Place: \_\_\_\_\_\_\_\_

Date: dd/mm/yyyy

*Project proposal*

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: \_\_\_\_\_\_\_\_\_\_\_

*INSTRUCTIONS [PLEASE DELETE]*

* *All parts in italics in the tables below are instructions and must be removed in the final document to be submitted*
* *This document must be filled in by the Lead applicant, Co-applicant, and Associated partner (if any), signed by the Lead applicant and Co-applicant, and uploaded as single PDF/A file of max. 2 MB.*
* **SECTION B PART 1 + PART 2: *max.* *25 pages*** *(Annexes not included)*
* *Minimum font size: Barlow 9*
* *Page size: A4*
* *Please do not modify the margins and table settings*
1. **Information on the Applicant/Consortium and Associated partners**

*All parts in italics in the tables below are instructions and must be removed in the final document to be submitted*

|  |
| --- |
| 1. **LEAD APPLICANT**
 |
| **Legal name - Designation** | *Please indicate the name mentioned in the Certificate of Incorporation* |
| **Registered office** | *Please indicate the registered office address (street, municipality, postal code)* |
| **Operational offices** | *Please indicate in which other municipalities the organisation has operational offices. If the operational office is the same as the registered office, please indicate the municipality again.* |
| **Legal form of the organisation** | *Please indicate the legal form according to following categories:* * *Non-corporate Third Sector Entities (TSEs) as established by Legislative Decree 117/2017 - Third Sector Code as amended*
* *Foundations, recognized and non-recognized associations, non-TS entities (Art. 14-42 of the Italian Civil Code)*
 |
| **Foundation year** | *Please indicate in which year the organisation was formally established* |
| **VAT code/****Fiscal code** | *Please indicate the organisation’s VAT code and/or fiscal code* |
| **Telephone** | *Please indicate the organisation’s telephone number* |
| **E-mail or certified e-mail** | *Please indicate a certified e-mail (if any) or a standard e-mail* |
| **Web site and/or social media profiles**  | *Please indicate the organisation’s website and/or other social media profiles (LinkedIn, Facebook, Instagram etc)* |
| **Name and contact details of the project reference person**\*All official communications regarding the proposal will be shared via this e-mail. | *Please indicate the reference person’s first name, last name, and contact details (e-mail, phone number)* |
| **Name and contact details of the organisation’s Legal Representative** | *First name, last name, place of residence, and e-mail* |
| **No. of paid staff in the organisation**  | *Please indicate the number of paid staff within the organisation (consultants, employees, and other forms of paid collaboration) and specify women, men, and non-binary persons.*  |
| **Staff and collaborators’ skills**  | *Describe relevant skills currently available among the organization's staff and collaborators that will be useful for project implementation.*  |
| **LGBTQIA+ and women in leading positions** | *Please indicate the proportion LGBTQIA+ persons and women in leading positions (Board of Directors, managers) and in the organisation’s staff. If relevant, also enter the % of persons from other target groups in management or staff positions (e.g. refugee persons).*

|  |  |
| --- | --- |
| **Management** | **Staff** |
| % women: | % women: |
| % LGBTQIA+ persons:  | % LGBTQIA+ persons:  |

