**COMBATING GENDER-BASED VIOLENCE IN MONGOLIA PROJECT PHASE 2**

**APPLICATION FORM FOR ONE STOP SERVICE CENTERS & SHELTERS**

**Applicant Details**

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| **Name of institution** | *[e.g., ABC Province One Stop Service Center or shelter]* |
| **Address of institution** | Ulaanbaatar: *please specify district*  Province: *please specify province*  Full Address: |
| **Telephone/mobile number** |  |
| **Type of institution** | One Stop Service Center  Shelter  *See Call for Proposals Section C for more information.* |
| **Date of establishment** | *YYYY – MM – DD* |
| **Number of Clients Served in 2020** | Total number of clients:   * Women: * Men: * Girls: * Boys:   Total days of service provided: |
| **Managing agency or organization** | Government: *please specify agency*  NGO: *please specify NGO* |
| **Current staff of institution** | Full-time staff:   1. Name, designation 2. Name, designation   Part-time staff:   1. Name, designation 2. Name, designation |
| **Do you currently receive donor funding for your institution?** | Yes  No  *If yes, please specify the donor, amount, and stated purpose of the funding including timeframe for implementation* |
| **Have you previously received donor funding for your institution?** | Yes  No  *If yes, please specify the donor, amount, and stated purpose of the funding including timeframe for implementation* |
| **Primary contact person for application** | Name:  Designation:  Telephone/Mobile Number:  Email: |

**Project Proposal to Upgrade the OSSC/Shelter services and facilities**

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| **Project title** |  |
| **Total grant amount requested in MNT** | *Please attach a detailed budget utilizing the amount.* |
| **Project dates** | Start Date:  End Date: *no later than 31 May 2023*  Overall Duration |
| **Project description and objectives**  *(max. 500 words)* | *Please describe the proposed project, how it contributes to the CGBV Project Phase 2 goals, and how it addresses the specific challenges or gaps that you face. Describe the expected results of the project, especially to the situation of end-beneficiaries. Indicate if there are innovative practices or methods that will be used for the Project.*  *The project must deliver results that are time-bound (have clear start and end dates), and have a specific and finite objective that either (1) does not require further funding to sustain, or (2) is self-sufficient and generates the necessary funding to sustain it. See Call for Proposals Section B for more details.* |
| **Project activities** | *Please describe the project activities to upgrade facilities and expand services for survivors. Ensure that the proposed activities are coherently linked and can clearly contribute to the objectives of the project and/or address the identified challenges and gaps faced.* |
| **Beneficiaries** | *Please give an estimate of the number and characteristics of the beneficiaries (e.g., survivors served at the OSSC/shelter, clients served by MDTs, other participants in trainings and support groups, etc.) that the project will reach. Specify if any of the priority populations and vulnerable groups will be targeted.* |
| **Key Stakeholders** | *Please list the key stakeholders to consider in the planning and implementation of the project, including government agencies, civil society, local groups, and community leaders. Describe as well how the applicant will work together with these stakeholders.* |
| **Past Projects by OSSC/shelter** | *If applicable, please provide information of up to 3 projects on GBV/DV issues implemented by the OSSC/shelter in the last 3 years.*  Name of Project:  Description:  Implementation period:  Total cost:  Donor:  Other organizations involved:  Key Results:  Name of Project:  Description:  Implementation period:  Total cost:  Donor:  Other organizations involved:  Key Results:  Name of Project:  Description:  Implementation period:  Total cost:  Donor:  Other organizations involved:  Key Results: |

**Information about the Community (province or district)**

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| **Province or District** |  |
| **Population Size** | Total Population:   * Females: * Males: * Girls (below 15 years): * Boys (below 15 years): * Elderly: * People with disabilities: |
| **Community Description**  *(max. 200 words)* | *Please describe the community and the composition of the population. Some questions to consider:*   1. *What are the vulnerable groups in the community? (e.g., herders, transients, people with disabilities, high poverty incidences, etc.)* 2. *What are some opportunities and challenges in the community? Are there any specific to GBV and gender equality issues?* 3. *Are there specific soums/bags and khoroos that deserve particular attention because of unique GBV challenges, community vulnerabilities or strengths, or existing GBV programs?* |
| **GBV Prevalence and Trends**  *(max. 200 words)* | *Please share recent statistics (e.g., clients served, reports to the police), trends, and descriptions of the GBV situation in the community. As much as possible, support with relevant data.* |
| **Local Government Spending on GBV programs** | *Please indicate how much local annual funding was allocated and by which government agencies. If possible, indicate what the funding is used for (e.g., human resources, service provision, GBV prevention programs, community outreach programs, etc.). Provide information for up to the last 3 years (2018 to 2020) if available.* |
| **Current GBV prevention and response capacity**  *(max. 300 words)* | *Please describe the following:*   * *Available services for GBV survivors provided by the OSSC/shelter and multidisciplinary teams* * *Available GBV/DV coordination body or structures that are effectively functioning* * *Provincial and/or local laws, policies, and programs for GBV survivors* * *Programs and/or services by other NGOs (include project budget when available)* |
| **Gaps in GBV prevention and response**  *(max. 300 words)* | *Please describe the in-demand services that are not yet offered, and other gaps and areas for improvement in the delivery of services for GBV survivors and the implementation of relevant laws and policies* |

I certify that the particulars above are correct to the best of my knowledge and that I am authorized to submit this application on behalf of my organization.

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| **Name & Position** |  | **Signature** |

**Date:**

**FOR OFFICIAL USE ONLY**

**Received by:**

**Date Received:**