**Women’s Voice and Leadership Nigeria Project**

**STRATEGIC OPPORTUNITY FUND (SOF)**

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| --- | --- |
|  | **Organization** |
| **Name of Organization** | *Name of Organization* |
| **CAC Reg No** |  |
| **Contact Person (Phone and Email)** |  |
| **Organizational Leadership** | *Is your organization women led (yes/no)* |
| **Coverage** |  |
| **Thematic Area** | *Area of intervention* |
| **Intervention** |  |
|  | **Project Intervention** |
| **Title of intervention** |  |
| **Location** |  |
| **Background and Contextual** | *(A brief description of the idea of the project or activity (context and why the project/activity is addressing the problem(s) in the context. Also, the general objectives to be pursued.* |
| **Problem Analysis and Statement** | *(What is the problem you are trying to solve, what are the root causes and how is it affecting women and girls* |
| **Justification** | *(State why it is essential to implement this activity and what a rapid response will be necessary)*  *State what this intervention is strategic and why the rapid response.* |
| **Project Intervention** |  |
| **Goal** |  |
| **Objectives** | *(State objectives of the activity)*  *List 3 broad objectives. Not more than 3 pls* |
| **Activities** |  |
| **Outcomes/**  **Deliverables** | *(State the key results of your intervention*  *What regional state or national level result is expected* |
| **Methodology** | *(State practice/approach/method to be used in implementing the activity) e.g presentations, roundtable discussions, focus group, community engagement, field visit etc.* |
| **Target Audience** | *e.g (Community people, Farmers, Akwa Ibom Women Cooperatives, Kano Youths, Partners and Stakeholders, Women Farmers etc.)* |
| **Activities and Duration and Location(s)**  **(Where activities will take place)** | *Please note that the grant life span is 7 days* |
| **Monitoring Evaluation and Reporting** | *(State how you plan to conduct monitoring for this intervention, how you plan to measure impact of the proposed initiative, what are your Means of Verification (MoVs) for this intervention, how do you proposed to report the intervention and timeframe)* |
| **Budget** | *Total budget* |
| **Budget Break Down Template** |  |
| **Recommendation (From Project Lead)** | *For Actionaid* |
| **Approval**  **(By Responsible Person and Date)** | *For Actionaid* |

**Please note that only successful applicants will be contacted.**