**APPLICATION FORM FOR**

**PROJECT PROPOSALS**

**Contact details:**

**World Diabetes Foundation**

**Krogshøjvej 30A**

**Building 8Y2**

**DK-2880 Bagsværd**

**Denmark**

**Phone: +45 44 42 25 56**

**E-mail: contact@worlddiabetesfoundation.org**

**PROJECT TITLE**

State the project title in maximum 10 words/70 characters incl. spaces (no acronyms).

The title should reflect the overall goal of the project.

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**RECIPIENT COUNTRY, STATE/PROVINCE**

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**TOTAL PROJECT BUDGET, INCL. CO-FUNDING (cash and/or in-kind contributions):**

Indicate grant currency and state budget amounts below:

|  |  |  |
| --- | --- | --- |
| USD | EUR |  |
|  | | |

**BUDGET REQUESTED FROM WDF:**

|  |  |  |
| --- | --- | --- |
| USD | EUR |  |
|  | | |

**EXPECTED START DATE (dd/mm/yy): TOTAL DURATION (in months):**

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WDF funds projects devoted to improving diabetes care and prevention in low- and middle-income countries. For more information about eligible countries and the WDF partnership concept please refer to the [OECD DAC List of ODA recipients](https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/daclist.htm) and [WDF’s Code of Conduct](https://www.worlddiabetesfoundation.org/who-we-are/our-code-of-conduct/).

The application shall include all mandatory attachments as listed below.

For information about the World Diabetes Foundation and previously supported projects, please visit our website: [www.worlddiabetesfoundation.org](http://www.worlddiabetesfoundation.org).

**Please note:**

* The application excl. attachments shall not exceed 25 pages (Font: Arial type 10, line spacing 1.0). Applications exceeding 25 pages may be rejected.
* Incomplete applications or applications lacking any of the mandatory attachments may be rejected by the WDF Secretariat.

# 1. APPLICANT INFORMATION

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| --- | --- | --- | --- | --- |
| 1.1 CONTACT DETAILS | | | | |
| Name of applicant organisation (including abbreviation if relevant): | | | | |
|  | | | | |
| Postal address | | Postal code/ City/State | | Country |
|  | |  | |  |
| Legal address (if different from above) | |  | |  |
|  | |  | |  |
| Website | E-mail | | | Phone (+country code) |
|  |  | | |  |
| Name of Managing Director/ President/Secretary General etc. | E-mail | | | Phone |
|  |  | | |  |
| Name of project responsible | Title | | E-mail | Phone |
|  |  | |  |  |

*Indicate role(s) of the applicant organisation by selecting the relevant role(s) below:*

|  |  |  |
| --- | --- | --- |
| Fund holder | Implementing & technical partner | (For list of collaborating partners, see 2.3) |

*If your project proposal is accepted please note that a separate bank account, subject to independent financial auditing, is required.*

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| In the event that your organisation is subject to other systemic requirements, i.e., a general ledger account, please specify / elaborate: |
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*Similarly, for Indian fund holders please be aware that a separate FCRA approval is required.*

**If more than one applicant organisation, fill out the contact details of the co-applicant below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of co-applicant organisation (including abbreviation if relevant) | | | | |
|  | | | | |
| Postal address | | Postal code/ City/State | | Country |
|  | |  | |  |
| Legal address (if different from above) | |  | |  |
|  | |  | |  |
| Website | E-mail | | | Phone (+country code) |
|  |  | | |  |
| Name of Managing Director/ President | E-mail | | | Phone |
|  |  | | |  |
| Name of project responsible | Title | | E-mail | Phone |
|  |  | |  |  |

*Indicate the role(s) of the co-applicant in the proposed project design by selecting the role below:*

|  |  |  |
| --- | --- | --- |
| Fund holder | Implementing & technical partner | (For list of collaborating partners, see 2.3) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.2 TYPE OF ORGANISATION** | | | | |
| Select relevant category | | | | |
| Local NGO/civil society organisation | Governmental organisation | | International NGO | Foundation/trust |
| Patient association | Professional/medical society | | Academic institution | Media |
| Health care facility (private) | Health care facility (public) | | Other, specify: | |
| Legal affiliation to other organisation (i.e., umbrella organisation, national/regional or international organisation, country office, charitable arm) | |  | | |

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| **1.3 DESCRIPTION OF APPLICANT ORGANISATION** |
| When was your organisation established? |
|  |
| What are the main objectives/mission of your organisation? |
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| Briefly describe the administrative structure of your organisation incl. governance, financial, organisational structure, and human resource allocation: |
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| Provide an outline of how your organisation collaborates with local health authorities and your organisation’s own role within the health care system: |
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| **1.4 COLLABORATION WITH WDF** | | | | | | |
| Has your organisation previously received funding from WDF? | | | | | | |
| No | Yes | | If yes, list WDF project ID(s): | | | |
| Is this: | A new project | | An extension of another project previously supported by WDF or other funding body? If yes, provide details: | | | |
|  |  | |  | | | |
| How did you learn about WDF | | | | | | |
| WDF website | | WDF social media | | WDF annual review | Global Diabetes Walk™ | WDF advocacy meeting/platform |
| WDF partner organisation | | WDF visit in your country | | IDF Congress | Other congress / meeting, specify: | |
| Other, specify: | | | | | | |

