

**HIV/AIDS DEMAND DRIVEN SUBPROJECT FUND (HADDS)
PROPOSALS OVER US\$10,000**

INSTRUCTIONS: Please complete this form by typing or writing in clear script.
If you would like the form may be accessed from the National AIDS Committee
Website www.nacjamaica.com

TOTAL REQUEST FROM HADDS		DATE OF SUBMISSION:	
Total \$ _____			
1. PROJECT IDENTIFICATION			
PROJECT TITLE:			
NAME OF ORGANISATION:			
ADDRESS OF ORGANISATION:			
CONTACT INFORMATION	TEL:	FAX:	EMAIL:
CONTACT PERSON:	NAME:		POSITION
	IN ORG.:		
LOCATION/EXACT SITE(S) OF PROPOSED ACTIVITY:	Is NGO registered: Yes: No: _____		
COLLABORATING PARTNERS::	START DATE: _____ END DATE: _____		
PROGRAMME/ PROJECT DURATION	[If Applicable] mth. / yr. Phase (1) From _____ / _____ to _____ / _____ Phase (2) From _____ / _____ to _____ / _____ Phase (3) From _____ / _____ to _____ / _____		

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2. PROBLEM/STATEMENT/PROJECT RATIONALE:

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(COMPLETE IF KNOWN)

PROGRAMME/PROJECT:
PROJECT OFFICER:
PPA REF:

3. BACKGROUND

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4. THE PROPOSAL

5. PROJECT MANAGEMENT STRUCTURE

6. PROJECT FRAMEWORK:

PROJECT GOAL:

SPECIFIC OBJECTIVES (1):

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ACTIVITIES	EXPECTED OUTPUT	INDICATORS/SOURCES
SPECIFIC OBJECTIVES (2)		

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ACTIVITIES	EXPECTED OUTPUT	INDICATORS/SOURCES
SPECIFIC OBJECTIVES (3)		
ACTIVITIES	EXPECTED OUTPUT	INDICATORS/SOURCES

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SPECIFIC OBJECTIVES (4)

ACTIVITIES	EXPECTED OUTPUT	INDICATORS/SOURCES

7. MONITORING AND EVALUATION

8. SUSTAINABILITY

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9. PROJECT BUDGET

BUDGET COMPONENT & DETAILS		1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	Total JA\$ HADDS support	OTHER FUNDER/ CONTRI-BUTER
1.1							
1.2							
1.3							

2.1							
2.2							
2.3							
TOTALS BY QUARTER							
TOTAL CASH ASSISTANCE							

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10. IMPLEMENTATION SCHEDULE							
ACTIVITIES		Time-Line (In Months)					
		1	2	3	4	5	6
RESPONSIBILITY							
Proposed start date:		Proposed end date:					