**Expression of Interest**

**Engagement Support Small Grants**

Please fill out the blue cells below. Your expression of interest (EOI) **should not exceed three pages** in length once completed. Please submit your EOI to [grants@pai.org](mailto:grants@pai.org) with the following subject line: “EOI Engagement Support Grants” by **11:59 p.m. EST on December 4, 2022**.

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| 1. **Your Organization** | |
| * 1. Country |  |
| * 1. Name of your organization (please don’t use any acronyms) |  |
| * 1. Mission statement of your organization |  |
| * 1. Are you legally registered as an organization to operate in this country? *Please share your registration documents as an annex.* | Yes ☐  No ☐ |
| * 1. Indicate any national civil society coalition/platform/network for which you’re an active member. Please also provide the contact information of the coalition/platform/network's coordinator/president as reference. | Yes ☐  No ☐ |
| * 1. If you are a youth-led organization, please indicate the age of your executive director and/or president at time of submission of this EOI.   *To qualify, your director and/or president should be less than 30 years old.* |  |
| * 1. In the last two years, has your organization been involved in any sexual, reproductive, newborn, child and adolescent health and nutrition (SRMNCAH+N) advocacy or accountability or health financing processes and/or GFF investment case lifecycle? If yes, please briefly explain. | Yes ☐  No ☐ |
| * 1. Does your organization have a bank account? | Yes ☐  No ☐ |
| * 1. Contact information | Name:  Title:  Email:  Phone: |
| 1. **2. Grant Amount Requested** | |
| Please indicate the estimated amount for this proposal in USD.  *Engagement Support small grant sizes range from $35,000 to $115,000.* |  |
| 1. **Your Project** |  |
| * 1. What is the expected outcome of your project? What change will occur as a result of your proposed work? |  |
| * 1. What are your project’s specific objectives (three max)? Please make sure each objective is specific, measurable, attainable, relevant and timebound (SMART). | |
| *Objective 1* |  |
| *Objective 2* |  |
| *Objective 3* |  |
| * 1. Please describe up to six key activities you plan to implement during this project.   For each proposed activity, please indicate why this activity is needed and how it will help achieve your project’s objectives.  We are particularly interested in funding coalition-building and coalition-strengthening activities, advocacy to secure or improve supportive SRMNCAH+N policies and increased budget allocations, accountability activities related to budget tracking, GFF processes, quality and assessment of reaching the most at-risk communities and social accountability activities. | |
| *Activity 1* |  |
| *Activity 2* |  |
| *Activity 3* |  |
| *Activity 4* |  |
| *Activity 5* |  |
| *Activity 6* |  |