# 2. PROJECT DESCRIPTION

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| **2.1 TARGET AREA CONTEXT** |
| Describe the diabetes situation in the recipient country/target area(s) incl. prevalence estimates, risk factors, complications, urbanisation rate, etc.: |
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| Describe the health system and levels of care (incl. resources for diabetes care at the various levels of care). Include information about patient registries/health information system, referral system, procurement system and supply chain external to and within the context of the project, public/private health care. **Max. 1 page**: |
|  |
| Briefly describe current policies, strategies and action plans for control and prevention of NCDs/diabetes in the target area and explain how the project is aligned with these (**Max 0.5-1 page**): |
|  |
| Describe links to relevant diabetes/NCD/health projects at national level and in the target area(s). If applicable also include any synergetic effects, with other WDF supported projects in your area (see [Projects](http://www.worlddiabetesfoundation.org/what-we-do/projects) for info): |
|  |
| Describe poverty focus and specify the beneficiaries/target group of your project: |
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| **2.2 PROJECT RATIONALE** |
| Describe the main issues and gaps which your project seeks to address and explain why/how your proposed project design will mitigate / change the situation. Please also explain why and how your organisation is qualified to implement the project (**max 1 page**). |
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| **2.3 IMPLEMENTING AND COLLABORATING PARTNERS** | | |
| List all collaborating partners, incl. your own organisation and describe the division of tasks between applicant, co-applicant (if any) and collaborating partners. Explain the added value that each partner brings to the project by defining their roles, responsibilities (in terms of implementation of activities) and technical competencies (i.e., project and funds management, diabetes/NCD expertise, health promotion, media, advocacy, etc.). | | |
| **Applicant:** | | |
| Role and responsibility (*link to specific outcome /activity*): | | |
|  | | |
| Contribution / Technical competencies: | | |
|  | | |
|  | | |
| **Co-Applicant (if any):** | | |
| Role and responsibility (*link to specific outcome /activity*): | | |
|  | | |
| Contribution / Technical competencies: | | |
|  | | |
|  | | |
| **Collaborating partners:** | | |
| Name of organisation: | Name of person contributing to the project: | |
|  |  | |
| Address: | Postal code/city/state: | Country: |
|  |  |  |
| Role and responsibility (*link to specific outcome /activity*): | | |
|  | | |
| Contribution / Technical competencies: | | |
|  | | |
|  | | |
| Name of organisation: | Name of person contributing to the project: | |
|  |  | |
| Address: | Postal code/city/state: | Country: |
|  |  |  |
| Role and responsibility (*link to specific outcome /activity*): | | |
|  | | |
| Contribution / Technical competencies: | | |
|  | | |
|  | | |
| Name of organisation: | Name of person contributing to the project: | |
|  |  | |
| Address: | Postal code/city/state: | Country: |
|  |  |  |
| Role and responsibility (*link to specific outcome /activity*): | | |
|  | | |
| Contribution / Technical competencies: | | |
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| **2.4 OVERALL PROJECT GOAL AND MAIN OUTCOMES** | |
| Formulate one overall project goal and up to a maximum of five main outcomes which address the issues and gaps identified in section 2.2. The overall goal is the broader aim to which the project will contribute. The main outcomes are what you expect to accomplish through the project. For more information, refer to the Application Guideline. | |
| Overall goal: | |
|  | |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |
| Outcome 4 |  |
| Outcome 5 |  |

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| WDF intervention area targeted in the project: | Access to Care | Prevention | Advocacy |

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| **2.5 EXPECTED OUTPUTS** |
| List the expected outputs with quantitative targets in bullets (i.e., N of staff trained /N of clinics established / N of patients treated). The targets should be realistic, measurable, and achievable and clearly linked to the project outcomes in section 2.4 and the activities stated in section 2.6. |
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| **2.6 PROJECT ACTIVITIES** |
| This section shall be exhaustive and detailed (**minimum 3-5 pages**). Special emphasis will be put on this section during the technical consultation with the WDF Secretariat. Please consult the **Application Guideline**.  Insert headings corresponding with the number of each of the planned activities and outputs under each outcome.  Describe what the project will do to reach its outcomes and how. Describe in detail the different activities which will contribute to fulfilment of the outcomes and outputs. For each activity, kindly describe and explain: What will be done, how it will be done, by whom (ref. to section 2.3), how often/frequency, when will it take place, where will it take place, which materials will be used and what will be the output. Please also indicate the timing/chronology of the different activities. Insert headings corresponding with the planned number of activities and outputs under each outcome. |
|  |
| **Outcome 1:** *Insert heading* |
| *Please list assumptions here that you consider important in ensuring that all outputs related to Outcome 1 will lead to this expected outcome (see Application Guideline for further assistance).* |
| **Output 1.1:** *Insert heading* |
| Activity 1.1.1: *Insert heading*  *Insert description*  Activity 1.1.2: *Insert heading*  *Insert description*  Activity 1.1.3: *Insert heading*  *Insert description* |
| **Output 1.2:** *Insert heading* |
| Activity 1.2.1: *Insert heading*  *Insert description*  Activity 1.2.2: *Insert heading*  *Insert description* |
| **Outcome 2:** *Insert heading* |
| *Please list assumptions here that you consider important in ensuring that all outputs related to Outcome 2 will lead to this expected outcome (see Application Guideline for further assistance).* |
| **Output 2.1:** *Insert heading* |
| Activity 2.1.1: *Insert heading*  *Insert description*  Activity 2.1.2: *Insert heading*  *Insert description* |
| **Outcome 3:** *Insert heading* |
| *Please list assumptions here that you consider important in ensuring that all outputs related to Outcome 3 will lead to this expected outcome (see Application Guideline for further assistance).* |
| **Output 3.1:** *Insert heading* |
| Activity 3.1.1: *Insert heading*  *Insert description*  Activity 3.1.2: *Insert heading*  *Insert description* |

