
| **Organization summary** |
| Is your organization Youth -led? YES [ ]  or NO[ ]   |
| Please describe in one paragraph (if applicable):   |
| Is your organization YKP-led? YES [ ]  or NO[ ]  |
| Please describe in one paragraph (if applicable):  |
| Is your organization a legally registered nongovernmental organization? [ ] YES or [ ] NO. [ ] If **YES**, please provide the year of registration and relevant documents:If NO, You can **still apply** for funding, but you must have a **fiscal sponsor**. If you have a fiscal sponsor, please answer the following:Name of the organization:Year of registration:Address:Website: |
| When and why was your initiative founded? (Minimum 200 words) |

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| **Section C** |
| **Application request** |
| What name you want to give for the activity/innovation?  |
| What do you want to achieve and why? (Minimum 200 words) |
| How do you want to achieve? Explain the activities. (Minimum 300 words) |
| What are the immediate results (output)? (Minimum 200 words) |
| How do you sustain your achievement? (Minimum 200 words) |
| Is the purposed initiative new or continuation of the ongoing or past activity? (Maximum 200 words) |

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| **`Total amount purposed**  | **In USD : \_\_\_\_\_****In Local Currency: \_\_\_\_\_** |
| **Total Duration or period of purposed activity/activities:**  |
| **Budget Format:** Applicant must use separate excel sheet or word file to share the details of the budget which can be in any standard format. |

*Kindly submit the following documents at* *ig2@ypeerap.org* *and* *ypeerap@ypeerap.org* *by 25th August 2020 ( 5pm Bangkok Time) .*

1. *Application form*
2. *Budget*
3. *Other reference document mentioned in section b of this form (if applicable)*

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