



## FUND FOR WOMEN’S PROPERTY AND INHERITANCE RIGHTS IN THE CONTEXT OF HIV/AIDS

### CALL FOR PROPOSALS 2010 – PROPOSAL TEMPLATE

#### 1. Contact Information

|                                |  |                   |                    |
|--------------------------------|--|-------------------|--------------------|
| <b>a. Organization contact</b> |  |                   |                    |
| <b>Organization name*</b>      |  |                   |                    |
| <b>Organization Acronym</b>    |  |                   |                    |
| <b>Address</b>                 |  |                   |                    |
| <b>City, State or Province</b> |  |                   | <b>Postal Code</b> |
| <b>Country</b>                 |  | <b>Website</b>    |                    |
| <b>Telephone number</b>        |  | <b>Fax number</b> |                    |

\*Name of the applicant organization. In case there is more than one organization applying, only include the name of the organization that will be responsible for project management and contractual obligations. There will be an opportunity to list names of co-applicants later.

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>b. Head of Organization/ Primary contact person</b> |  | <b>c. Secondary contact person</b> |  |
| <b>Title</b>   | <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. | <b>Title</b>                       | <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. |
| <b>First Name</b>                                      |  | <b>First Name</b>                  |  |
| <b>Last Name</b>                                       |  | <b>Last Name</b>                   |  |
| <b>Telephone number</b>                                |  | <b>Telephone number</b>            |  |
| <b>Fax number</b>                                      |  | <b>Fax number</b>                  |  |
| <b>E-mail</b>  |  | <b>E-mail</b>                      |  |
| <b>Skype (if applicable)</b>                           |  | <b>Skype (if applicable)</b>       |  |
| <b>Address</b>   |  | <b>Address</b>                     |  |

#### 2. Organizational Information

|   |  |
|---|--|
| <b>a. Type of organization (select one)</b>                     |  |
| <input type="checkbox"/> Women led NGO                          |  |
| <input type="checkbox"/> Women’s Cooperative                    |  |
| <input type="checkbox"/> Women’s Fund/Human Rights Organization |  |
| <input type="checkbox"/> Network / Coalition                    |  |
| <input type="checkbox"/> Membership Association                 |  |
| <input type="checkbox"/> Faith-based                            |  |
| <input type="checkbox"/> Other                                  |  |

|  |  |  |
|--|--|--|
| <b>b. Level at which the organization operates (select all that apply)</b> |  |  |
| <input type="checkbox"/> Community-based/grassroots                        | <input type="checkbox"/> Sub-national (i.e. province, state) | <input type="checkbox"/> Regional      |
| <input type="checkbox"/> Local   | <input type="checkbox"/> National                            | <input type="checkbox"/> International |

|  |
|--|
| <b>c. Year the Organization was established.</b> |
|--|

|  |                              |      |                             |
|--|------------------------------|------|-----------------------------|
| d. Mission Statement of Organization   |                              |      |                             |
| e. Annual Organizational Budget  | 2008                         | 2009 | 2010                        |
| f. Primary Sources of Funding  |                              |      |                             |
| g. Does the organization have a bank account?  | <input type="checkbox"/> Yes |      | <input type="checkbox"/> No |
| h. Does the organization have previous work experience with UNIFEM, other UN agency, international donor or development partner?<br>If so, please state name of agency, year, amount, fund or programme title and use of funds received. | <input type="checkbox"/> Yes |      | <input type="checkbox"/> No |
| i. Affiliation (Please indicate any affiliation or cooperation with national, regional or international associations, networks or organizations)   |                              |      |                             |

### 3. Project Information

|  |   |  |
|--|---|--|
| a. Title   |   |  |
| b. Project Location (please specify where in country (i.e. cities, regions, whole country)   |   |  |
| c. Project Summary (In 3-4 sentences, describe what your project is aiming to achieve)   |   |  |
| d. Requested Grant Amount  |   |  |
| e. Total budget of proposed project, if different from above.  |   |  |
| f. Main Feature of the Project (select all that apply)   |   |  |
| <input type="checkbox"/> Increase in number of legal framework and processes that protect women's rights and eliminate gender inequality in the context of HIV/AIDS, in relation to women's property and inheritance rights.   |   |  |
| <input type="checkbox"/> Capacity strengthened to implement adequate legislation or remove gender discriminatory provisions in existing legislation relating to HIV and AIDS toward promoting and protecting women's rights to property and inheritance.   |   |  |
| <input type="checkbox"/> Gender equality experts, advocates and their organizations, including organizations of women living with HIV enhance their capacity and influence to ensure that there are national HIV/AIDS laws, policies and strategies that uphold and promote women's rights, particularly in relation to women's property and inheritance rights. |   |  |
| g. Who are the <b>primary beneficiaries</b> of this project and in what ways will their lives change as a result of the intervention?  |   |  |
| h. Main characteristics of <b>primary beneficiaries</b> (check all that apply)   |   |  |
| <b>Age</b>   | <b>Socio-economic level</b>                     | <b>Location</b>  |
| <input type="checkbox"/> Girls (0-9)   | <input type="checkbox"/> Low                    | <input type="checkbox"/> Urban                                       |
| <input type="checkbox"/> Adolescents (10-19)   | <input type="checkbox"/> Medium                 | <input type="checkbox"/> Rural                                       |
| <input type="checkbox"/> Young Women (20-24)   | <input type="checkbox"/> High                   |  |
| <input type="checkbox"/> Adult Women   |   |  |
| <input type="checkbox"/> Elderly women (60 and above)  |   |  |
| i. With whom will this project seek to influence and/or engage in order to change the lives of the primary beneficiaries? (Select all that apply)  |   |  |
| <input type="checkbox"/> Government (decision makers, policy implementers)   | <input type="checkbox"/> Community-based groups | <input type="checkbox"/> Faith-based organizations/religious leaders |