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| **2.7 WDF PROJECT INDICATOR FRAMEWORK** |
| The application shall include a set of WDF indicators to support the planning, monitoring, and evaluation of the project. Reference is made to the Application Guideline and the WDF Indicator Framework for guidance and the full overview. Please fill out the WDF project indicator framework (WDF template, Annex 2). |

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| **2.8 MEASUREMENT AND MONITORING OF ACTIVITIES, OUTPUTS AND OUTCOMES** |
| Describe how and when the project activities will be monitored and quality assured in the field incl. planned routines for field visits, follow-up on implementation, and quality assurance of data. Indicate who is responsible for monitoring project progress and assess necessary adjustments: |
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| Describe how data are collected to monitor project progress and outputs. Include information of existing/new patient registries, data collection system, and quality assurance of outputs, etc. Specify which sources of information will be used to monitor and validate project progress and outputs: |
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| Describe the sampling approach and methods for data collection of the selected outcome indicators. This should form part of the baseline and endline assessments. Please include the selected outcome indicators in the description (see Indicator Framework). |
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| Specify if any evaluation forms part of the project design and explain how it will be executed and by whom (internally/externally): |
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| **2.9 RISKS** |
| Describe realistic and relevant risks and events which may impede achievement of the planned outcomes/implementation of activities or cause considerable delay. Consider factors such as staff turnover, changes in elected members of local health authorities, import regulations/procurement, withdrawal of confirmed co-funding (cash/in-kind), etc. Explain how each identified risk is linked with the assumptions provided in section 2.6, and how these can be mitigated/reduced: |
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| **2.10 EXIT STRATEGY AND SUSTAINABILITY** | | | |
| Describe how the project will be phased out and how this will affect beneficiaries/target groups and service delivery after completion: | | | |
|  | | | |
| Explain how project outputs are sustained after project completion (sustainability): | | | |
|  | | | |
| Specify how facilities/clinics/equipment will be maintained and deliver services to their beneficiaries during the implementation of the project and after its completion: | | | |
|  | | | |
| Describe and explain how the project’s outputs, outcomes, and unforeseen side-effects (positive/negative) will be gathered, systematised, and publicised during and after completion of the project (incl. communication/advocacy plan): | | | |
|  | | | |
| **2.11 PROJECT SUMMARY** | | | |
| *Provide a brief outline of the project proposal (including overall goal, outcomes, outputs, and a brief description of the approach which should include the activities). The description shall be brief (max 1 page) and consistent with the previous sections.* | | | |
| **Expected start date:** | *dd/mm/yy* | **Duration (in months):** | *XX* months |
| Overall goal:  Outcomes:  Expected outputs:  Approach (including activities): | | | |

# 3. Referees

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| State names and contact information of two persons who can verify the applicant organisation(s) credentials, capacity to implement projects and to act as a fund-holder. The referees shall be independent and impartial in respect to the applicant organisation. For each referee specify the work relation between referee and the applicant organisation. |
| **Referee 1:**  Name:  Title:  Organisation:  Address:  Email:  Phone:  Work relation with applicant:  **Referee 2:**  Name:  Title:  Organisation:  Address:  Email:  Phone:  Work relation with applicant: |

# 4. SIGNATURE OF APPLICANT(S)

|  |  |
| --- | --- |
| Signatories should be able to legally bind the applicant organisation as per its constituting documents / by-laws. Please fill out the brackets below and sign the application before submitting it to WDF. | |
| Date:  On behalf of  [ISERT APPLICANT ORGANISATION]  [FULL NAME OF SIGNATORY ]  [TITLE] | Date:  On behalf of  [INSERT APPLICANT ORGANISATION]  [FULL NAME OF SIGNATORY]  [TITLE] |

**If more than one applicant, co-applicant shall sign the application below:**

|  |  |
| --- | --- |
| Date:  On behalf of  [INSERT CO-APPLICANT]  [FULL NAME OF SIGNATORY]  [TITLE] | Date:  On behalf of  [INSERT CO-APPLICANT]  [FULL NAME OF SIGNATORY]  [TITLE] |