****

**Instructions for completing your application:**

* Please complete all sections of the application form including the budget and work plans using provided templates within this application form.
* Please ensure you have attached all documents required using the checklist in Annex 2.

**Once completed, please send all relevant documents to** smallgrants@cehurd.org

**Section 1: Details of your organisation**

|  |  |  |
| --- | --- | --- |
|  | **Information required** | **Your response** |
| 1 | Legal name of organisation / institution |  |
| 2 | Geographical scope/district(s) of operation |  |
| 3 | Has this organisation received funding from CEHURD in the past?  |  |
| 4 | If yes in 3 above, please provide the title of the project funded, the amount received and the year of funding.  |  |
| 5 | How many people are employed by your organisation?  |  |
| 6 | Please provide the total income and expenditure for your organisation in the last financial year |   |
| 7 | Please indicate how you heard about the Small Grant Initiative |  |

8. Background to your organisation

|  |
| --- |
| *Please provide a brief description of your organisation, what you do and how the proposed project fits into the overall aim and mission of your organisation. (1 paragraph)*  |

9. Institutional and Project Contacts

|  |  |  |
| --- | --- | --- |
| **Institutional Contact** | **Project Contact** | **Finance Contact** |
| *Please provide details of the person responsible for official sign-off of the application, correspondence etc.*  | *Please provide details of the individual who is responsible for project coordination. Please provide one name only.*  | *Please provide details of the individual who is responsible for financial management. Please provide one name only.*  |
| Name: Title: Job Title: Department: Institution: Address: Tel: Email:  | Name: Title: Job Title: Department: Institution: Address: Tel: Email:  | Name: Title: Job Title: Department: Institution: Address: Tel: Email:  |

10. Project Management

|  |
| --- |
| *Please provide some information about the individuals who will be responsible for the proposed project. Please provide details of their job titles, skills and experience and their roles in the project. (1 paragraph)* |

**Section 2: About the Project**

|  |  |  |
| --- | --- | --- |
|  | **Information required** | **Your response** |
| 11 | Project Title |  |
| 12 | Total grant requested in local currency |  |
| 13 | Total grant requested in US Dollars |  |
| 14 | Rate of currency conversion used and date |  |
| 15 | Proposed start date of project  |  |
| 16 | Proposed end date of project |  |
| 17 | Date of proposal submission |  |
| 18 | Which of the funding areas does your project involve?  | *Please select from the following – delete as necessary:* * Advocacy capacity strengthening on maternal health and safe legal abortion
* Institutional capacity strengthening
* Advocacy for implementation of Petition-16 Constitutional Court Judgement on maternal health at national and district level
* Safe legal abortion advocacy including Post Abortion Care.
* Advocacy for safe motherhood.
* Community level advocacy aimed at increasing community level awareness, engagements and action.
* Strategic messaging on issues of safe and legal abortion.
* Access to Sexual Reproductive Health & Rights (SRHR) services for key populations.
* Evidence generation on safe and legal abortion issues
* Identify, nurture and retain champions and allies.
 |

19. General Objectives

|  |
| --- |
| *What is the main objective or aim of the project?*  |

20. Specific Objectives

|  |
| --- |
| *What are the specific objectives of the project? These objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time-bound.*  |

21. Project Justification

|  |
| --- |
| *Please explain the need/problem your project will help to address. Please include statistics or evidence to back this up where possible.*  |

22. Activities

|  |
| --- |
| *What are the main activities which you will undertake to achieve the project objectives?*  |

23. Who will your project benefit?

|  |
| --- |
| *Please give details of the type(s) and number of people you will reach through the proposed project.* |

24. Location

|  |
| --- |
| *Where will the project take place? Is it a rural area or an urban area? What is the name of the district, sub-county, village, etc? What are the demographics of the area?*  |

25. Expected outcomes

|  |
| --- |
| *What results do you expect to see at the end of the project?*  |

24. Partner organisations and other stakeholders

|  |
| --- |
| *Are you working with other stakeholders or partners to deliver the project? If so, please provide details.*  |

25. Does your application include a request for funds for formal training?

|  |
| --- |
| *Yes/No.* *If yes, please complete the additional training details form, Annex 1* |

**Section 3: Project indicators and implementation plan**

26. Project Indicators

*Please complete the following table by filling in indicators and targets which you will use to measure the success of the project*

|  |  |  |
| --- | --- | --- |
| **Project Indicators**  | **Current number/status** | **Target for this project** |
|  |  |  |
|  |  |  |
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27. Project Implementation Work Plan

*Please provide a timeline for each of the proposed activities in the table below.*

|  |  |
| --- | --- |
| **Activity**  | **Month of implementation – use X to indicate month when activity will happen or use shading** |
| *Please put one activity per line* | **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  |  |  |  |  |
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**Section 4: Financial Position and Budget**

