# Grant Application Form

This application is in response to Request for Applications (RFA) Number:

**Section I. Basic Information**

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

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

1. Describe your organization and its purpose:

**Section II. Program Description**

1. Title of your proposed activity:
2. Objective of your proposed activity:
3. Background: What is the issue or problem that your activity will address? Why is it critical to address this issue?
4. Describe your activity in detail (or attach a program description):
5. On a form annexed to this application, please list the results to be achieved and the indicators you will use to measure success. In addition to quantitative indicators, you may also suggest other ways to measure success or impact.
6. Describe your method for selecting participants and beneficiaries.

**Section III. Program Implementation Plan**

1. Anticipated duration of your activity:

|  |  |
| --- | --- |
| Overall length (total number of months) |  |
| Start and end date (day, month, and year) |  |

1. Main tasks, with estimated start and end dates for each task. Please include all events, trainings, publications, etc.

|  |  |  |
| --- | --- | --- |
| **Description of Main Tasks** | | **Start and End Dates** |
| **Task 1:** |  |  |
| **Task 2:** |  |  |
| **Task 3:** |  |  |
| **Task 4:** |  |  |
| **Task 5:** |  |  |
| **Task 6:** |  |  |
| Task 7, etc: (please add rows as needed) | |  |

1. Location(s) of the activity (add more rows as needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Community** | **Municipality** | **Department** | **State** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

1. List personnel who will be involved in implementing this program (CVs and salary history sheets are required for all program personnel):
2. List board members (or founding members if you do not have a formal board of directors) and key staff (president, directors, treasurer, etc.). If available, please attach an organizational chart.

**Section IV. Experience and Capacity**

1. Experience Implementing Similar activities:
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, and Start and End Dates** | **Total Funding (in USD)** | **Donor Contact Person** | |
|  |  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |
|  |  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |
|  |  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |

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

Submitted by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Application:

received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Application number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_