 |
| **Volunteers** | *Please indicate the number of people providing volunteer work and/or the hours of voluntary work per month* |
| **Mission** | *Please describe the organisation’s purpose* |
| **Total revenues in €** as per the approved Balance Sheet/ Financial Statements \*Please attach the last 2 Financial Statements | Revenues of the last approved Financial Statement:Revenues of the penultimate approved Financial Statement:Average revenues of the last 2 years: |
| **Areas of intervention**Please indicate the organisation’s areas of intervention in the bulleted list | [ ] Promotion of LGBTQIA+ rights (awareness-raising, advocacy, communication)[ ] Promotion of gender equality (awareness-raising, advocacy, communication)[ ] Preventing and combating gender violence [ ] Social-educational services to the youth (15-24 years)[ ] Children rights [ ] Human rights[ ] Reception services for migrants and refugees[ ] Others (please specify): ……………… |
| **Locations** | *Please indicate in which municipalities and regions the organization currently operates projects or services. Please fill in a bulleted list and include whether it is an urban, suburban, or rural area, the kind of activity performed, and since how long (about 1 line for each location).* |
| **Projects funded in the last 2 years** | *Please indicate:* * *The number of projects totally or partially funded by donors over the last 2 years*
* *The names of the funding donors*
* *The projects’ total budget in EUR*
 |
| **Financial capacity****(audit and internal procedures)** | *Please indicate if the organisation has ever been submitted to financial audit* *Describe the organisation’s main financial and control mechanisms and procedures*  |
| **Gender equality inclusion in the organisation’s activities and goals***Please explain how gender equality and LGBTQIA+ rights are included in the organization's activities and goals.* *For example:**- Does the organisation have a gender strategy?**- Is staff trained on topics that are relevant to gender equality, and LGTBQIA+ inclusion?* |
| **Protection policies, code of ethics, confidentiality (if any)***Please indicate* ***whether*** *the organization has a code of ethics and specific policies, procedures, or other safeguards in place; for example, staff protection, disability protection protocols, child protection and/or Diversity, Equity and Inclusion policies, policies to prevent sexual exploitation, sexual abuse and sexual harassment, etc. Describe how the organization ensures protection, privacy and confidentiality of beneficiaries, particularly of survivors of gender-based violence.* *Please note that the lack of such policies is no exclusion criterion.* |
| **Previous collaborations with the Co-applicant(s) and/or Associated partner(s)***Please briefly describe previous collaborations with the Co-applicant(s) and/or Associated partner(s) and specify their duration.* |

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| 1. **CO-APPLICANT** *(please copy this table for each Co-applicant or cancel if there are no Co-applicants)*
 |
| **Legal name - Designation** | *Please indicate the name mentioned in the Certificate of Incorporation* |
| **Registered office** | *Please indicate the registered office address (street, municipality, postal code)* |
| **Operational offices** | *Please indicate in which other municipalities the organisation has operational offices. If the operational office is the same as the registered office, please indicate the municipality again.* |
| **Legal form of the organisation** | *Please indicate the legal form (for example: Non-corporate Third Sector Entities (TSEs) as established by Legislative Decree 117/2017 - Third Sector Code as amended; Foundations, recognized and non-recognized associations, non-TS entities (Art. 14-42 of the Italian Civil Code); non-Italian entity, legally registered as a non-profit-making third-sector entity (e.g. a CSO) under its respective national law.* |
| **Foundation year** | *Please indicate in which year the organisation was formally established* |
| **VAT code/****Fiscal code** | *Please indicate the organisation’s VAT code and/or fiscal code* |
| **Telephone** | *Please indicate the organisation’s telephone number* |
| **E-mail or certified e-mail** | *Please indicate a certified e-mail (if any) or a standard e-mail* |
| **Web site and/or social media profiles**  | *Please indicate the organisation’s website and/or other social media profiles (LinkedIn, Facebook, Instagram etc)* |
| **Name and contact details of the organisation’s Legal Representative** | *First name, last name, place of residence, and e-mail* |
| **No. of paid staff in the organisation**  | *Please indicate the number of paid staff within the organisation (consultants, employees, and other forms of paid collaboration) and specify women, men, and non-binary persons.*  |
| **Staff and collaborators’ skills**  | *Please describe relevant skills currently available among the organization's staff and collaborators that will be useful for project implementation.* |
| **LGBTQIA+ persons and women in leading positions** | *Please indicate the proportion of LGBTQIA+ persons and women in leading positions (Board of Directors, managers) and in the organisation’s staff. If relevant, also enter the % of persons from other target groups in management or staff positions (e.g. refugee persons).*

