Rapid Response Fund

Initiative ID:

Application Form

Instructions:

* The Initiative ID will be assigned by NLEAP once the application has been completed and submitted to us.
* Please read the instructions carefully prior to completing this application form.
* Please delete the instructions in grey font, prior to submitting the application.
* Please note that this application when completed, should not exceed 4 pages (2 A4 papers). Applications that exceed the page limit will not be considered for funding.
* Please do not change the format of this template. Your input should be in size 10 Calibri.
* Ensure that the information provided is brief and relevant.
* The completed application form should be emailed to [nlf@nleap.lk](mailto:nlf@nleap.lk) with the following text in the Subject line: ‘RRF – (the name of your organization’. Please email both the MS Word and PDF versions of the completed application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Organization: |  | | | | |
| Type of Organization: | Please state as to whether your organization is a Non-Governmental Organization (NGO), Community Base Organization (CBO), Professional Association or Research Organization. | | | | |
| Date of Registration: |  | Registration Number: | |  | |
| Contact Person: | Name | |  | | |
| Designation | |  | | |
| Postal Address | |  | | |
| Telephone | |  | | |
| Mobile Phone | |  | | |
| Email Address | |  | | |
| Project Title: |  | | | | |
| Project Start Date: | dd/mm/yyyy | | Project End Date: | | dd/mm/yyyy |
| Project Amount (LKR): |  | | | | |

Please state the type of application.

Please highlight the relevant cage in black.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language Rights Promotion |  | Second Language Learning |  | Both |  |

Describe the context/background and the rationale for the proposed initiative.

Briefly describe the context and why the proposed initiative should be implemented at this time.

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Briefly describe the proposed initiative and the expected outcome(s).

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Demonstrate your organization’s capacity to undertake this initiative.

You may state an example of experience gained in implementing a similar initiative and/or skills and experience staff members have acquired that will contribute to the successful implementation of the proposed initiative.

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Describe the activities proposed under this initiative.

For initiatives with more than one objective, please replicate the table below. Add rows for additional activities.

|  |  |  |  |
| --- | --- | --- | --- |
| Objective: | | | |
|  | Activity | Expected Outcome | Total Cost |
| A |  |  |  |
| B |  |  |  |
| C |  |  |  |
| Total | | |  |

Location(s)

Please use a separate row for each district. Add rows if your initiative will be implemented in more than 01 district.

|  |  |  |
| --- | --- | --- |
| Province | District | Divisional Secretariat Division |
|  |  |  |

Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age Groups | Direct | | Indirect | | Total |
| Female | Male | Female | Male |
| Up to 18 years (child) |  |  |  |  |  |
| 18-35 (youth) |  |  |  |  |  |
| 36 years+ (adult) |  |  |  |  |  |
| Total |  |  |  |  |  |

Please highlight in ‘black’ the relevant cage(s) for the categories of beneficiaries the initiative will reach.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Women |  | Youth |  | Co-Existence Societies |  |

Describe expected end result(s) and sustainability.

State what positive changes the proposed initiative will bring about among the target group and what long term effects are expected.

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|  |

Signature and Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Designation: