

**Official Alumni Engagement Innovation Fund 2021 Proposal Form**

***To be completed by exchange alumni team leaders or U.S. Embassy/Consulate***

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| **About Your Project** |
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| **Project Title:** |  |
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| **Primary Location of Project:** |  |
| If the project is taking place in multiple cities, states, or provinces within the same country, please enter all locations separated by a comma. |
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| **Country:** |  |
| **City/Town:** |  |
| **State/Province:** |  |
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| **Will your project take place in additional countries?**If YES, please list additional countries. |  |
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| **Project Proposal Summary:**Please provide a 3-4 sentence summary of your project. |
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| **Project Team Information**  |
| **Will this project be implemented by a *Team of Alumni* or by an *Alumni Association*?** * If implemented by a small team of alumni (not connected to an alumni association), please skip to the “*Who are the alumni project team members*?” section below
* If implemented by an association, please provide the name of the Alumni Association(s) and the number of alumni involved. Complete the names of the core group of alumni association members in the Who are the Alumni Project Team members below:

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| Name of Alumni Association (s): |  |

**Who are the alumni project team members?** There must be at least **two exchange alumni** team members for a project to be considered for funding. Along with name and contact information, please describe the role each team member will have in the project and their experience, qualifications, and ability to carry out that role. Indicate what proportion of their time will be used in support of the project. (250 word limit for each).  |
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| **Team Member 1:** |
| First Name: |  |
| Last Name: |  |
| Exchange Program: |  |
| Exchange Program Year:  |  |
| E-Mail: |  |
| Country From: |  |
| Role of Team Member/Leader and Qualifications:  |  |
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| **Team Member 2:** |
| First Name: |  |
| Last Name: |  |
| Exchange Program: |  |
| Exchange Program Year(s): |  |
| E-Mail: |  |
| Country From: |  |
| Role of Team Leader/Member and Qualifications:  |  |
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| **Team Member 3: (as needed)** |
| First Name: |  |
| Last Name: |  |
| Exchange Program: |  |
| Exchange Program Year(s): |  |
| E-Mail: |  |
| Country From: |  |
| Role of Team Leader/Member and Qualifications:  |  |

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| **Team Member 4: (as needed)** |
| First Name: |  |
| Last Name: |  |
| Exchange Program: |  |
| Exchange Program Year(s): |  |
| E-Mail: |  |
| Country From: |  |
| Role of Team Leader/Member and Qualifications:  |  |
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| **Team Member 5: (as needed)** |
| First Name: |  |
| Last Name: |  |
| Exchange Program: |  |
| Exchange Program Year(s): |  |
| E-Mail: |  |
| Country From: |  |
| Role of Team Leader/Member and Qualifications:  |  |

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| **Detailed Project Description** |
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| **Problem Statement** *(150-word limit - 3 to 4 sentences):*Describe the specific need or challenge that this project will address: |
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| **Project Goals and Objectives** *(500 word limit):*How will this project address the stated need or challenge? How will the project impact the community and what changes (in people, institutions, attitudes, or practices) will you see? |
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| **Local Project Partners** (*500 word limit)***:**List any partners (individuals/organizations, etc.) with whom you will work to support or implement your project. Please note if you have an existing relationship with your partner organization(s) and describe their role in the project. If you do not have an existing relationship, how do you anticipate establishing a partnership with the organization(s)? |
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| **Project Methods and Design: Proposed Project Schedule, Timeline, and Beneficiaries**  |
| **Project Methods, Design, and****Timeline** *(750 word limit):*In this section, explain how the project is expected to work to solve the stated problem and achieve the goal. Include a proposed timeline for the program activities. Include the dates, times, and locations of planned activities and events.  |
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**Beneficiaries:** In the section below, provide the estimated number of direct and indirect beneficiaries and also describe the groups who will benefit from your project

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| Number of direct beneficiaries (total): |  |
| Number of indirect beneficiaries (total): |  |

**Describe the groups or communities your project targets (beneficiaries). You may wish to include age group, gender, socioeconomic status, region, etc.**

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| **Monitoring and Evaluation, Communication and Sustainability Plan** |

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| **Evaluation Plan** *(350 word limit):*Below, outline how you or your alumni team will monitor and evaluate the project’s outcome and impact. The plan should address: how you or your alumni team will monitor the activities throughout the project timeline, what data will be collected at which points, how will the project goals be evaluated and using what measurements, and what tools or methods will be used to measure the results, (such as surveys, interviews, focus groups, meetings, analytics, metrics, etc.).  |
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| **Sustainability** *(350 word limit):*How do you plan to ensure that the impact of the project continues beyond the initial funding? If this project is part of an ongoing initiative, please explain how this will build on it. |
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| **Communication Plan** *(350 word limit):*How will you promote your project? Please provide a communication timeline of how and when you will present project accomplishments and highlights? Explain how you will report program highlights and achievements with your local embassy or consulate. Include social media, websites, print news, or other forms of media you intend to use to share information about your project to beneficiaries and the public. |
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| **Please list any websites or social media platforms or accounts that you may have for your project in the fields below: (Optional)** |
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| Website: |  |
| Facebook: |  |
| Twitter: |  |
| Instagram: |  |
| YouTube: |  |
| Other: |  |

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| **Funding Information and Budget** |
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| **\*The budget must be submitted as a separate Excel file, using only the AEIF2021 Budget template provided by the Office of Alumni Affairs.**Funds requested may be between US $10,000 and $50,000.  |
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| **Total AEIF Funds Requested:** |  |

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| **Budget Justification**In this section, refer to your budget form and provide a narrative explanation of how and why the costs listed are necessary for the activities associated with your project. **Please provide details as to how you arrived at the calculations for both the costs you are requesting from AEIF, and also for cost share/in-kind support.** If your budget has NO costs associated with a category, please write “N/A.”  |
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| **Venue:** |  |
| **Promotional Items:** |  |
| **Meals and Beverages:** |  |
| **Speaker Fees:** |  |
| **Lodging and Per Diem:** |  |
| **Travel:** |  |
| **Supplies, Materials, and Equipment:** |  |
| **Other:** |  |