**Expression of Interest Form**

**Caritas PNG GEDSI Program**

**Background**

***“Improved service delivery to the Gender Equality, Disability and Social Inclusion (GEDSI) community within the Catholic Church” is the desired result of Caritas PNG’s GEDSI Program.***

Caritas PNG through the Church network will support GEDSI actors in three areas: capacity building, specialist staff training, and community training and awareness.

To be eligible, you must partner with the diocese in which your program activities or target beneficiaries are located. The full application eligibility checklist is provided on the next page.

For more information on the GEDSI Program, you can contact our Project Officer on email: projects@caritas.org.pg

Hard copies of your completed Expression Of Interest forms (and relevant attachments) can be submitted to the office of your Diocesan Caritas Coordinator or emailed to the address provided above.

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| --- | --- |
| Project Proposal Details |  |
|  |
| Organization or Community Name |  |
| Parish & Diocese Name |  |
| Parish Priest Name (if community) |  |
| Ward / LLG / District |  |
| Population (if community) | Males: Females: Total: |
| Provide a general description of your organization or community such as existing GEDSI services, programs, etc. |
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| What is the objective or expected outcome of your project? |
|  |
| What is the main need/s you are trying to address? |
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| How will you address the need/s through this project? |
|  |
| Does your organization or community receive grants from other donor agencies? Please give brief details. |

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| Budget Proposal |  |
| How much funding support are you seeking? List your activities with corresponding estimate costs. |
| Activity / Item 1: | Cost: KActivity / Item 2: | Cost: KActivity / Item 3: | Cost: KActivity / Item 4: | Cost: KActivity / Item X: | Cost: K Total | Cost: K |
| What is your counter support or contribution to the project? |
|  |
| How will you partner with the diocese in which you are located? |

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| --- | --- |
| Contact Details |  |
| Date of Application |  |
| Contact Person Name |  |
| Role in Organization or Community  |  |
| Phone Number |  |
| Email Address |  |
|  |  |

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| --- |
| Organization or Community Leader Authorisation |
| Name |  |
| Title |  |
| Signature |  |
| Date |  |

**Application Eligibility Checklist:**

🞎 Must be an organization or community that provides GEDSI services or programs

🞎 If organization, must show proof of operation in the last 3-5 Years (provide evidence such as IPA extract, plans, reports, etc.)

🞎 If community, must provide letter of support by Parish Priest.

🞎 Must work in collaboration with the respective Diocesan Caritas Office

🞎 Must not be a recipient of current CPNG funded project

🞎 Must be open to providing counter-support

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| Bishop or Diocese Administrator Authorisation |
| Name |  |
| Diocese |  |
| Signature |  |
| Date |  |