



Registration Development Grants Application Form

URN (for office use)

Date Stamp (for office use)

Please keep a copy of this form for your own records.

If there is not enough space on the form to answer any of the questions then please continue on a separate sheet. **Do not use more than one side of A4 for any one question.** Remember to write your organization's name on any extra sheets.

Q1 Your organization or groups contact details

Name of your organization/group

Name your regularly use, if different from above (ie abbreviation or acronym etc)

Physical address of organization/group

Street/ Plot No.	City/Village
District	Region
Postal Address/P.O. Box	

Physical address of organization/group

Phone number (Landline)
Mobile number
Fax number

E-mail address
Website address

Q2 What is the overall aim of your organization/group?

What difference is your organization intended to make in the long term? And to whom? Explain the purpose of your organization

Q3 Describe the main activities of your organization/group in the last 12 months.

Q4 When did your organization/group first begin actively working?

Q5 How many leaders run your organization?

Q6 Please provide details of your leaders who manage your organization/group

We need this information to help us understand the organization we fund. Two of these must sign the form at question Q 15 & Q16. Please give us their full names and do not use initials.

Full name	Title (if any)

Q7 Please break down the total number into the different categories below.

The Total for each section should be the same as the total number of people on your committee

Category	Number	Category	Number
Male		Disabled people	
Female		Non disabled people	
Total		Total	

Q8 Do you have a constitution

Yes

No

If so please include with this application

Q9 Do you have a bank/savings accounts?

Yes

No

Give details of your bank/savings account you want to use if we award you a grant.

Name of Account	
Bank and branch details	
Bank address and telephonenumber	
Account number	

Q10 When do you want to register your organisation

Please allow at least three months from the submission of this application

Month

Year

Q11 Where will you register your organization and how?

Q12 Who will be responsible for registering your organization? What experience do they have of managing this (or a similar) type of task? Please detail

Q13 Your project budget

Important! Please provide a breakdown of your total costs in a table format and include with this application

(Please provide as much detail as necessary to fully explain your costs. Provide additional details or explanations for any costs which may be considered to be unusual in any way)

Q14 Where do the people who will benefit from your organization live?

Please tell us in which regional areas and/or districts this project will primarily operate in and how many people will benefit.

Region	Districts	No of people



Q15 Main contact (please provide details of your organizations main

Title and full name		
Position held in the organization (if any)		
Phone number	Day	Evening
Fax number		
E-mail address		
Address for correspondence		

What is the best time to contact you? And are there any periods the year when you will not be available?

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Signed		Date	
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On behalf of (organization name)	
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Q16 Second Contact

Title and full name		
Position held in the organization (if any)		
Phone number	Day	Evening
Fax number		
E-mail address		
Address for correspondence		

What is the best time to contact you? And are there any periods the year when you will not be available?

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Signed		Date	
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On behalf of (organization name)	
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Q17 Referee Organization – Details and signature of a representative of the referee organization.
This section should be completed by the Chairperson, Secretary or Treasurer of the sponsoring organization acting as referee.

Name of referee organization

Full name of representative

Position held on committee

Phone number

Day

Evening

Fax number

E-mail address

Address for correspondence

What is the best time to contact you? And are there any periods the year when you will not be available?

Signed

Date

On behalf of (organization name)

Q18 How do you know the referee?

Q19 Has your organization attended an FCS information seminar prior to submitting this or any previous application?

Yes

No.

If so please provide details Date/Place

IMPORTANT!

Data protection

We will use the information you give us on the application form and during the life of a grant, if awarded, to administer and analyse applications and grants. We may give copies of some or all of this information to individuals and organizations we consult when assessing applications and monitoring grants. These organizations and individuals may include external assessors, auditors and other organizations or groups involved. We might also share information with the other grants distribution organizations, government department, the police and organizations providing matching funding. To help us meet the needs of civil society organizations, we might use the data you provide for our own research purposes. We might also send you more information about our grants programmes.

If you do not want to receive more information, please tick this box

If you do not want your organization to take part in research projects, Please this box

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.

- I have answered all the questions in the application form.
- All enclosures, including extra sheets, have the organization's name and address on them and have been signed and dated by the main contact.
- The main contact named in Q 15 has signed this form.
- The reference organisations representative has signed this form.

I have enclosed the following

- 2 copies of the completed application form



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