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Legal actors (informal and formal, such as paralegals, lawyers, judges, prosecutors, traditional leaders and institutions) | <input type="checkbox"/> Journalists/media                 | <input type="checkbox"/> General public/community at large                     |
| <input type="checkbox"/> Parliamentarians   | <input type="checkbox"/> Teachers/educators                | <input type="checkbox"/> Networks  |
| <input type="checkbox"/> Social/welfare workers   | <input type="checkbox"/> Men and/or boys                   | <input type="checkbox"/> Other (please specify)                                |
| <b>j. Strategies/areas of intervention (Select all that apply)</b>  |  |  |
| <input type="checkbox"/> Advocacy   | <input type="checkbox"/> Capacity Development              | <input type="checkbox"/> Service Delivery                                      |
| <input type="checkbox"/> Data collection and research   | <input type="checkbox"/> Public outreach/awareness-raising | <input type="checkbox"/> Accountability/Monitoring Mechanisms of Policies/Laws |
| <input type="checkbox"/> Partnership/Coalition building   | <input type="checkbox"/> Community mobilization            | <input type="checkbox"/> Other (please specify)                                |

#### 4. Project Description, Rationale and Analysis

a. **Describe the problem** your project is attempting to solve or the issue or opportunity your project will be addressing. Specify the needs of beneficiary target group. Include relevant statistical information to illustrate the problem and justify the need for the intervention. Please be sure to cite references where applicable. (½page)

**b. Objective(s)**

State the overall goal of the project. Indicate how the project will contribute to enhancing women’s capacity and access to property and inheritance rights in the context of HIV/AIDS. (one paragraph)

**c. Describe in a clear manner the strategies and activities for the project you are proposing. (½ page)**

**d. Describe in a clear manner the outputs/deliverables to be produced by the activities. (½ page)**  
These should be measurable products or events.

**e. Describe the intended results or outcomes expected. (¼ page)**

The results or outcomes should look beyond the project outputs and describe what the project is expected to change or achieve vis-a-vis women’s property and inheritance rights in the context of HIV/AIDS.

**f. Sustainability (¼ page)**

Describe how the achievements of the project will be maintained beyond the funding period

**g. Innovation (one paragraph)**

Elaborate on the promising, innovative aspects of the project. Include information regarding any new knowledge expected to emerge from this intervention and how it will be documented and disseminated.

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## 5. Organizational Capacity

### a. Technical expertise (¼ page)

Describe the capacity and relevant areas of expertise of the applicant organization and implementing organizations (if applicable). Include information on proven record on programming to address women's property and inheritance rights in the context of HIV/AIDS. Explain technical assistance arrangements for the project's implementation.

### b. Partnerships and Coordination (¼ page)

Describe the partnerships and coordination strategies and arrangements needed to achieve project results. If applicable, identify key project partners and indicate the roles and responsibilities of each one, as well as specific components of the project they will implement. Explain synergies and coordination with existing initiatives on women's property and inheritance rights in the context of HIV/AIDS.

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## 6. Monitoring and Evaluation

### a. Monitoring & Evaluation (½ page)

Provide details of how baseline data will be collected to measure progress, and how the project will be documented and monitored. Indicate what oversight mechanisms will be in place. Describe how project results/outcomes will be measured, what measurements will be used and who will be responsible for measuring them.

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## 7. Project budget

Include budget according to the budget summary in **Annex 3**.

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## 8. Commitments

### a. Commitments (Boxes that must all be checked off by applicants)

- The Applicant aims and purposes are in conformity with the spirit, purposes, and principles of the Charter of the United Nations.
- The Applicant is duly registered in the country where the main project activities take place, either at national or local government level.
- The Applicant has statutes/by-laws providing for a transparent process of decision-making, election of officers and members of the Board; the CSO has authority to speak for its members through its authorized representatives identified above.
- The Applicant will provide narrative and financial mid-term and final progress reports (that will include a participatory feedback process involving key project stakeholders).