Project Proposal Form

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| Project summary | |
| Project name |  |
| Project originator |  |
| Project rationale | *Note how this project will contribute to trachoma elimination* |
| Timings (est) | *Likely start and duration* |
| Costs (est) | *Attach cost breakdown/ quotations* |

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| --- | --- |
| community stakeholders | |
| Community |  |
| Contact name/s and role/s |  |
| Best means of contact (ph/email) |  |
| Trachoma rating | *Prevalence/ Priority i.e.high/med/low* |
| Govt support/other funding | *Confirm any other funding or support from responsible parties* |

|  |  |
| --- | --- |
| OTHER STAKEHOLDERS | |
| Organisation |  |
| Contact name |  |
| Address |  |
| Phone |  |
| Email |  |

\*List additional stakeholders if others

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| --- |
| Project processes |
| Rationale |
| *How the project emerged, relevance and usefulness, anticipated benefits* |
| Inputs |
| *Resources required, who is providing them, cultural appropriateness, sustainability* |
| Delivery |
| *How the resources will be delivered, timeline for execution, monitoring and evaluation* |
| Outcomes |
| *Specific outcomes of project, benefits to community, impact on trachoma elimination, future monitoring* |

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| Risk assessment |  |
| Potential risks | **Mitigation strategies** |
|  |  |

*All interested parties should sign and date this document prior to submission.*

*Further enquiries and submissions can be made to Project Manager Lien Trinh: lien@endtrachoma2020.org.au.*

*Submissions will be considered if delivery and full implementation is possible prior to 31 December 2020*