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| **Management** | **Staff** |
| % women: | % women: |
| % LGBTQIA+ persons:  | % LGBTQIA+ persons:  |

 |
| **Volunteers** | *Please indicate the number of people providing volunteer work and/or the hours of voluntary work per month* |
| **Mission** | *Please describe the organisation’s purpose* |
| **Total revenues in €** as per the approved Balance Sheet/ Financial Statements \*Please attach the last 2 Financial Statements | Revenues of the last approved Financial Statement:Revenues of the penultimate approved Financial Statement:Average revenues of the last 2 years: |
| **Areas of intervention**Please indicate the organisation’s areas of intervention in the bulleted list | [ ] Promotion of LGBTQIA+ rights (awareness-raising, advocacy, communication)[ ] Promotion of gender equality (awareness-raising, advocacy, communication)[ ] Preventing and combating gender violence [ ] Social-educational services to the youth (15-24 years)[ ] Children rights [ ] Human rights[ ] Reception services for migrants and refugees[ ] Others (please specify): ……………… |
| **Locations** | *Please indicate in which municipalities and regions the organization currently operates projects or services. Please fill in a bulleted list and include whether it is an urban, suburban, or rural area, the kind of activity performed, and since how long (about 1 line for each location).* |
| **Projects funded in the last 2 years** | *Please indicate:* * *The number of projects totally or partially funded by donors over the last 2 years*
* *The names of the funding donors*
* *The projects’ total budget in EUR*
 |
| **Financial capacity****(audit and internal procedures)** | *Please indicate if the organisation has ever been submitted to financial audit* *Describe the organisation’s main financial and control mechanisms and procedures*  |
| **Gender equality inclusion in the organisation’s activities and goals** *Please explain how gender equality and LGBTQIA+ rights are included in the organization's activities and goals.* *For example:**- Does the organisation have a gender strategy?**- Is staff trained on topics that are relevant to gender equality, and LGBTQIA+ inclusion?* |
| **Protection policies, code of ethics, confidentiality***Indicate whether the organization has a code of ethics and specific policies, procedures or other safeguards in place; for example, staff protection, disability protection protocols, child protection and/or Diversity, Equity and Inclusion policies, policies to prevent sexual exploitation, sexual abuse and sexual harassment, etc. Describe how the organization ensures protection, privacy and confidentiality of beneficiaries, particularly of survivors of gender-based violence.* |

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| 1. **ASSOCIATED PARTNER** *(please copy this table for each Associated partner or cancel if there are no Associated partners)*
 |
| **Legal name - Designation** | Please indicate the organisation’s name mentioned in the Certificate of Incorporation |
| **Registered office** | *Please indicate the registered office address (street, municipality, postal code)* |
| **E-mail or certified e-mail** | *Please indicate a certified e-mail (if any) or a standard e-mail* |
| **Areas of intervention** | *Please indicate the organisation’s areas of intervention in a bulleted list* |
| **Expertise in the intervention area:**  |

1. **The project**

*All parts in italics in the tables below are instructions and must be removed in the final document to be submitted.* *The sum of Part 1 – GENERAL INFORMATION + Part 2 – DESCRIPTION OF THE ACTION must not exceed 25 pages.*

**PART 1 - GENERAL INFORMATION**

|  |
| --- |
| * 1. **Proposal title:**
 |
| **1.2 Duration in months:**  |
| **1.3 Stream**  |
| *Please indicate under which Stream (one or more) the project falls.*[ ] Stream 1: Strengthening support and referral services and reporting system for LGBTQIA+ persons who are survivors or at risk of GBV[ ] Stream 2: Transforming the social norms that perpetuate gender-based violence and eradicating gender stereotypes[ ] Stream 3: Strengthening the development and implementation of national and international legislation on GBV |
| **1.4 Location** |
| *Please indicate the region, province, municipality (and city district if any) where the proposal will be developed.* |
| **1.5 Beneficiaries/Target Group** |
| *Please briefly indicate the groups of people who will benefit from the project activities and specify their approximate number. Eliminate the lines pertaining to the Stream(s) not covered by the proposed project and/or cancel wording that is not in line with the project (e.g., if a project falls under Stream 1 but does not deal with training, delete the respective entry). Please follow the listed categories as closely as possible but add other beneficiary groups if necessary.**Stream 1:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LGBTQIA+ people supported with referral activities and services (if possible, please indicate the percentages of migrants and refugees, transgender persons, youth aged 15-29, people living in poverty, social exclusion, and with disabilities)*
* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_ persons attending training courses*