28. Sustainability

|  |
| --- |
| *What elements/components of the project will be sustained after funding ends? How will these be funded? Who will be responsible for ensuring that work continues?* |

29. Have you raised any funds towards this project from other donors? Please provide details:

**Donor Name Amount Provided Donor Contact Information**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

30. Which other donors have funded your organisation over the last three years? Please provide details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donor name** | **Sum provided** | **Project name** | **Duration**  | **Donor contact information**  |
|  |  |  |  |  |
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31. Does your application include a request for core costs?

|  |
| --- |
| *Yes / No**If yes, please indicate how much is requested towards core costs. Please note, the maximum sum which can be included for core costs is USD 500.*  |

**Budget Template**

Please use the following template to show the sums required for each item. Please add more lines if required. You can also transfer this template into an excel file.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Activity** | **Quantity (Number of items)** | **Frequency (How many times)** | **Unit cost in local currency (cost per item)** | **Total cost in local currency** | **Total cost in USD:** | **Any additional comments** |
| **Activity 1:**  |  |  |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| ***Sub total***  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
| **Activity 2:** |  |  |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| ***Sub total***  |  |  |  |   |   |   |
|  |  |  |  |   |   |   |
| **Activity 3:**  |  |  |  |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| ***Sub total***  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Activity 4:**  |  |  |  |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| ***Sub total***  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total programme costs** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Contribution towards core costs (max USD 500)** |  |  |  |   |  |   |
|   |   |   |   |   |   |   |
| **Grand Total** **including core costs**  |   |   |   |   |  |   |

**Bank Details**

Please provide your bank details. If your application is successful, funds will be sent to this account.

|  |  |
| --- | --- |
| BANK NAME:  |  |
| ADDRESS:  |  |
| SWIFT/ABA CODE:  |  |
| ACCOUNT CODE:  |  |
| ACCOUNT BENEFICIARY NAME: |  |

If the details provided are not for the institution applying, please explain why it is necessary to channel funds through another organisation.

In this case, please note that we will need an acceptance letter on the headed paper of the recipient organisation signed by the bank signatories agreeing that the funds can be channelled through their organisation.

**CSMMUA Membership**

Thank you for being a member of CSMMUA and the value addition you bring to the Coalition. If you have important feedback about the coalition, please summarise it here.

**Annex 1: Training details form**

If your application includes a request for training costs, please complete the following form. If your application does not include training costs, please disregard this sheet.

|  |  |
| --- | --- |
| **Training title** |  |
| Purpose of the training |  |
| Methodology to be used |  |
| Key expected outputs (activities undertaken, equipment purchased etc.) and outcomes |  |
| Trainers to be used (how many, name, function) |  |
| Proposed duration of training |  |
| Overall topic/focus |  |
| Outline of specific topics to be covered during the training |  |
| Number of participants and please indicate targeted group (such as community members, religious leaders, health care staff, lawyers, women and girls etc) |  |

**Annex 2: Checklist for required documentation**

In order for your application to be considered, you must also submit the following documents.

Please confirm which documents have been supplied.

|  |  |
| --- | --- |
| ***Document required***  | **Provided?** |
| *Clear address and direction to the physical premises of the facility where the applying organisation operates from.* |  |
| *A copy of the registration of your organisation confirming that it is a legal entity at the national or district level.* |  |
| *A reference from a current or previous donor.* |  |
| *Proof of employment with the organisation of the person responsible for the small grant.* |  |
| *Proof of registration of the person responsible with the relevant professional body/council such as the Law Society, Medical Council, etc where applicable.* |  |
| A copy of a valid work permit if the responsible person is not a national. |  |
| *Current audited accounts. In the absence of current audited accounts, please provide an explanation of why it is not possible to provide accounts and instead submit an annual statement of income and expenditure.* |  |
| *A copy of the organisation structure if available. Alternatively, a summary list of staff positions in the organisation indicating number of people per position.* |  |
| *Curriculum vitae (CVs) of the key institutional contact, the person responsible for project coordination and for the person responsible for finance management of the project.* |  |
| Detailed project budget using the provided template. The budget should be provided both in the local currency and US Dollars, indicating the date of currency conversion and rate used. The budget MUST NOT exceed the proposed range of USD 1000 to USD 5000. |  |
| A work plan using the provided template |  |
| **For applications including training costs only** |  |
| *Completed training details form (annex 1).* |  |
|  *Curriculum vitae (CVs) of the trainers.* |  |
| **For applications that include procurement**  |  |
| A minimum of three quotes for proposed commodities, supplies or equipment purchases if applicable indicating the preferred quote and reasons for this. |  |