|  |  |  |  |
| --- | --- | --- | --- |
| ***Project Description***  ***(by initiator)*** | ***Allocated Number (by GAC)*** | ***Funding Amount requested*** | ***Timing of Project (start, progress, completion, deliverables) (by initiator, ALA or LAF may add others)*** |
|  |  |  | . |

Request by:

Position:

Organisation:

Contact: email =

mobile =

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FOR GAC Assessment

Assesmentby GAC: xxxx (date) xxxxxxx (comment re support/not)

GAC Contact: name =

email =

Mobile =

Date:

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Submission to the LAF by ALA Director, Growth on xxxxx (date)

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The way forward (to be described) = To be jointly assessed by LAF/ALA as soon as possible.

Reason =

If LAF provides Positive approval -

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