



TRACE FOUNDATION

EXTERNAL GRANT PROPOSAL FORM 2

THIS FORM IS FOR EDUCATION, CULTURE, HEALTH AND RURAL DEVELOPMENT PROPOSALS WITH A TOTAL BUDGET AMOUNT (COMBINED LOCAL AND TRACE FOUNDATION CONTRIBUTIONS) OF 170,000 RMB OR ABOVE.

Proposal Reference	
Number (Official use):	

SECTION A: BASIC INFORMATION

A1. Individual or institutional/organizational application (Choose and mark with √)

Individual application:	<input type="checkbox"/>	Institutional/organizational application:	<input type="checkbox"/>
--------------------------------	--------------------------	--	--------------------------

A2. Name of individual applicant and institution/organization

	English or Pinyin	Tibetan	Chinese
a) Person name of individual applicant or representative of institution/organization (Please write according to your government issued ID)			
b) Title of Representative of institution / organization			
c) Name of Institution/organization (only if the applicant is an institution/organization)			

A3. Contact information of individual applicant or representative of institution/organization (refer A2.a)

Mailing address in English (include postal code):	Mailing address in Chinese (include postal code):	Phone 1:
		Phone 2:
		Fax:
		e-Mail:

A4. Proposal information

a) Proposal title	
b) Proposal implementation location (including all administrative levels)	
c) Brief summary of proposal	

A5. Implementation period

a) Project starting date (yyyy/mm/dd)	b) Duration (months)	c) Anticipated Completion (yyyy/mm/dd)	Date

A6. Beneficiary summary (summary of section B.6)

a) Direct beneficiaries (Number and who they are)	
b) Indirect beneficiaries (number and who they are)	

A7. Proposed Budget and type of currency (choose and mark with √, if “Other” name the currency). Must match exactly with the Trace Foundation budget form.

CNY	USD	HKD	EUR	Other
a) Amount requested from Trace Foundation	b) Amount of local contribution	c) Total cost of proposal (a + b)		

d) Please describe if there is any in-kind (non-cash) local contribution and what it consist of:

You should translate the described in-kind contribution into monetary value and enter in the table below:

Description	Unit	Monetary value per Unit	# of units	Monetary value of in-kind contribution

			TOTAL	

A8. Other contributions

Have you received or requested support from other organizations or institutions? (Choose and mark with √)	Yes		No	
---	-----	--	----	--

If yes, from whom and how much have you been promised or have you received?

--

A9. Previous grant applications to Trace Foundation

Have you or your institution applied to Trace Foundation before (Grants, Scholarship or others)? (Choose and mark with √)	Yes		No	
---	-----	--	----	--

If yes, please fill-in the table below (add lines as required):

Proposal Reference Number	Proposal name	Approved/Declined	Grant amount if approved

SECTION B: PROJECT DETAILS

B1. Context/ Justification: (See Instruction) If you need additional page, please attach a separate page.

B2. Overall objective:

B3. Specific objective:

B4. Expected results

1:
2:
3:
4:

B5. Activities

Result 1:

Activity description	Starting date	Closing date	Activity Costs
Activity 1:			
Activity 2:			
Activity 3:			
Activity 4:			
Activity 5:			
Total Costs			

Result 2:

Activity description	Starting date	Closing date	Activity Costs
Activity 1:			
Activity 2:			
Activity 3:			
Activity 4:			
Activity 5:			
Total Costs			

Result 3:

Activity description	Starting date	Closing date	Activity Costs
Activity 1:			
Activity 2:			
Activity 3:			
Activity 4:			
Activity 5:			
Total Costs			

Result 4:

Activity description	Starting date	Closing date	Activity Costs
Activity 1:			
Activity 2:			
Activity 3:			
Activity 4:			
Activity 5:			
Total Costs			

B6. Beneficiary information

a) Direct beneficiaries

Description of direct beneficiaries	Total number of persons	Male	Female	Number of households (if applicable)

b) Indirect beneficiaries

Description of indirect beneficiaries	Total number of persons	Male	Female	Number of households (if applicable)

c) Additional information regarding institutional beneficiaries

List name of institutions which will benefit from this grant	Type of Institution (Clinic, hospital, school, monastery, government bureau, publishing house etc.)	How will the institution benefit from this grant?

