**PVA Agility Fund │ Application Form**

Please see the accompanying ‘Funding Guidelines & FAQs’ for additional information about completing this application. The Agility Fund is supported and made possible thanks to Frontline AIDS.\*

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| **DETAILS OF ORGANISATION APPLYING FOR FUNDING** |

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| **Organisation Name** |  |
| **Address** |  |
| **Country of Registration** |  |
| **Registration Details** |  |

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| **Website** |  |
| **Social Media** |  |

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| **Is your organisation a member of the People Vaccine’s Alliance?** | Yes / No |

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| **Has your organisation received any funding in the last 3 years from any pharmaceutical company or are any of your board members connected to a pharmaceutical company?** | Yes / No |
| *If you have answered yes, please provide brief information about the funding* | |
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| **APPLICATION CONTACTS** |

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| **MAIN CONTACT FOR APPLICATION** | |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |

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| **SECONDARY CONTACT FOR APPLICATION** | |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |

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| **INFORMATION ON PROPOSED PROJECT** |

**PLEASE COMPLETE THE PROJECT PLAN AND BUDGET AT THE END OF THIS APPLICATION FORM.**

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| **What does your proposal aim to achieve?**  *Please indicate all that apply.* | |
| To contribute to the removal of key barriers to COVID-19 vaccines, diagnostics, and treatment equity |  |
| Amplify success stories/models that promote mechanisms that share intellectual property/rights |  |
| To amplify the voices and stories of the most impacted communities |  |
| To draw parallels with other diseases that addresses similar systemic barriers faced with COVID-19 |  |

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| **What do you hope the result of your actions will be, and how will you know you have achieved your result?** *700 words max.* |
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| **Do you intend to partner with any other organisations or advocates to complete this project and activities?** | Yes / No |
| *If you have answered yes, please provide the organisation’s name, the role they will play and any other information you feel is relevant to provide.* | |
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| **Please describe your experience implementing similar activities in the country / countries you will be working in.**  *This may include links to media coverage. 300 words max.* |
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| **How long will your activities take to complete?**  *Activities can only be considered if they will be completed within 6 months. Please indicate the timeframe that you anticipate all of the proposed activities to be completed in.* | | | | | |
| ***Up to 1 month*** |  | ***Up to 3 months*** |  | ***Up to 6 months*** |  |

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| **REFEREES** |

Please provide details of 2 referees who we will contact for references if your application is provisionally approved. A referee should have worked directly with your organisation in the last 2 years on COVID-related advocacy or human rights. Please ensure that that they are happy to provide a reference and will be available in early October.

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| **REFEREE 1** | |
| **Name** |  |
| **Organisation/Institution** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **How do you know your referee?** |  |

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| **REFEREE 2** | |
| **Name** |  |
| **Organisation/Institution** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **How do you know your referee?** |  |

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| **Submitting Your Application**  Email completed applications to: [**agilityfundpva@frontlineaids.org**](mailto:agilityfundpva@frontlineaids.org)  Deadline for applications: **Friday, 23 September 2022 (17:00 UTC)**  **PLEASE ENSURE THAT YOU HAVE COMPLETED THE PROJECT PLAN AND BUDGET BELOW BEFORE SUBMITTING YOUR APPLICATION.** |

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| **PROJECT PLAN & BUDGET** |

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| **Please provide details of the changes you are wanting to achieve, who you want to impact and the activities you are planning to achieve this.**  *Please note that you can apply for grants* ***up to*** *USD 15,000. This means you can also apply for less if you do not require the maximum amount. Please see further details in the Funding Guidelines & FAQs about what costs can and cannot be included.* | | | | |
| ***What*** do you want to change? (Please provide up to 3 outcomes) | ***Who*** are the decision makers or other key actors that you are trying to influence / reach? (Please provide up to 3 targets) | ***How*** will you influence these decision makers or other key actors? Please describe your proposed activities. | ***Description of Costs*** | ***Budget (in USD)*** |
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| **TOTAL BUDGET (IN USD)** | |  |