**ESU - Emergency Support to Ukraine**

**Application form**

**Psychosocial support and resilience grants**

1. **General information about the applicant organisation**

|  |  |
| --- | --- |
| Official name of the organisation in local language, in English and acronym |  |
| Contact person (name, function) |  |
| Country and region |  |
| Email |  |
| Phone number / Signal |  |
| Website / Facebook page of the organisation (if applicable) |  |
| The geographical area in which the activities of your organisation / initiative are implemented |  |
| Have you or your organisation relocated because of the war? |  |
| Field of activity |  |
| Target groups of the organization |  |
| Can you provide 3 references / contacts of organisations or persons you have worked with? (e-mail) |  |
| Are you comfortable working in English? Yes / No |  |

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| Please describe your organisation and your past experiences in psychosocial support, anti-burnout programs, trainings to increase resilience in a crisis context, etc.  (300 words maximum) |
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1. **General information about the project**

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| --- | --- |
| Project amount (EUR): | Project period: |
| Project title: | |
| Please provide a summary of the project: | |
| Location and outreach of the action: | |

1. **Description of the action**

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| Please describe the context in which you seek to intervene, the area of intervention, the target groups and the needs identified.  If you have conducted any needs assessments of your target groups, please attach it.  (500 words maximum) |
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| What are the objectives of the project? What results do you want to achieve with this intervention? What activities will be implemented to achieve these goals? How many people you expect to reach?  (300 words maximum) |
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1. **Action plan**

Indicate activities that will be carried out to achieve the outcomes and outputs:

**Overall Objective of the action:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Activity** | **Specific objective** | **Output** | **Outcome** | **Period of implementation** | **Location** | **Indicator/means of verification** |
| *e.g.1* | *Online workshop on burn-out prevention* | *To provide techniques to better cope with the impact of the war* | *At least 30 civil society actors attended the online course* | *Civil society actors report better capacity to manage stress and pursue their work* | *June 2023*  *(1 month)* | *Online* | *1. List of participants*  *2. Program/photos of the session*  *3. Feedback form from participants*  *4. Report from the trainers* |
| *e.g.2* | *Individual sessions of psychological rehabilitation* | *To treat symptoms of trauma and stress related disorders* | *10 civil society actors attend individual therapy* | *Beneficiaries report a decrease in symptoms of stress related disorders* | *July-November 2023*  *(6 months)* | *Online* | *1. List of beneficiaries*  *2. Feedback form from beneficiaries* |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |

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| What risks / difficulties do you expect to face and what mitigation measures will you use?  (300 words maximum) |
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1. **Impact and sustainability**

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| How do you think the positive effects of the project will be pursued after the grant is over?  Are there any ways it will be sustainable?  (300 words max) |
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1. **Budget**

Please use the template below or attach an Excel version if you prefer. Please note that the below budget is only an example.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Human resources** | | | | |
| *Insert below the separately staff position and % of time you’d like to ask support for\** | Monthly amount (100%) | % by this support | Number of months | TOTAL (EUR) |
| *e.g. Project manager* | *700* | *10* | *3* | *210* |
|  |  |  |  |  |
| **Core costs, office rent, equipment and supplies** | | | | |
|  | Units cost | % by this support | Number of units | TOTAL (EUR) |
| *e.g. Rent* |  |  |  |  |
| *e.g. internet Costs* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other costs** | | | | |
|  | Units cost | % by this support | Number of units | TOTAL (EUR) |
| *e.g. Cost of online platform for training* |  |  |  |  |
| *e.g. Psychologist fees* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | | | |  |

1. **Are you receiving or will receive support from other donors this year? Yes****/No**

(If yes please state the donor and the amount received)

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| --- | --- | --- |
| **Name of donor** | **Amount of support received (EUR)** | **Dates in which support was received** |
|  |  |  |
|  |  |  |

Please submit this application form in Ukrainian or English to [**EmergencySupportForUkraine@proton.me**](mailto:EmergencySupportForUkraine@proton.me) with ‘Psychosocial support and resilience grants’ in the title of the email.

If you do not complete this application form in English, please add a quick online translation in English and send it to us with the form (Google translate is accepted). Thank you.

\*The support team promises the security and confidentiality of the information received.