B7. Implementation schedule:

Year 1

Result 1:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 2:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 3:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 4:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													

Year 2

Result 1:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 2:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 3:	Month no.												

Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 4:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													

Year 3

Result 1:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 2:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 3:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													
4:													
5:													
Result 4:	Month no.												
Activity description	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1:													
2:													
3:													

B8. Log-frame

	Description	Objective Verifiable Indicators	Means of Verification	Assumption / Risk
Overall Objective				
Specific Objective				
Result 1				
Result 2				
Result 3				
Result 4				

B9. Partner organizations/Local counterparts

Name of organization	Describe their role	Brief Description of the organization

B10. Government approval

Do you have approval from relevant government bureaus to carry out this project?
(Choose and mark with √)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please provide copies of the relevant agreement and/or letter of approval

B11. Sustainability of the Project

Please address these questions if applicable:

- How long will the benefits of the project last?
- Will the beneficiaries be able to continue the training, project activities etc after your intervention completed?
- Would you be able to maintain and support the costs of equipment maintenance without Trace’s support in the future?
- How long do you expect the equipment to last?
- Would you be able to continue the activities of the project once Trace support ends? If yes, please describe how you would do so?
- Please indicate your ability to continue to financially support the project and also to maintain the project activities.
- How do you plan to raise future funding, if needed?
- How do you plan to raise support from relevant stakeholders?

B12. Supporting documentation

Please attach supporting documentation and submit with the grant application. Please list below all attachments.

Type of Document	Description of Document	# pages

B13. Evaluation? How do you plan to evaluate the outputs and the outcomes of the project? What Methods and Approaches will you use to evaluate your project?

SECTION C: BACKGROUND OF APPLICANTS

C1. Individual applicants only

Name	Gender	Country of citizenship	Ethnic group/Nationality

Educational Background:			
School Level	Period	Institution	Degree (provide governmental certified document on request)
Secondary School			
Vocational			
Undergraduate			
Graduate			
Other			
Work experience (including current occupation starting from most recent)			
Period	Institution	Position	Duties

C2. References (Individual applicants only)

Please provide two references (one should be from a recent employer and one should be from village leader, county official etc. where project takes place)

	Reference 1	Reference 2
Name		

Position / Title		
Institution / Work Unit		
Address		
Telephone		
Email		

C3. Applicant's management and project implementation experience (both individual and institutional applicants)

1. Based on your background and experience, please explain the skills and knowledge that you have that would contribute to the successful implementation of the project?
2. Please include details of past projects that you have worked on that would be relevant to the work of the project.
3. Please provide information regarding any prior projects in which you were involved. (a few line description of prior project management / implementation skills with details of name/type of project, duration and location)

C4. Institutional applicants only

Brief introduction of applicant: Please provide the following information when applicable:

1. Name of Founder:	
2. Name and position of Representative:	
3. Mission:	
4. Years in service:	
5. Number of staff:	
6. Sector of Activities:	
7. Project areas:	
8. Annual operating budget:	

9. Annual Report: If your organization is publishing Annual Report, please submit a copy along the application.

10. If organization is based in the United States, please indicate if it is a 501(c) (3) organization?
(Choose and mark with √)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. Website address:

11. Website address:	
----------------------	--

C5. How did you hear about Trace Foundation (TF)?

(Choose and mark with √)

Annual Report		TF Newsletter		TF website	
Internet		Friends/colleagues		From TF Grantee	

Others (Please specify): _____

D. APPLICATION CHECK LIST

Please be sure to submit the following materials:

1. Completed application form
2. Trace Foundation Budget Form
3. Two Reference Letters (Individual application only)
4. Other supporting documentation as required

Please send your proposal to grants@trace.org or fax at 86-28-8515 9287. Please visit our website for further contact information.

Thank you!