**PVA Agility Fund │ Application Form**

Please see the accompanying ‘Funding Guidelines & FAQs’ for additional information about completing this application. The Agility Fund is supported and made possible thanks to Frontline AIDS.\*

|  |
| --- |
| **DETAILS OF ORGANISATION APPLYING FOR FUNDING** |

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Address** |  |
| **Country of Registration** |  |
| **Registration Details** |  |

|  |  |
| --- | --- |
| **Website** |  |
| **Social Media** |  |

|  |  |
| --- | --- |
| **Is your organisation based in Africa and do you work and operate in the African region?**  | Yes / No |

|  |  |
| --- | --- |
| **Is your organisation a pervious recipient of PVA Agility Fund funding?**  | Yes / No |

|  |  |
| --- | --- |
| **Is your organisation a member of the People Vaccine’s Alliance?** | Yes / No |

|  |  |
| --- | --- |
| **Has your organisation received any funding in the last 3 years from any pharmaceutical company or are any of your board members connected to a pharmaceutical company?** | Yes / No |
| *If you have answered yes, please provide brief information about the funding* |
|  |

|  |
| --- |
| **APPLICATION CONTACTS** |

|  |
| --- |
| **MAIN CONTACT FOR APPLICATION** |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |

|  |
| --- |
| **SECONDARY CONTACT FOR APPLICATION** |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Phone Number** |  |

|  |
| --- |
| **INFORMATION ON PROPOSED PROJECT** |

**PLEASE COMPLETE THE PROJECT PLAN AND BUDGET AT THE END OF THIS APPLICATION FORM.**

|  |
| --- |
| **What does your proposal aim to achieve?***Please indicate all that apply.* |
| To contribute to the removal of key barriers to COVID-19 vaccines, diagnostics, and treatment equity |  |
| Amplify success stories/models that promote mechanisms that share intellectual property/rights |  |
| To amplify the voices and stories of the most impacted communities |  |
| To draw parallels with other diseases that addresses similar systemic barriers faced with COVID-19 |  |

|  |
| --- |
| **What do you hope the result of your actions will be, and how will you know you have achieved your result?** *700 words max.* |
|  |

|  |  |
| --- | --- |
| **Do you intend to partner with any other organisations or advocates to complete this project and activities?** | Yes / No |
| *If you have answered yes, please provide the organisation’s name, the role they will play and any other information you feel is relevant to provide.* |
|  |

|  |
| --- |
| **Please describe your experience implementing similar activities in the country / countries you will be working in.** *This may include links to media coverage. 300 words max.* |
|  |

|  |
| --- |
| **How long will your activities take to complete?** *Activities can only be considered if they will be completed within 5 months, by the end of November 2023. Please indicate the timeframe that you anticipate all of the proposed activities to be completed in.*  |
| ***Up to 1 month*** |  | ***Up to 3 months*** |  | ***Up to 5 months*** |  |

|  |
| --- |
| **Submitting Your Application**Email completed applications to: **agilityfundpva@frontlineaids.org** Deadline for applications: **Monday 5 June 2023 (17:00 UTC)****PLEASE ENSURE THAT YOU HAVE COMPLETED THE PROJECT PLAN AND BUDGET BELOW BEFORE SUBMITTING YOUR APPLICATION.** |

|  |
| --- |
| **PROJECT PLAN & BUDGET** |

|  |
| --- |
| **Please provide details of the changes you are wanting to achieve, who you want to impact and the activities you are planning to achieve this.** *Please note that you can apply for grants* ***up to*** *USD 20,000. This means you can also apply for less if you do not require the maximum amount. Please see further details in the Funding Guidelines & FAQs about what costs can and cannot be included.* |
| ***What*** do you want to change? (Please provide up to 3 outcomes) | ***Who*** are the decision makers or other key actors that you are trying to influence / reach? (Please provide up to 3 targets) | ***How*** will you influence these decision makers or other key actors? Please describe your proposed activities. | ***Description of Costs*** | ***Budget (in USD)*** |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL BUDGET (IN USD)** |  |