

**Eglise Méthodiste D’Haiti**

**Project Proposal Request for 2019**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name: |  | | | | |
| **Date:** |  | Location: |  | | |
| Contact Name: |  | E-mail | | | |
| Name of Beneficiary: | Eglise Methodiste d’ Haiti | | | | |
| Basic information about the project: | | | | | |
| Describe what the project is. | | | | | |
|  | | | | | |
| 2. Problem/need: | | | | | |
| Describe briefly what is the main problem & what has caused the problem. | | | | | |
|  | | | | | |
| 3. Target group: | | | | | |
| Describe in as much detail as possible, the target group. | | | | | |
|  | | | | | |
| 4. Goal: | | | | | |
| State the main aim (the effect) you wish to achieve through this project, preferably in measurable terms. Point out the indicators which can show that the goal has been achieved, and how and when you will estimate what these indicators show. If the goal is not measurable, state how one will judge if and how the goal has been achieved. | | | | | |
|  | | | | | |
| 5. Sharing of Responsibilities: | | | | | |
| * **Describe how you will carry out the project**. For example: Who will be in charge? How will they manage the project? What will they do? What financial funds are you able to contribute? | | | | | |
|  | | | | | |
| * **Describe how you wish your donor to participate.** Include people resources as well as financial resources. For example: Do you need donor volunteers to assist with the project? What financial funds are you requesting? | | | | | |
|  | | | | | |
| 6. Sustainability: | | | | | |
| Describe how the future running costs and maintenance be taken care of. What is the time-frame for the project to become self-supporting? Who will be in charge of the project once it is complete? | | | | | |
|  | | | | | |
| 7. Activities: | | | | | |
| Describe the main activities of the project and how the project will be carried out and organized. If the project results in a operating business, a detailed business plan, a market survey and a plan of how to supply raw materials must be submitted prior to obtaining funding Indicate in words the schedule for carrying out the activities. | | | | | |
|  | | | | | |
| 8. Supporting documents: | | | | | |
| List what documents will be submitted with this Project Proposal Request. For example: a budget, architectural plans, pictures of where the project will take place, names of those needing scholarships (if applicable), reports of the current problem, Business Plan, Market Survey etc. | | | | | |
|  | | | | | |
| 9. Expectations: | | | | | |
| When will receipts and financial reconciliations be sent? Who is responsible for this follow-up (include contact name and number/email)? When will you send a celebration report and/or pictures? | | | | | |
|  | | | | | |
| 10. Timeframe: | | | | | |
| Indicate what will be accomplished at different stages of the project. | | | | | |
|  | | | | | |
|  | | | | | |
| Project Proposal Requestor : | |  | Date:  (signed) |  | |
| Person filling out the Project Proposal Request: | |  | (print name) | | |
|  | | | | | |
| Authorized Approver: | |  | Date:  (signed) |  | | |
| (Bishop) | |  | (print name) | | |
|  | |  |  | | |
| Project Receiver/Donor | |  | Date:  (signed) | |  |
| Church or Organization receiving the request | |  | (print name) | | |

**Disbursement Approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Budget | | |  |
|  | | | | |
|  | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add additional pages as needed for entire budget. Include what the local community or Methodist Church of Haiti will contribute.

Please send wire instructions if funds are to be wired.

Name & contact information of financial officer:

|  |  |  |
| --- | --- | --- |
| **Disbursement Approval** | | |
| (To be used once the Project Proposal & Budget have been approved) | | |
| 1. **Funds Authorized and Purpose:** |  | |
| 1. **Scheduling of the Disbursement of Funds:** |  | |
| 1. **Supporting Documents, Including Funds Request:** |  | |
| **Signatures and Comments:** | | |
| **Approved by Partnering Organization:** |  |  |
| ***Project Proposal Requestor*** | ***(date)*** |
|  |  |
| ***Bishop, District Superintendent, or Authorized Partner*** | ***(date)*** |
| **Approved by Donor:** |  |  |
|  | ***Authorized Representative of Donor Organization*** | ***(date)*** |