**Please complete the form below using the RFP guidance document attached.**

RFPs should return completed forms to [francescah@figo.org](mailto:francescah@figo.org) by **23.59 (UTC+1) on 9 July.**

If you have any queries about the project or submission process, please contact [francescah@figo.org](mailto:francescah@figo.org)

|  |  |  |
| --- | --- | --- |
| 1. **Details of society or organization applying** | **Name** |  |
| **Address** |  |
| **Contact phone number** |  |
| **Contact email address** |  |
| **Responsible parties** |  |
| **Signatory party** |  |
| 1. **Name of grant** |  | |
| 1. **Brief summary of grant proposal** (Maximum 300 words) |  | |
| 1. **Detailed statement of grant proposal** (Maximum 2000 words) | **In the space below, please provide a detailed statement of the grant proposal. This should not exceed 2000 words.**  You may wish to include:   * *Country-specific background or context* * *How grant will move the society or region forward in engaging in addressing the gap or barrier defined* * *How the grant will augment capacity building for cervical cancer elimination* * *Aims and Objectives* * *Potential methods of monitoring and evaluation, including examples of what could be done within the project to determine what might be the most appropriate method. For example, if patient acceptability is to be an outcome, how would this be assessed?* | |
|  | |

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| 1. **Regional/ organizational/ social partners for grant completion** (insert more where required) | **In the space below, please inform FIGO of any external partners, including appropriate governmental and/or non-governmental organisations, in-region and/or in-country, with whom the applying society or federation intends to collaborate on the proposed project.**  *Please note that the applying society will be held accountable for the application and grant completion.* | |
| **Partner 1** | |
| **Name** |  |
| **Address** |  |
| **Contact phone number** |  |
| **Contact email address** |  |
| **Role in grant proposal** |  |
| **Partner 2** | |
| **Name** |  |
| **Address** |  |
| **Contact phone number** |  |
| **Contact email address** |  |
| **Role in grant proposal** |  |
| 1. **Timeline for grant activities and completion** |  | |
| 1. **Proposed budget for 20,000 GBP** |  | |
| 1. **Potential next steps/ possibility of regional, global, other funding to further advance the project** |  | |

**Requirements following grant receipt**:

1. Interim reports, timing set by FIGO Committee for Gynecologic Oncology

2. Final plan at end of grant that details items such as:

* Evaluation of project
* Engagement of stakeholders
* Impact on capacity building
* Next steps to implement or adopt the grant focus