*Stream 2:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_ people (men, women, non-binary persons) involved in awareness-raising activities. If possible, please specify if they were human resources, teachers, school staff, educators, journalists, etc.*

*Stream 3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *activists supported and strengthened*
* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_ policymakers empowered to defend and promote LGBTQIA+ rights (increased knowledge)*
* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_ people informed and empowered on protection measures for LGBTQIA+ persons*
 |
| **1.6 Total proposal budget** |
| *Please indicate the total budget as entered in the budget file* \_\_\_\_\_\_\_€  |
| **1.7 Partner(s) role**  |
| *Please list all organisations/actors that will be project partners and specify their role and added value. If there are no Co-applicants and no Associated partners, please write N.A.* |
| **1.8 Project summary**  |
| *Please note: Details of each action shall be indicated in the dedicated section in Part 2.* |

**PART 2 - DESCRIPTION OF THE ACTION**

|  |
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| **2.1 Needs assessment** |
| *With the support of information sources (verifiable when possible), describe the main characteristics of the territorial context and the groups involved, with emphasis on elements that are relevant to the project's areas of intervention. Clearly indicate the needs that the proposal is intended to address.* |
| **2.2 Relevance** |
| *Please indicate how the proposed activities fulfil the above-mentioned needs and how they contribute to the project goals and the outcomes of the selected Stream(s).*  |
| **2.3 Description of project activities**  |
| *Please assign each activity to one of the three Streams and indicate for each activity:** *A title*
* *A description (including details - where and how - and methodologies, and connecting it to the identified needs)*
* *Beneficiaries: Groups of people who will directly benefit from the project. Indicate their number (specifying gender, age group and, if relevant, the number of migrants and refugees, transgender, people living in poverty, social exclusion and with disabilities) and how they are involved.* ***N.B. The total number of beneficiaries indicated in the activities shall be the same as in the General Information (Part 1) Section “1.5 Beneficiaries/Target Group”***
* *A detailed description of the immediate and tangible activity result (output) and its verification tool (how do I know that the activity was successfully implemented?)* ***For example:***

|  |  |
| --- | --- |
| ***L1:*** *Number of LGBTQIA+ people (including migrants and refugees, transgender persons, youth, people living in poverty, social exclusion, and with disabilities) supported with more inclusive services tailored to their needs and with referral activities* | *Database, case management sheet, evaluation questionnaires*  |
| ***L1:*** *Number of professionals and operators trained and provided with appropriate skills to guarantee a timely, integrated, and effective support to LGBTQIA+ people who are at risk, victims, or survivors of gender-based violence.*  | *Attendance list of participants (with data disaggregated by gender identity, age, role, years of experience), training agenda, possible photos, training and promotion materials, pre- and post-training evaluation questionnaires.* |
| ***L2:*** *Number of women, men, and non-binary persons informed in order to eradicate gender stereotypes and promote equal rights, and made aware of LGBTQIA+ rights (if possible, please specify if they are human resources, teachers, school staff, educators, journalists, etc.)* | *Attendance list (with data disaggregated by gender identity, role, age, domicile/residence), agenda, photos, promotion and communication materials, evaluation questionnaires.*  |
| ***L3:*** *Number of activists supported and strengthened as actors of change*  | *Attendance list (with data disaggregated by gender identity, age, origin domicile/residence, organisation), agenda, photos, promotion and communication materials, evaluation and satisfaction questionnaires*  |
| ***L3:*** *Number of protocols, policy documents developed* | *Meeting reports, attendance list of the involved institutions, drafts/copies of protocols and documents* |
| ***L3:*** *Number of policymakers and public institutions’ representatives empowered to defend and promote LGBTQIA+ rights and to eradicate gender-based violence* | *Meeting reports, attendance list, pre- and post- evaluation questionnaires* |
| ***L3:*** *People informed and empowered on protection measures for LGBTQIA+ persons* | *Attendance list per event (with data disaggregated by gender identity, age and role); links, news, number of interactions*  |

