

# CWP Gender Strengthening Funds

# APPLICATION FORM

## **PLANNED ACTIVITY**

**Please kindly provide details of the Member(s) who will lead the project.**

|  |  |
| --- | --- |
| **CPA Branch:** |  |
| **Title:** *(Hon., Dr, Sen. Mr, Mrs, Ms, Miss, etc.)*  |  |
| **Full name and parliamentary post-nominal letters:** *(MP, MLA, MNA, etc.)* |   |
| **Position within Regional CWP Membership (**if applicable**):**  |  |
| **Email address:**  |  |
| **Signature**  |  |
| **Date:** |  |

**Please kindly provide contact details of the staff member who will be coordinating the project.**

|  |  |
| --- | --- |
| **CPA Branch:** |  |
| **Title:** *(Hon., Dr, Sen. Mr, Mrs, Ms, Miss, etc.)*  |  |
| **Full name:**  |   |
| **Position:**  |  |
| **Email address:** |  |
| **Signature:** |  |
| **Date:** |   |

**Please tell us the activity that will be delivered and how it would contribute to the CWP’s mission ‘*****To promote the representation of women in CPA Branches and women’s full and equal participation in all political and parliamentary leadership at all levels’*.**

Please cover the following:

* The needs the activity will address and how these needs were identified.
* Its contribution to the CWP’s mission
* Its links to wider gender related strategies, policies, framework or priorities at either the Branch or Regional level

**Who will be the direct beneficiaries of this activity?** *(E.g., women Parliamentarians, the wider population etc.)*

**If in person, where will the activity take place?**

**Are there any projected risks in the delivery of this activity? If so, how will they be mitigated?**

**When do you anticipate the activity will take place?**

**Single year:** Yes[ ] No[ ]

**Multiyear** (Note: 3 years maximum)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From**:  |  | **Until**: |  |

**Please briefly list the expected outcomes of the proposed activity and how will the successes identified in the outcomes be measured? How will the legacy of the proposed activity be sustained and continue to have an impact even after the activity is completed?**

* **Outcomes –** mid-term or long-term results that describes an accomplishment or change in action, knowledge, skill or condition within the Region demonstrate as a result of the proposed activity (e.g., 30% Branches of which nominated a women parliamentarian to attend a workshop on how to combat harassment in parliament have developed codes of conducts to address the issue of harassment in parliament, 20% Branches within the Region establish CWP chapters or women’s’ caucuses in 2026).
* **Successes:** state the proposed methods of monitoring and evaluation that will be used (E.g. participant feedback forms, interviews, focus groups etc. Also, besides the results being used in the written report that must be submitted to the CPA Headquarters Secretariat, how else will it be used.
* **Legacy:** consider how, through the results of this activity, the Region/Branch will continue to reach women parliamentarians indirectly after the official activity has been completed.

NOTE: **Once the proposed budget has been approved, the CPA Region/Branch is required to provide a Summary Report (1 month post project completion) and an Impact Report (6 months post-completion). For Multiyear projects, a progress report that details the progress the Region/Branch is making towards completing the activity is to be provided at the end of each year. The CPA Headquarters Secretariat will provide guidance on what information is to be included in the progress report.**

## **PARTNERSHIPS**

Please list any partnering organisation who will be assisting in the delivery of your activity and identify their responsibilities and what benefit this cooperation brings. Also, state if there is a requirement to report to these external bodies and what these reports entail.

## **PROVISIONAL BUDGET OF EXPENSES THAT WILL BE CLAIMED THROUGH GENDER STRENGTHENING FUNDS**

|  |  |  |  |
| --- | --- | --- | --- |
| Local currency: |  | Exchange rate to £1 GBP:  |  |

*Please note that this must be an* ***itemised budget*** *(a detailed list of* ***all*** *expected expenses that will be claimed through Gender Strengthening Funds). Failure to provide this will delay the approval of your proposal.*

|  |  |  |
| --- | --- | --- |
| Description | Local cost (E.g., USD) | Cost in GBP£ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Please add additional lines to this table as necessary and attach any additional documents (e.g., invoices, quotes, receipts etc.) that may be relevant when submitting this form*

Please note the below costs that **will not** be covered by the fund:

* Members per diem
* Staff costs
* Honorariums
* Transportation costs for Members and/or parliamentary staff within the same Branch location.

**-ENDS-**