|  |
| --- |
| **Project Idea Form** |
| **Organization** |
|   | There are 3 sections to this form:1. Organization
2. Primary Contact
3. Project Idea

Please complete all relevant fields before you submit your application. If you require any further information on the application process, please review the Call for Proposals at http://www.tobaccocontrolgrants.org |   |
|   |   |   |
| Organization Details |
|   | Organization Name    |   |
|   |  |   |
|   | Street Address    |   |
|   |  |   |
|   |

|  |  |
| --- | --- |
|   | City |
|   |  |

|  |  |
| --- | --- |
|   | Postal code    |
|   |  |

 |
|   | Country    |   |
|   |  |   |
|   | Organization Type |   |
|   |  |   |
|   | Organization Email Address    |   |
|   |  |   |
|   | Organization Website |   |
|   |

|  |  |
| --- | --- |
| Has the organization ever received any funding through the Bloomberg Initiative to Reduce Tobacco Use Grants Program? (Yes or No) |   |

 |   |
|  |  |  |
| **Primary Contact** |
| Primary Contact Details |
|   |

|  |  |
| --- | --- |
|   | Title    |
|   |  |
|   | First Name    |

|  |  |
| --- | --- |
|   | Last Name / Surname    |
|   |  |

 |
|   | Position in Organization    |   |
|   |  |   |
|   | Primary Contact Email Address    |   |
|   |  |   |
|   | Alternative Email Address |   |
|   |  |   |
|   | Phone Number    |   |
|   | *Include country code eg. (+91)* |   |
|   |  |   |
|   | Alternative Phone Number |   |
|   | *Include country code eg. (+91)* |   |
|   |  |   |
|  |  |  |
| Secondary Contact Details |
|   | **Please provide the name and details of a second contact person** |   |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | Title    |
|   |  |
|   | First Name    |
|   |
|   | Last Name / Surname    |
|   |  |

 |
|   | Position in Organization    |   |
|   |  |   |
|   | Secondary Contact Email Address    |   |
|  |  |  |
| **Project Idea** |
|   | If you copy and paste text into this form, any formatting will be lost. Please check your text before you submit. If you notice any errors once your Project Idea is submitted, please email info@tobaccocontrolgrants.org and explain the error. Please DO NOT resubmit your Project Idea. |   |
|   |   |   |
|   | What round are you submitting your Project Idea in?    |   |
|   |  |   |
| Project Classifications |
|   | What is the primary program focus of your project?    |   |
|   | *Select 1 option only from the list* |   |
| Ad BansArticle 5.3Cessation | NCDs and TobaccoPack WarningsSmoke Free | SmugglingTax/PriceTobacco Control Policy (General) |   |
|   | What are the approaches / strategies you will be using in your project?    |   |
|   | *Select up to 3 different options from the drop-down lists. At least one must be selected. Please do not duplicate your entries* |   |
|   | AdvocacyAir Quality MonitoringCapacity BuildingCoalition BuildingCommunity MobilizationDevelopmentE-Cigarettes/ENDSEducation/awarenessEnforcement | FCTC ratificationImplementationIndustry MonitoringInstitutional DevelopmentLegislation – developmentLegislation – enforcementLegislation – implementationLegislation – passage | Legislative / policy developmentLitigationMass MediaMedia advocacyMonitoringNCDs and TobaccoPassagePlain PackagingSmokelessTC Sustainability |   |
|   | Population outreach |   |
|   | *What will be the number of people that will be directly affected* |   |
|   |  |   |
|  |  |  |
| Project Details |
|   | 1. Project Title
 |   |
|   | *No more than 25 words* |   |
|   |  |   |
|   | 2. Purpose of the project and measurable objectives |   |
|   | *No more than 60 words* |   |
|   |  |   |
|   | 3. Context (MPOWER policies) |   |
|   | *No more than 320 words* |   |
|   |  |   |
|  | 1. Partners (governmental or non-governmental)
 |  |
|  | *No more than 200 words* |  |
|  |  |  |
|  | 1. Project strategies and activities
 |   |
|  | *No more than 200 words* |  |
|   |  |   |
|   | 1. Describe the present policy environment and the political will to support the proposed policy changes, and any strategies needed to increase support
 |   |
|  | *No more than 200 words* |   |
|   |  |   |
|   | 7. Describe your organisation’s experience to impact relevant policy area |   |
|   | *No more than 500 words* |   |
|   |  |   |
|   | 8. What is your total estimated budget (in $US)?    |   |
|   | *Budget must be cost-reasonable(eg. 25,000 / 250,000). Note: only use numeric characters (0-9) and commas (,) in this field* |   |
|   |  |   |
|   | 9. What is the proposed duration of your project (in months)? |   |
|   | *(eg. 6,12, 18,24)* |   |
|   |  |   |
|  |  |  |