

## APPLICATION FORM YOUTH LITERACY, NUMERACY, & LIFE SKILLS PROGRAM (YLN)

*ANERA is implementing this program under the "Quick Impact Skills Development for Adolescents and Youth Affected by the Syrian Refugee Crisis IV" between January and December 2018, in partnership with UNICEF and funding from the governments of Germany, Netherlands, and United Kingdom.*

Kindly complete all fields and refer to the Guidelines for required standards and requirements.

Date of Submission of Application	
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### Section 1: Overview of Organization

a. Organization Name (in English and Arabic)	
b. Acronym	
c. Organization Address	
d. Name and Title of Organization's Representative	Name: Title:
e. Contact Details (Telephone # & Email)	Tel: Email:
f. Focal Point of Contact for Application (Name and position in the organization)	Name: Title:
g. Email and Telephone Number of Contact person	Tel: Email:
h. Have you previously worked with ANERA before	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If you answered yes to item h., indicate which program(s) and year(s) of cooperation	

**\*If new partner, please complete the Partner Assessment Form**

### Section 2: Summary of Application

Provide a brief summary of the application as per the sections below:

a. Total number of Courses proposed	
b. Projected start and end dates of each course	
c. Total number of beneficiaries	

d. Targeted locations of beneficiaries	
e. Location of centre(s) where planned courses will take place	
f. Total requested budget	

### Section 3: Profile of Targeted Beneficiaries

a. Planned Number of youth	
b. Nationalities (provide estimated number of each nationality)	Syrian refugees:  Lebanese:  Palestinian Refugees in Lebanon (PRL):  Palestinian Refugees from Syria (PRS):  Others:
c. Gender (provide estimated number of each gender)	Males:  Females:
d. Persons with disabilities	Number:  Type of disabilities:
e. Age Group	
f. Geographic locations of beneficiaries ( <b><u>Please refer to list of targeted location in the guidelines section II</u></b> )	
g. If you are a previous partner of ANERA and have implemented Literacy and Numeracy Courses; indicate whether the proposed beneficiaries are new, old (previous beneficiaries), or a combination	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div> <input type="checkbox"/> New             Number of new beneficiaries:         </div> <div> <input type="checkbox"/> Old             Number of previous beneficiaries:         </div> <div> <input type="checkbox"/> Combination             Total number of beneficiaries:         </div> </div>

\* Note that as detailed in the guidelines section II – beneficiaries must be between the out-of-school youth between the ages of 14-24. Prior to accepting any beneficiary into a course, an orientation session with each student must be conducted to ascertain that they meet the minimum requirements to join the YLN courses.

#### Section 4: Outreach plan

Kindly detail below your proposed outreach plan.

a. List all planned outreach activities and detail how they will be carried out (refer to guidelines section C. I. for suggested activities)	
b. Specify who will be responsible for carrying out outreach activities	
c. Specify the timeline of proposed outreach activities mentioned above	
d. Specify where (locations) outreach activities will be carried out. <b><u>Kindly refer to geographic locations in the Guidelines</u></b>	

#### Section 5: Tutors

In the grid below, fill in all the relevant information on suggested tutors for each subject. For each tutor suggested, attach a copy of their CV to the application.

Subject	Name of Tutor	Degree	Years of experience in subject matter	Has s/he been previously trained by ANERA (Yes/No)	Has s/he received other trainings on participatory teaching approaches? (Yes/No)
English					
Math					
Arabic					
IT					
Life-skills					

### Section 6: Physical Environment

a. Number of classes available	
b. Maximum capacity of available classroom (maximum number of students that each class can accomodate)	
c. Is an outdoor activity area available	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a multipurpose room/hall?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate capacity: -----
e. Is the center and classrooms accessible to youth with disabilities?	If no, kindly explain what are the barriers?
f. Number of bathrooms available	
g. Does your center meet all the minimum requirements <b><u>as detailed in the guidelines section C. III.</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify below what needs you may have to meet the minimum requirements to carry out the YLN courses.

### Section 7: Courses

Kindly fill the requested details for each course proposed in the grid below. If the number of courses proposed exceeds the 5 in the grid below, add columns as needed.

		Course 1	Course 2	Course 3	Course 4	Course 5
<b>a. Please specify number of hours per subject</b>	English					
	Math					
	Arabic					
	Life-Skills					
	IT					
<b>b. Total number of hours/course</b>						
<b>c. Number of hours per day</b>						
<b>d. Total number of days</b>						
<b>e. Number of days per week</b>						
<b>f. Start Date</b>						
<b>g. End Date</b>						
<b>h. Location</b>						

### Section 8: Logistics

Transportation	Is there a transportation need	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the estimated distance between homes of targeted beneficiaries and the centre?
	If yes, indicate the transportation modality to be used	<input type="checkbox"/> Transportation stipend to be provided to beneficiaries, please indicate average cost/student: _____  <input type="checkbox"/> Contracting buses and drivers as needed  <input type="checkbox"/> Other (specify)
Meals	Describe the planned meals, taking into consideration requirements <b><u>as detailed in guidelines section C. III.</u></b>	
Stationary	Describe the stationary set you plan to provide for each beneficiary, taking into consideration requirements <b><u>as detailed in guidelines section C. III.</u></b>	

### Section 9: Motivational Activities Plan

Kindly detail in the box below your planned motivational activities. Refer to guidelines section D.

Activity	Timeline	Person Responsible

## Section 10: Monitoring and Evaluation

Place a tick next to each box to indicate commitment if you are selected as an ANERA Partner.

We commit to complete and share the following monitoring, evaluation, and reporting requirements in a timely manner:

Registration forms and a copy of the ID of each student registered in the course (defined as attended one or more sessions) within the first 10 days of course start date	
Placement tests with scores of each student for all subject matters within the first 7 days of course start date	
Exit exams with scores of each student for subject matters taught within 7 days after course completion	
Course evaluation forms (completed by beneficiaries) within 7 days after course completion	
Attendance forms for each session given at the end of each week	
Drop out report for each student who drops the course describing the reasons for drop out needed on a rolling basis	
Absenteeism report that demonstrates follow up action from the organization for each student showing reason for absenteeism given at the end of each week attached to the attendance form	
Minutes of meeting with teachers and follow up within 7 days after meeting	
Any other relevant forms provided by ANERA during the course implementation	

**Application Completed by:**

Programs Representative:

\_\_\_\_\_  
(Name & Signature)

Date: \_\_\_\_\_