**International Women’s Association of Yerevan (IWAY)**

**Application for Funding 2023-2024  
(Email to** [**iwaycharities@gmail.com**](mailto:iwaycharities@gmail.com) **)**

**Please complete the application in English or Armenian**

|  |  |
| --- | --- |
| **Name of Applicant** | |
| **Full Legal Name of Organization Applying for Funds** | |
| **Address of Organization to Receive Funds** | |
| **E-mail address** | **Contact Telephone** |
| **Title of project proposal** | |
| **What is the main aim of the project?** | |
| **Which segment of the community will the project serve? (E.g. the elderly/the young/unemployed/disabled/the poor?)**  **How many displaced families/individuals from Artsakh does the community host?** | |
| **Give a rough indication of how many people you think this project will have a positive effect on.**  **Directly**  **Indirectly** | |
| **Is this a new project?**  **If not, for how long has it been running?** | |
| **How is it funded at present?** | |
| **Is the IWAY funding intended to cover the entire project or only a portion of it?**  **If the request is for only a portion of the project, what other sources of funding are utilized?** | |
| **What is the estimated time frame for completion of the project?** | |
| **How much funding is required to see the project through to completion? (Proof of estimates may be required should the IWAY grant funding.)** | |
| **Brief description of the project (including how the project will affect the community as a whole, i.e. the local and the displaced population from Artsakh)** | |
| **What are the expected changes/outcomes/benefits/results expected by the end of the project?** | |
| **How will the project, in particular the spending be monitored, and by whom?** | |
| **How will the project be maintained after completion?** | |
| **Any other comments** | |
| Signature Date:  Email the completed form to **iwaycharities@gmail.com** | |