

Name of Organisation	Organisation Website (if applicable)	Country
Contact Person	Contact Email	Amount Requested from ICF

Confidentiality : All information provided to ICF by the applicant will be treated only by ICF and shall not be divulged to any persons outside of ICF without the consent of the applicant.
Disclaimer : The criteria mentioned in this document are for information purposes only. In no case may any applicant claim any right to any grant or service from ICF if said criteria are met. ICF has discretionary power to approve or deny any application. Decisions by ICF are final and there is no legal recourse.

Summarise your project

FIELD LIMITED TO 1500 CHARACTERS

1. What is your project about?

1.1 PLEASE DESCRIBE YOUR PROJECT'S MAIN OBJECTIVE(S)

1.2 PLEASE EXPLAIN HOW YOUR PROJECT MAKES A DIFFERENCE IN CANCER CONTROL AND CARE

1.3. PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT THE LOCAL CONTEXT. THIS SHOULD INCLUDE DETAILS ABOUT THE SPECIFIC EPIDEMIOLOGICAL FACTORS THAT IMPACT YOUR PROJECT, AS WELL AS ANY UNIQUE CHARACTERISTICS OR SPECIFIC REQUIREMENTS RELEVANT TO THE LOCAL AREA

2. Who are you?

2.1 PLEASE DESCRIBE THE COMPOSITION OF THE TEAM IMPLEMENTING THE PROJECT

2.2 HOW DO THEY RELATE TO CANCER CONTROL AND CARE?

3. How can we help?

3.1 PLEASE DESCRIBE THE SUPPORT THE INTERNATIONAL CANCER FOUNDATION IS EXPECTED TO PROVIDE

3.2 IF YOU REQUEST FINANCIAL SUPPORT, PLEASE DESCRIBE THE ACTIVITIES YOU WILL IMPLEMENT WITH THE FUNDS (PLEASE SUBMIT COMPLEX BUDGETS IN EXCEL)

3.3 WHAT IS YOUR OVERALL BUDGET FOR THIS PROJECT? HOW MUCH IS EXPECTED TO BE FUNDED BY THE ICF?

Please describe the activities you will implement in the table below.

A. OBJECTIVE 1 (1/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

A. OBJECTIVE 1 (2/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

B. OBJECTIVE 2 (1/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

B. OBJECTIVE 2 (2/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

C. OBJECTIVE 3 (1/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

C. OBJECTIVE 3 (2/2) :

No	Activities	Baseline	Expected Results	Outcome	Impact	Planned Duration	Budget	Funding Source
1								
2								
3								

4. Risks assessment

Risk matrix (sample)

Risks assessment and risk management allows the Project Responsible and the Project Sponsor (ICF) to objectively judge risks, take respective decisions and manage risks.

Risks classification and assessment

Risks are summarized under the following categories:

1. Financial risks
2. Operational risks
3. Strategic risks
4. Trial/Specific related risks

Risks are assessed for probability (P) and classified according to the following outline:

A	>90%	Event is expected to occur in most circumstances – almost certain
B	50-90%	Event will probably occur in most circumstances – likely
C	30-50%	Event should occur at some time – possible
D	10-30%	Event could occur at some time – unlikely
E	<10%	Event may occur in exceptional circumstances – remote

Risks are assessed for impact (I) and classified according to the following outline:

A	Calamitous
B	Critical
C	High
D	Moderate
E	Minor

Please fill the table below with the risks associated with your project (financial, operational, strategic, context specific) and the mitigation measures you anticipate to limit them.

	Risks	Description	Possible causes	Possible consequences	P	I	Mitigation measures
1							
2							
3							
4							

5. How are you measuring the impact of your project?

5.1 DESCRIBE YOUR LOGICAL FRAMEWORK (OBJECTIVE(S), INDICATOR(S) AND RESULTS)

5.2 DESCRIBE YOUR SUSTAINABILITY PLAN. WHAT WILL BE THE PROJECT'S LEGACY AFTER IT CONCLUDES?