Technical Application

This program will provide resources for projects based in Ecuador that respond to U.S. Mission Goals and Priorities. Individuals or organizations interested in submitting proposals to the U.S. Embassy in Ecuador are strongly encouraged to fill out this application in its entirety and email it to [ContactoCultural@state.gov](mailto:ContactoCultural@state.gov) along with the Budget Application in Excel, and the required SF Forms that are discussed in the Notice of Funding Opportunity. – **Due Friday, April 14 at 11:59pm**

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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 or provinces, please specify. | | | | |
|  |  | |  | |
| **Country:** |  | | | |
| **City/Town:** |  | | | |
| **Province:** |  | | | |
| **UEI Number:** |  | | | |
| **UEI Active:** | ***Is your UEI registration active? Yes/No*** | | | |
| **Primary Contact Email:**  **Primary Contact Name:** |  | |  | |
| **Will your project take place in additional countries?**  If YES, please specify | | |  | |
| **Number of direct beneficiaries** | |  | |  |
| **U.S. Component:**  Please describe the U.S. Component(s) that your project aims to include. (*150 word limit - 3 to 4 sentences)* | | | | |
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| **Core Team Information** | | |
| Along with the name and contact information, describe the role each core 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. | | |
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| **Team Leader 1:** | First Name: |  |
|  | Last Name: |  |
|  | E-Mail: |  |
|  | Country From: |  |
|  | Role of Team Leader and Qualifications: |  |
|  |  |  |
| **Team Leader 2:** | First Name: |  |
| If applicable | Last Name: |  |
|  | E-Mail: |  |
|  | Country From: |  |
|  | Role of Team Leader and Qualifications: |  |
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| **Team Member 1:** | First Name: |  |
| If applicable | Last Name: |  |
|  | E-Mail: |  |
|  | Country From: |  |
|  | Role of Team Member 1 and Qualifications: |  |

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| **Team Member 2:** | First Name: |  |
| If applicable | Last Name: |  |
|  | E-Mail: |  |
|  | Country From: |  |
|  | Role of Team Member 2 and Qualifications: |  |
|  |  |  |
| **Team Member 3:** | First Name: |  |
| If applicable | Last Name: |  |
|  | E-Mail: |  |
|  | Country From: |  |
|  | Role of Team Member 3 and Qualifications: |  |

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| **Detailed Project Description** | | |
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| **Problem Statement:**  Please describe the problem that your project aims to address. (*150 word limit - 3 to 4 sentences)* | | |
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| **Program Goals and Objectives:** *(500 word limit)*  How will this project address this problem? What specific needs or challenges will be addressed? How will this project impact the community and what changes do you expect to achieve? | | |
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| **Program Design and Implementation Plan** | | | |
| **Program Methods and Design:** *(750 word limit)*  Please explain the methodology this project would utilize in order to address the stated problem and achieve the goal. Describe all planned activities and events and include locations where they will take place. Describe the groups or communities this project targets (beneficiaries). How many direct and indirect beneficiaries do you estimate your project will benefit? | | | |
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| **Proposed Project Schedule and Timeline:** *(750 word limit)*  Please provide a proposed general timeline for all project activities. Exact dates are not necessary. For example, the timeline can be formatted as: *month one, month two, month three*, etc*.* Include where you plan to hold each of the activities and/or events | | | |
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| **Evaluation:** (350 word limit)  Explain how you plan to measure the success of this project and its impact on the targeted beneficiaries.How do you intend to monitor the project to ensure that you are hitting milestones in a timely manner throughout the period of performance of the grant? How will the project be evaluated to assure it is meeting its goals and objectives? Explain any tools or methods you plan to utilize, such as surveys, interviews, focus groups, metrics, etc., to measure the results of this project. | | | |
| |  | | --- | |  |   **Sustainability:** *(350 word limit)*  How will this project continue to perform and evolve beyond the initial period of performance? Where will the funding needed for the continuation of the project come from? Who will be responsible for maintaining the project beyond its initial performance period?   |  | | --- | |  | | | | |
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| **Communication Plan:** *(350 word limit)*  How will this project be promoted and socialized? Include social media, traditional media, websites, in-person presentations and any additional methods you intend to use to share information about your project to beneficiaries and the public. | | | |
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| **Please indicate any websites or social media platforms that you are considering to promote the project: (Optional)** | | | |
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| Website: |  | | |
| Facebook: |  | | |
| Twitter: |  | | |
| Instagram: |  | | |
| YouTube: |  | | |
| Other: |  | | |

**Management Plan** *(350 word limit)*

Please describe if this project will have other organizations as partners, describe partnership roles and responsibilities, and how those partners will be managed.

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| **Budget Narrative** | | | |
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| **\*The budget must be submitted as a separate Excel file using the template provided by the U.S. Embassy and Consulate in Ecuador.**  Applicants can request between $30,000 and $45,000. Projects that request lower than $30,000, or higher than $45,000 will be disqualified.  **Total Amount Requested:**   |  | | --- | |  | | | | |
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| **Budget Narrative:**  Referring to your budget spreadsheet, provide a narrative explanation of how the itemized costs are necessary for the activities and/or events associated with your project. Explain how costs were calculated for both the requested funding amount and any cost share/in-kind support that you or your local partner(s) will be contributing to this project. If any category has NO cost associated, indicate it with an **“N/A”** in that field. | | | |
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| **Personnel:** |  | | |
| **Travel:** |  | | |
| **Equipment:** |  | | |
| **Supplies:** |  | | |
| **Contractual** |  | | |
| **Other Direct Costs:** |  | | |
| **Indirect Costs:** |  | | |
| **Other:** |  | | |