Attachment A

Peace Corps Partnership Program

Project Proposal Cover Sheet

Community Name _____ Country _____

Community Population _____

PCV Name & Mailing Address

_____

_____

_____

_____

Community Leader Responsible for Project:

_____

PCV's U.S. Hometown: _____

PCV's Primary Assignment: _____

PCV's COS Date: _____

Type of Project: _____

Total Project Cost: U.S. $_____

Number of Beneficiaries: _____

Project Request: U.S.$_____

Exchange Rate Used: _____to one $U.S.

Direct:_____ Indirect: _____

In the attached proposal please find:

Proposal Summary

Background Information

Verification of Partnership Guidelines

1. Project meets a pressing community need;
2. Project is community initiated and directed;
3. A well-developed plan for project implementation and sustainability exists for the project;
4. The community contributes at least a 25% of the total project cost;
5. Indicators of success have been outlined in the proposal;
6. A well-developed budget in local currency and U.S. dollars detailing both the community contribution and requested funds; and
7. The proposal contains a statement to the effect that the community has been informed and understands that there will be no additional funding beyond the authorized amount on the proposal as submitted.

Support Data

We verify that this project is needed by the community of _____, the intended beneficiaries, and that we fully understand and will fulfill the requirements of the Peace Corps Partnership Program in implementing this project.

Partnership Project Coordinator _____ _____

(PCV's signature) (Date)

Partnership Community Leader _____ _____

(Signature) (Date)

I have reviewed this proposal and certify that it is well-planned, accurately budgeted, and that it will be successfully supervised through to its completion.

Peace Corps Country Director _____ _____

(Signature) (Date)

Peace Corps

Peace Corps Partnership Program

Volunteer Referrals

Please complete this section. **A contact name must be included.**

In an effort to assist the Partnership Program in identifying persons who may be interested in supporting this project, I have provided the following names and addresses of relatives, friends, schools, community civic groups, and organizations:

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____

_____

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____

_____

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____

_____

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____

_____

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____

_____

The information requested on this page is collected under authority of the Peace Corps Act, and will be used to promote and publicize this project and the Peace Corps Partnership Program. Supplying this information is entirely voluntary, and failure to do so will have no effect on the standing of a Peace Corps Volunteer. By signing below, you have granted permission to the Partnership Program to publicize this project and your involvement/participation in the project, for the Partnership Program to contact the referrals listed above on your behalf.

Partnership Project Coordinator _____ _____

(PCV's signature) (Date)

Peace Corps