Grant Application Form

This application is in response to Request for Applications (RFA) WHAM-AID-168-LA-17-00014

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

**Section I. Basic Information**(maximum one page)

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? Do you collaborate with others to design the curriculum? Do you offer career prospects for the people that pass the training? Trainers are employees or outsourced experts? How many people you trained in the last three years? Please include other relevant references.

**Section II. Program Description**(maximum three pages)

1. Title of your proposed activity:
2. Describe the training needs of the community you serve. How is this training going to support employment needs from several companies in your region and at the same time provide opportunities for employment for youth and for the general population? If you are a company (not a training center or a vocational school) looking to provide training, please specify how this specific activity will benefit the broader community i.e. other private enterprises and the unemployed (attach letters of interest/commitment from partner companies)?
3. Describe your workforce development (training) activity. How many people are going to be trained? 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 is the cost of the training? Include estimated training cost. How much will be paid by individual trainees or companies and how much is requested from WHAM funds? What is the structure of the training cost? Please note that budget table and budget notes will give you an opportunity to detail these costs.
5. 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*).   
     
   Number of people trained that are already employed:   
   Number of unemployed people trained:
6. 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: selection of candidates, trainings, publications, etc. The table must be aligned with the main tasks and activities described in Section II – Question 3.

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

1. Location(s) of the training. List institutions and addresses if applicable. Include pictures of locations if appropriate, links to web site, etc.
2. List personnel who will be involved in trainings (trainers and managers). Include their CVs or other document that demonstrate their training expertise.

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

1. Experience implementing similar activities. Did you organize or attend 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: |  |

**Checklist before submitting the application**

* Application part has maximum eight pages
* VAT is not requested from WHAM funds
* Equipment purchase is not requested from WHAM funds
* Additional documents are attached to the application:
  + Copy of relevant registration license;
  + Tax ID;
  + VAT number (if applicable).

Signature:

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

**Application received by**

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