*Please add all necessary lines and/or eliminate non-relevant lines (for example, if the project covers only one Stream)*Stream 1 Activity 1 Title:Activity 1 Description: Activity 1 Beneficiaries:Activity 1 Output and verification tool:Activity 2 Title:Activity 2 Description: Activity 2 Beneficiaries:Activity 2 Output and verification tool:Activity 3 Title:Activity 3 Description: Activity 3 Beneficiaries:Activity 3 Output and verification tool:Stream 2Activity 1 Title:Activity 1 Description: Activity 1 Beneficiaries:Activity 1 Output and verification tool:Activity 2 Title:Activity 2 Description: Activity 2 Beneficiaries:Activity 2 Output and verification tool:Activity 3 Title:Activity 3 Description: Activity 3 Beneficiaries:Activity 3 Output and verification tool:Stream 3Activity 1 Title:Activity 1 Description: Activity 1 Beneficiaries:Activity 1 Output and verification tool:Activity 2 Title:Activity 2 Description: Activity 2 Beneficiaries:Activity 2 Output and verification tool:Activity 3 Title:Activity 3 Description: Activity 3 Beneficiaries:Activity 3 Output and verification tool: |
| **2.4 Timetable**  |
| *Please enter as many lines as the planned activities and highlight the boxes corresponding to the implementation months*

|  |  |
| --- | --- |
|  | **Months** |
| **STREAM 1** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| ACTIVITY 1  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ACTIVITY 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ACTIVITY 3... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **STREAM 2** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| ACTIVITY 1... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ACTIVITY 2... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 |
| **2.5 Gender perspective and intersectional approach**  |
| *Please describe how a gender perspective and an intersectional approach to gender-based violence will be ensured in the project implementation phase. As an example, for activities under Stream 1, specify how the project will integrate a gender and victim/survivor-centred approach when providing services, trainings and other initiatives.* |
| **2.6 Participation and leadership** |
| *Please indicate how the proposed initiative will ensure a significant participation of LGBTQIA+ communities in their diversity. Explain their involvement in designing the project and any consultation and feedback mechanisms planned in the implementation phase. Please indicate how the initiative features an approach or activities aimed at strengthening the leadership of LGBTQIA+ people.* |
| **2.7 Networking** |
| *Please indicate formal and/or informal networks, institutions, and other key stakeholders involved in the project (if any)* |
| **2.8 Sustainability** |
| *Please describe how the project actions will be continued after its conclusion (if envisaged), including the economic and financial aspect. Please indicate how the proposal is linked to other ongoing activities.* |
| **2.9 Communication** |
| *Please describe how the project outputs and the activities performed in the implementation phase will be shared (if envisaged) with the general public, the community, and other stakeholders.* |

**PART 3 - PREVIOUS EXPERIENCES IN THE INTERVENTION AREA**

*Please indicate the number of years of experience in the thematic area of intervention and enter as a bulleted list the three main activities carried out in that area as Lead applicant and/or Co-applicant. In case you want to include funded projects (ongoing or completed no more than 3 years ago), the description must include the detailed information in the table below (please copy the table for each project, specifying whether it refers to the lead applicant or the co-applicants):*

|  |  |
| --- | --- |
| ***Title*** |  |
| ***Duration (months, start and end date)*** |  |
| ***Location*** |  |
| ***Donor*** |  |
| ***Budget*** |  |
| ***Partners*** |  |
| ***Main activities*** |  |
| ***Outputs*** |  |
| ***Main beneficiaries*** |  |

**Final statements**

[ ]  **The applicant/consortium is ready to contribute to the training activities of the Connecting Spheres project by sharing with other organisations thier knowledge of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **The applicant/consortium is ready to participate in interviews with Connecting Spheres staff to describe the project, its development and outputs.**

[ ]  **The legal representative of the applicants declares to have read and understood** [**the privacy policy**](https://connectingspheres.oxfam.it/privacy-policy/) **and authorizes Oxfam Italia to process his/her personal data for the purposes of the “Connecting Spheres” call for proposals.**

Signature Signature

|  |  |
| --- | --- |
| *For the Lead Applicant:* The Legal Representative  | *For each Co-applicant:* The Legal Representative  |