Project Idea Form

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>

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| **There are 3 sections to this form:**  **1. Organization**  **2. Primary Contact**  **3. Project Idea** | | | |
| **Organization Information** | | | |
| **Organization Legal Name** |  | | |
| **Organization Type** | Choose an item. | | |
| **Mailing Address** |
| |  |  |  |  | | --- | --- | --- | --- | | Street Address |  |  |  | | City |  |  |  | | State/Province |  |  |  | | Zip/Postal Code |  |  |  | | Country |  |  |  | | **Organizational Email** |  |  |  | | **Website** (if applicable) |  |  |  |  |  |  | | --- | --- | | **Has the organization ever received any funding through the Bloomberg Initiative to Reduce Tobacco Use Grants Program?**  **Is your organization directly able to receive international funding?\*** | Yes  No | |  | | |
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| Choose an item.  Choose an item. |
| **Primary Contact** | |
| **Primary Contact Prefix** | Choose an item. |
| **Primary Contact Name** |  |
| **Primary Contact Job Title** |  |
| **Primary Contact Email** |  |
| **Primary Contact Phone** (include country code) |  |
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| **Alternate Contact Prefix** | Choose an item. |
| **Alternate Contact Name** |  |
| **Alternate Contact Email** |  |
| **Alternate Contact Job Title** |  |
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| **Project Idea** | | | |
| **Project Title** |  | | |
| **Requested Amount (U.S.$)**  ***Budget amount not to exceed $250,000 per year).*** | $ |  |
| **Proposed duration of project (in months)?** |  |  |

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| **Project Classifications** |

1. **What is the Primary Focus of your Project? *(Select 1 option only from the list):***

Choose an item.

1. **What are the approaches / strategies you will be using in your project? (*Select up to 3 different options from the list. At least one must be selected. Please do not duplicate your entries)***

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| Advocacy  Capacity Building  Coalition Building  Community Mobilization  E-Cigarettes/ENDS  Education/awareness | Institutional Development  Legislation/policy – adoption  Legislation/policy - enforcement  Legislation/policy - implementation  Litigation  Media Advocacy | NCD’s and Tobacco  Policy Monitoring  TC Sustainability  Tobacco Industry Monitoring  Tobacco Vendor Licensing  Youth Programs |

1. **Population Outreach: *What will be the number of people that will be directly affected?***

Choose an item.

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| **Project Details** |

1. **Purpose of the project and measurable objectives (600 character limit)**

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1. **Context - MPOWER policies (2500 character limit)**

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1. **Describe the present policy environment and the political will to support the proposed policy changes, and any strategies needed to increase support (1600 character limit)**

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1. **Describe proposed partners on this project (government officials, other organizations, civil society groups, etc.) and their proposed contribution. (1800 character limit)**

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1. **Describe your organisation's experience to impact relevant policy area (4000 character limit)**

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1. **Project strategies and activities (1750 character limit)**

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