



Grant Application Form

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| Reference Number assigned by the Foundation to your application | |
| Application Status: (Mark the right answer) New Applicant <input type="checkbox"/> Previous Applicant <input type="checkbox"/> Previous Grantee <input type="checkbox"/> | If you are a Previous Applicant Grantee please provide reference numbers for your previous Applications/Projects |

SECTION 1: PROJECT INFORMATION

| | |
|------------------------------|--|
| 1.1. Title of project | |
|------------------------------|--|

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|---|
| 1.2. Which Thematic Area of the Foundation are you applying for? <i>Please tick the appropriate box(es) which describes the theme that the project fits into.</i> Governance <input type="checkbox"/> Policy <input type="checkbox"/> Advocacy Strengthening <input type="checkbox"/> |
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| 1.3. The overall goal of the project <i>List only one main aim in one sentence</i> | |
|--|--|

1.4. Project Summary (give a brief explanation of your project)

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1.5. Problem Statement

What makes you think that there is a need for this project? *(Provide a description of the situation that need to be changed at the level of the target beneficiaries by implementing the project)*

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|------------------------------|------------------------|
| 1.6. Project Duration | Number of Months _____ |
|------------------------------|------------------------|

| | |
|--|-----|
| 1.7. Total grant amount requested from the Foundation | TZS |
|--|-----|

| | | | |
|--|-----|----|---|
| 1.8. If the proposed project is partial funding, what are the other sources of funding to implement this project? <i>Delete incorrect answer</i> | YES | NO | If yes, indicate here the total amount of funding available from other sources: |
|--|-----|----|---|

1.9 Logical Framework Analysis

| Outcomes | Indicators for Outcomes | Outputs for each Outcome | Activities for each Output |
|----------|-------------------------|--------------------------|----------------------------|
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1.10. Outcomes Monitoring Plan

| Outcomes (Significant changes resulting from undertaking project activities) | Indicator(s) (as in the Logframe) | Data source | How frequent will the data be collected |
|--|-----------------------------------|-------------|---|
| | | | |

1.11. Beneficiaries: Number and location

Specify the names of the villages/wards, districts and regions.

| Ward | District | Region | Number | | |
|------|----------|--------|--------|--------|-------|
| | | | Male | Female | Total |
| | | | | | |
| | | | | | |

SECTION 2: ORGANISATIONAL DETAILS

| | |
|--|--|
| 2.1. Name of Organisation | |
| 2.2. Name you regularly use, if different from above (i.e. abbreviation or acronym etc) | |
| 2.3. Registration | |
| Type of Registration | |
| Registration number and year | |
| When the Organization started its activities | |
| Physical address Include Region, District, Ward, Village/Mtaa and Plot Number | |
| Head office physical address If different from above | |
| Postal address | |

| | |
|---|--|
| Name of contact person | |
| Telephone number | |
| Fax number | |
| E-mail address of contact person | |
| Website address | |
| Is the organisation a member of any other networks/alliances/coalitions or umbrella bodies? If yes, list them. | |

| | | |
|--|----------|--|
| 2.4.If you are applying as a consortium to implement this project <i>List only the other partner organisations here. If more than six, attach as an appendix at the end of this form</i> | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| | 6 | |

2.5. Key Contact person for this project (if different from above)

| |
|---|
| Full name Phone number |
|---|

Position held in the organisation

Signature

2.6. Leaders and Staff

(a) Provide the names of the leaders within your organization, and the position which they hold. Leaders can be a Board of Trustees, Steering Committee, or a Board of Directors.

| No. | Full name | Telephone number | Sex | Title | Level of Education | Date position held |
|-----|-----------|------------------|-----|-------|--------------------|--------------------|
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| (b) How many staff does the organisation currently employ? | Sex | Permanent | Temporary | Volunteers | Total |
|--|--------|-----------|-----------|------------|-------|
| | Male | | | | |
| | Female | | | | |
| | Total | | | | |

2.7. Bank Account Details

| | | | |
|--|------|--|-------------|
| Account name | | | |
| Account number | | | |
| Type of account | | | |
| Full name of bank | | | |
| Branch name | | | |
| Branch address | | | |
| Names and designations of all account signatories | S/NO | | DESIGNATION |
| | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |

2.8. Independent referee

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|---------------------|
| Title and Full name |
|---------------------|

Employer

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|----------------------|--|
| Phone number | |
| Fax number | |
| Email address | |

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|---------------------|
| Title and Full name |
|---------------------|

| | |
|----------|--|
| Employer | |
|----------|--|

| | |
|----------------------|--|
| Phone number | |
| Fax number | |
| Email address | |

SECTION 3: AGREEMENT CLAUSE

This should be your chair, secretary or treasurer, but must not be the main contact.

I, (Name)(Position in organisation)

.....submit this Proposal and I confirm that:

- I have careful read the application guide and understood its provisions;
- The constitution enclosed with this application is current, which was adopted on _____ (insert date) and that all the attached documents are genuine.
- I further confirm on behalf of my organization that I am authorized to sign this declaration.

Signature.....

Date:.....

Stamp

Place:



SECTION 4: FINALLY - CHECK THAT YOUR APPLICATION IS COMPLETE

Use this checklist to make sure you are sending us a complete application. You must tick every box that applies to you before you send in your application.

For every applicant

- I have answered all the questions in the application form.
- All enclosures, including extra sheets, have the organisation's name and address on them and have been signed and dated by the main contact.
- The main contact named in 2.2 has signed this form.

I have enclosed the following

- 2 copies of the completed application form
- 2 copies of your constitution or set of rules (with proof of adoption if available)
- 2 copies of your registration document
- 2 copies of any other legal document appropriate to your organisation
- 2 copies of your bank statements covering last twelve months (one year)
(one set should be original signed and stamped by bank)
- 2 copies of your fully itemized and detailed project and administration budget
- 2 Copies of Training Plan and CV's of Trainers
- 2 Copies of Introductory letter from local authority (Village/Mtaa Council,
District/Town/Municipal Council where the project will be implemented
Medium Grant Applicants (more than 7.5 million):
- 2 Copies of your recent end-of-year-financial report approved signed and
dated by your chairperson, secretary or treasurer

- 2 Copies of dully filled Donor Reference form (for Medium Grants Application, Appendix 1)

Projects whose total budgets are above TZS. 45,000,000 (multiyear projects):

- 2 copies of your recent end-of-year Audited and Certified Financial Report



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