

**QUISP SMCA RELATED RESEARCH GRANT APPLICATION FORM**

Reference Number

Date Received

*Please ensure that you have read the Guidelines carefully before you fill out the application form. The Guidelines will assist you to answer some of the questions asked in the form.*

**PART A: FOR INSTITUTIONS AND INDIVIDUALS**

Name of the Institution / Organization/Individual

Key Contact Person and Address

Address of the Institution / Organization /Individual

Plot No: .....  
Telephone: .....  
Fax: .....  
E-mail: .....

**PART B: LEGAL STATUS FOR THE INSTITUTION**

1. Please state the legal status of the organization.

Type of Registration	Tick appropriate box	Date of registration
NGO Statute 1989		
Trustees Incorporation Act		
Companies Act		
SMCA RELATED Unions Act		
Press and Journalists Act		
Statutory Organization		
Government Ministry		N/A
Any other (please specify)		

2. Is the institution a branch of an international organisation?

Yes  No

If YES, please provide a confirmation from the headquarters for the approval of the application for the SMCA RELATED research.

3. What is the institution's mission?

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4. What is the institution's goal?

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5. What are the institution's objectives?

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**PART C: ACTIVITIES AND PARTICIPATION IN SMCA RELATED POLICY ISSUES**

1. What is the institution's/individual experience and involvement in the Uganda's SMCA RELATED Policy Issues.

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2. How long have you/ the institution been involved in the areas? ..... Years.

3. Which are the personal/ institution's activities that relate to QUISP Strategic Objectives?

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4. What specifically have you/ the institution done in the area of Uganda SMCA RELATED policy formulation, development, and implementation?

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**Institution Only**

5. How does the institution engage with the Government of Uganda to influence SMCA RELATED policy issues?

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6. What linkage does the institution have with Government of Uganda ministries and departments at local or national levels on SMCA RELATED policy issues?

Ministry / Department	SMCA RELATED Policy Areas of Linkage
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7. What is the institution's strategy for linkage with other stakeholders on awareness or SMCA RELATED policy influencing agenda?

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8. How does the institution engage with other stakeholders outside Uganda involved in SMCA RELATED policy issues?

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9. How is information about SMCA RELATED policy issues disseminated by your institution?

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**PART D: ARRANGEMENTS FOR RESEARCH**

Provide information on the research management capacity you have.

1. Do you have a research unit/Capacity?      Yes       No

2. If no, how will you/the institution carry out the research?

By setting up a research unit.

By hiring consultancy services from the open market.

**PART E: DETAILS OF THE RESEARCH PROJECT**

<p><b>PROJECT SCHEDULE:</b> Please provide the time line of your project.</p>		
<p><b>PROPOSED BUDGET (Maximum Budget funding by QUISP is Ush 50 million)</b></p>		
<p>Total Budget: U.Sh .....</p>		
<p>Contribution by the Managing Institution U.Sh .....</p>		
<p>Contribution by Other Stakeholders/Donors: U.Sh .....</p>		
<p>Contribution by QUISP: U.Sh .....</p>		
<p><i>Cost Sharing Institutions should specify the extent of their contributions and funds that will be provided by other stakeholders/donors if applicable.</i></p> <p><i>Please provide detailed budget as attachment to the research proposal.</i></p>		
<p>We, hereby, certify that this budget proposal and its accompanying detailed budget submission forms, correctly reflect the financial plan of the proposed project. We further certify that our institution will administer the grant according to QUISP' s MFC and EDF regulations.</p>		
<p>Name of Head of Institution (where applicable)</p>	<p>Job title:</p>	<p>Signature:</p>
<p>Name of Principal Researcher</p>	<p>Job title:</p>	<p>Signature:</p>
<p>Date:</p>	<p>Place:</p>	<p>Official Stamp</p>

**PART F: RESEARCH MONITORING AND EVALUATION.**

1. How will you measure and evaluate the expected results?  
*Please provide a detailed monitoring and evaluation plan with indicators.*

2. Risks and sustainability  
What risks are involved in this work and how do you plan to address these?

3. **For an Institution:** How will the results of the research enhance the organization's future work when QUISP funding has terminated?

**PART G: SUPPORTING INFORMATION AND DOCUMENTS**

Please confirm that you have enclosed the following documents by ticking the relevant boxes below.

Two copies of the completed application

A detailed profile of the individual applicant and referees

**Also For an institution:**

One copy of the institution's constitution and any other legal documents appropriate to it.

A written statement from your governing Board stating that they are aware of, and approve of the application for the SMCA RELATED research grant.

One copy of the institution's legal registration documents

A copy of letters of confirmation from other donors if applying for partial funding.

**PART H: BUDGET FORMAT**

List the research activities or issues to be addressed, their cost in Uganda shillings and time frame (should not exceed 3 months).

Activity/Issue	Time-frame	Cost (U.Shillings)	Remarks