

Department of Health and Social Affairs: NCD & Lifestyle Unit

Framework for the Prevention and Control of Non-communicable Diseases

Country Grants Scheme Guidelines and Application Form

APPLICATIONS

For more information, please contact the NCD & Lifestyle Unit at the Department of Health and Social Affairs, FSM National Government.

Proposals should be faxed or emailed to:

FSM 2-1-22 Project Officer
NCD & Lifestyle Unit
Department of Health and Social Affairs
PO Box PS 70
Palikir, Pohnpei
Federated States of Micronesia
klippwe@fsmhealth.fm

OR

Kipier Lippwe
NCD & Lifestyle Prog.
Dept. of HSA
PO Box PS 70
Palikir, Pohnpei
FSM 96941
klippwe@fsmhealth.fm

Application checklist:

Have you done the following?	Tick Yes
Contacted the FSM NCD & Lifestyle Unit and discussed your project idea.	
Completed all fields of the application form	
Attached a letter of support from the relevant Government Department or NCD Committee – OR -	
Attached proof that your organisation is registered as an NGO	

Attachment A

APPLICATION FORM

1. ORGANIZATION		
Legal name of your organization		
2. AUTHORIZED CONTACT PERSON		
Contact person	Title (Dr/Ms/Mr)	
	First Name	
	Last Name	
	Address	
	Telephone	
	Fax	
	Email	

3. PROJECT DETAILS	
Project title	
Total amount requested in \$	
Duration of project (in months)	
Proposed start date of project	
Target group for project	
Project Goal	

4. PROJECT DESCRIPTION

4.1 Describe the existing situation the project seeks to address – the needs of the target group and the problems to be overcome. Please also mention how the target group has been included in project design (100 word maximum)

4.2 Explain how this project fits with the FSM NCD Strategy/current health plans (100 words maximum)

5. PROJECT STRATEGIES, ACTIVITIES AND RESOURCES REQUIRED

(Please complete the table)

Key Objectives (maximum four)	Strategies to be undertaken (specified for each objective)	Who will be lead implementer? Who are the partners	Outputs	Resources required	Budget
1					
2					
3					
4					

6. EVALUATION

(How do you plan to measure the progress made. Please describe how you will measure progress for each objective)

7. SUSTAINABILITY

(Explain how this project will be sustained after this initial funding e.g. follow-up activities, long- term funding)

8. OTHER CONTRIBUTIONS TO THE PROJECT		
Contributor	Item/funds	Committed? (yes/no)

9. MANAGEMENT DETAILS	
Designated Finance Contact	
Name:	
Job Title:	
Email Address:	
Bank Account Details:	
Name of Bank:	
Branch Name:	
Account Name:	
Account Number:	
SWIFT Code:	

10. SIGNATURES & DESIGNATIONS

_____ Date: _____

Name:
For: [enter name of agency]

_____ Date: _____

Name:
For: Department of Health Services

PROJECT COMPLETION REPORT

ORGANIZATION	
Name of Organization:	
PROJECT DETAILS	
Project title	
Total amount approved in \$	
Total amount Spent in \$	
Actual Start Date	
Actual End Date	
EVALUATION	
How has the project met its objectives (please reference the original Evaluation plan)? List the achievements against the original objectives.	
If any original outputs were not achieved, please list them and describe why they were not achieved.	

What aspect of the proposal was particularly successful?

What changes to the original proposal would have made for a better outcome?

FINANCIAL ACQUITTAL SUMMARY			
Original Budget Total _____		Total Disbursed to Project _____	
Budget Breakdown:		Expenditure breakdown:	
Activities	Budget	Activities	Costs
TOTAL		TOTAL	

Declaration:

An appropriate authorised officer of the organisation must make the following declaration:

“I declare that:

- This report is complete and accurate
- The acquittal is a correct record of income and expenditure for this project
- The expenditure detailed in the acquittal has been extracted from the organisations financial reporting records
- A detailed record of income and expenditure at an individual item level is available
- The funds allocated to this project were used in accordance with the letter of Agreement, and the original proposal (unless otherwise agreed with FSM Health)

Signature: _____

Full Name: _____

Position within the organisation: _____

Date: _____