PROJECT APPLICATION FORM

Instructions:

- Answer **ALL** questions
- Provide all the required documents
- Keep a copy of your submission for your records
- Kindly provide as much details as possible to allow for a better review of your application.
- Where additional information is available for your project request, please submit additional documents

ONE SENTENCE ANSWERS ARE INSUFFICIENT

DISCLAIMER
APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL INFORMATION/DOCUMENTS ARE PROVIDED   **THE SUBMISSION OF AN APPLICATION, DOES NOT GUARANTEE THAT A PROJECT WILL BE GRANTED**   **THE PROCESS INCLUDES, INTERVIEWS, SITE VISITS, AND REVIEW. IF APPROVED, THE NEXT STEP IS TO IDENTIFY A DONOR FOR FUNDING**   **ALL INFORMATION/DOCUMENTS PROVIDED WILL BE KEPT CONFIDENTIAL**

Project Information

Institution/ Organization/Group Name:

Organization Type:	
☐ **School**	☐ Community Based Organization (CBO)
☐ **Groups**	☐ Non-Government Organization
☐ **Health Care**	☐ Other (Specify) _____
☐ **Cooperatives and Friendly Society**	

ADDRESS:	
TOWN/CITY:	
PARISH:	CLICK TO CHOOSE

Where will the project be implemented?)	
ADDRESS:	
TOWN/CITY:	
PARISH:	CLICK TO CHOOSE

Organization Email Address:		
Primary Contact Person:		
Affiliation to Project:		
Work Phone Numbers:	Cellphone Numbers:	
Email Address:		

Secondary Contact Name:	
Affiliation to Project:	
Work Phone Number:	Cellphone Number
Email Address:	

Is there any known affiliation with Food For the Poor?	☐ **Yes**	☐ **No**
If yes, please state:		

Project Description

Give a brief overview of the project being requested.

(Press up or down arrow to scroll text field)

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Please check the boxes to indicate the type of project being requested.

Categories	Project Type	
☐ **Construction Projects**	☐ New structure	☐ Renovation
	☐ Water Harvesting	☐ Hand wash station
☐ **Social Projects**	☐ Educational	
	☐ Food assistance	
	☐ Income generating	
	☐ Training	
☐ **Health Care**	☐ Equipment	
	☐ Training	
	☐ Surgery	
	☐ Medical supplies	
☐ **Agricultural and Fisheries**	☐ Crop Production	☐ Agro-processing
	☐ Animal husbandry	☐ Drip Irrigation
	☐ Fishing/Aquaculture	
	☐ Training	
☐ **Other Project Types**	Specify:	

Please see the attached requirements sheet that identifies the document/s required for the types of projects.

Gender of beneficiaries: ☐ All Male ☐ All Female ☐ Mixed

Age group:	☐ 0-10	☐ 11-20	☐ 21 – 30	☐ 31- 40	☐ 41- 50	☐ 51 and over

Check all that applies above

PLEASE PROVIDE RESPONSES IN THE TEXTBOXES BELOW AND EXTEND AS NEEDED.

The following requires a DETAILED response to assist with identifying the needs of the institution/organization; the beneficiaries the project serves; contribution from other partners; sustainability of the project and the potential outcome being foreseen. The information provided must include but should not be limited to the statements.

INTRODUCTION

Please include the following

- Provide an overview/history/background of the group/institution/organization
- How long has the group/institution/organization been in existence
- How many members do you have and what are the roles of each member *(if applicable)*
- Provide details of the target population (i.e., women 31-40)
- What is the mission and vision of the group/institution/organization
- What products/programs/services are currently offered by the institution
- How does the group/institution/organization assist with community/national development.
- Demonstrate your achievements over the last five (5) years. Please share evidence to support your response
- Declare all partners engaged in the past

(Press up or down arrow to scroll text field)

CHALLENGES CURRENTLY FACED BY THE ORGANISATION

- Clearly identify the specific problems that are being experienced.
- How long have these issues existed?
- Clearly state what the root causes of these problems are if known/available.
- Identify how these challenges affect the group/institution/organization, the people in the community and its immediate environs.
- What are some of the future consequences if these challenges are not addressed?
- Indicate what resolutions were considered and what was the outcome
- Have you received any intervention from other stakeholders? If yes, please explain.
- Attach supporting documents and pictures to support claim

(Press up or down arrow to scroll text field)

PROJECT OBJECTIVES, OUTCOMES AND IMPACT

- What is the objective(s) of this project?
- List the items/activities required to address the issues/challenges identified above.
- Indicate the number of direct and indirect beneficiaries that will benefit from the project.
- Identify the indicators that will be used to measure the success of the project.
- What are the expected benefits of implementing the project and how will the beneficiaries, residents and community be impacted by this project.

(Press up or down arrow to scroll text field)

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Implementation Budget

List of Items	Description	Quantity	Unit cost	Total

Please provide invoices to support budget.

PROJECT MONITORING, EVALUATION AND SUSTAINABILITY

- Explain how the project will be maintained after 3- 5 years of implementation.
- Identify the additional staffing/resources (light, water, etc.) required after this project is implemented where applicable.
- List all constraints (limited funding, amenities, staffing etc.) that may affect the project after implementation and explain how the group/organization/group plans to resolve these constraints.

(Press up or down arrow to scroll text field)

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COLLABORATIONS AND PARTNERSHIPS

- Identify all organizations/ agencies (NGOs, CBOs and Institutions, Government programs, Governing Boards) that currently assist your group/institution/organization.
- Do you currently have volunteers or in-kind partnership? Provide evidence of these commitments.
- Project Stakeholders refer to table below

Please identify all individuals/organization that may have an interest in the beneficiaries/project.

Stakeholders	Contact Person	Contact Number	Email Address	Role in the Project

List all individuals/organization that may have assisted your organization in the past.

Stakeholders	Contact Person	Contact Number	Email Address	Assistance Provided

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COMMUNITY OVERVIEW

A detailed description of the community where the project is proposed to be implemented MUST include but not limited to:

Please note that for projects to be implemented nationally, use country statistics/details.

History of the Community

- How did the community get its name?
- Indicate the general location, adjoining communities and parish.
- Name the top five (5) things your community is best known for.
- Name the top five (5) challenges affecting the community.

- What do you value most about your community.

(Press up or down arrow to scroll text field)

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Demography

- Provide an estimation of the community's population, average age group, gender, family structure, highest education, estimated number of persons in each household, religion and denomination.
- What is the community migration pattern like?

- What are the existing employment opportunities in the community?

(Press up or down arrow to scroll text field)

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Amenities

- What is the average standard of living in the community, including housing conditions and type of materials used to construct the houses?
- Describe the condition of amenities such as road, lighting, water, internet etc.
- Does the community have access to public facilities such as schools, health centers, hospitals, and community centers? (Also estimate the distance to the nearest town center with access to government agencies)

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(Press up or down arrow to scroll text field)

Please feel free to use additional paper to clearly respond to all questions/categories where applicable.

_____   _____
Signature of Applicant   Date (mm/dd/yyyy)

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Where applicable, please affix the organization stamp in the box above.

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