Grant Application Form

This application is in response to Request for Applications (RFA) WHAM-AID-168-LA-17-00011A

**NOTE:** Application is limited to **maximum 15 pages**. Please attach other relevant documents that you think are important for us to read.

**Section I. Basic Information**

1. Name of your organization:
2. Date organization was founded:
3. Contact information:

|  |  |
| --- | --- |
| Key contact person(s) and title: |  |
| Substitute contact person and title: |  |
| Office address: |  |
| Mobile: |  |
| E-mail: |  |
| Office phone: |  |
| Website: |  |

1. Describe your organization, number of employees, equipment and training facilities, what is the management structure and list key people in the company and others related to this activity. What kind of trainings do you provide and for what sector(s)? Who is working on a design of a new curriculum? Do you offer career prospects for the people that pass the training? Trainers are employees or outsourced experts?
2. Provide statistics of the past training in the last three years. How many people were trained and employed by private sector? Include past information on the gender, age structure and location of trainees if available.

**Section II. Program Description**

1. Title of your proposed activity:
2. Describe the **training needs** of the community you serve. Who is your target market and potential customers? How is this training going to support employment needs from companies in your region and at the same time provide opportunities for employment for youth, women and for the general population? What is your estimate of the number of SMEs that need workforce with these skills?
3. Describe your workforce development (training) needs. What are you **trying to achieve** in the next 12-15 months in terms of training? How many companies you will work with (out of the identified market size) and how many trainees will be trained? What is the structure of trained people in terms of age and gender? Where is training going to be organized? Who is going to train them? Please include training program/curriculum (annexed to this form if you need more space) that describes training goals and methods.
4. What **resources** you will need in order to achieve results mentioned above? Please list and explain all equipment, personnel or other resources you need in order to achieve these results. Give us information where the equipment will be purchased or what experts you need. You will use separate document[[1]](#footnote-1) for more details, but here identify how these resources will be used.
5. Describe your **revenue** model and give future projection of number of trainees (services provided) and income. Provide estimated cost of the training, other indirect costs and revenue from sales your center plans to have in order to demonstrate sustainability of the operations.
6. On a form annexed to this application, please list all the **results** to be achieved and the indicators you will use to measure success (refer to document *3a Indicators Template*). Plan for the 12-15 months of implementation of the project.  
     
   Number of people trained that are already employed:   
   Number of SME from the target sector(s) that requested training:  
   Number of unemployed people trained:
7. Describe your method for selecting trainees and beneficiaries. How will you assure that the planned number of trainees and newly employed people are going to be achieved? How would you support coordination with potential employers or other third-party institutions to ensure most if not all the people trained are able to secure employment after finalizing the training/courses?

**Section III. Program Implementation Plan**(maximum two pages)

1. Anticipated duration of your activity:

|  |  |
| --- | --- |
| Overall length (total number of months) |  |
| Anticipated start date (day/month/year) |  |

1. Main tasks, with estimated duration in months for each task. Please include all events: resource procurement, implementation, etc.

|  |  |  |
| --- | --- | --- |
| No. | Description of tasks | Start and end dates |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| (please add rows as needed) | |  |

1. Location(s) of the activity. List institutions and addresses if applicable. Include pictures of locations as well as the planned training center facilities/premises if appropriate, links to web site, etc.
2. List personnel who will be involved in implementation of the project (trainers and managers). Include their CVs or other document that demonstrate their expertise.

**Section IV. Experience and Capacity**(maximum one page)

1. Experience implementing similar activities. Did you organize similar trainings in the past? Do you have experience in implementing grant funds?
2. List three independent relevant professional references (Name, title, email, phone) for the organization.
3. List major donor-funded activities (U.S. and other) that your organization has managed in the last two years and currently receives or expects to receive within the duration of the grant activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Agency | Title of program, location, start and end dates | Total funding  (in USD) | Donor contact person (name, email, phone) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct.

**Application submitted by**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Date: |  |

Signature:

Do not write below. To be completed by WHAM staff:

**Application received by**

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Application number: |  |

1. 2a Grant Budget Form Template document that is part of the grant application package. [↑](#footnote-ref-1)