# Sample Grant forms

**Application Form**

|  |  |
| --- | --- |
| **Application No:***(for official use only)* |  |

# Serbia Justice for All Activity (J4All)

##### - APPLICATION FORM -

# SECTION IThe Applicant / General Information

|  |  |
| --- | --- |
| **Full Legal Name of Applicant**(As per registration certificate, in Serbian) |  |
| **Full Name of Applicant** (In English) |  |
| **Address** |  |
| **Office Telephone Number(s)** |  |
| **Fax Number** |  |
| **E-mail Address** |  |
| **Web Address** |  |
| **Year the organization was registered** |  |
| **Do you have an existing bank account?** |  |

**KEY PROJECT STAFF**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Position**  | **Executive Director** | **Project Coordinator** | **Director of Finance & Administration** |
| **Name** |  |  |  |
| **Title in the organization** |  |  |  |
| **Phone (Mobile)** |  |  |  |
| **E-mail** |  |  |  |

*Please list key project staff who will be directly involved in the implementation of this project. Please keep in mind that under the Executive Director you need to enlist the person that is authorized to sign contracts.*

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# SECTION IIDraft Project Proposal

|  |  |
| --- | --- |
| **Project Title** |  |
| **Project Duration** |  |
| **Geographic Coverage (list cities):** |  |
| **Partners** |  |
| **One sentence - statement of the nature of the project**(‘we will do X to achieve Y’) |  |
| **Funds requested from J4All** |  |

**Please be concrete in describing your proposed project. Proposals which exceed five pages in Section II will not be eligible for evaluation. Please use the same font throughout the proposal.**

## 1. Background and Justification

|  |
| --- |
| * *Briefly describe the context in which the project will take place.*
* *Outline and analyze the main problems related to the subject that your project addresses.*
* *Describe the main actors – target group, implementing partners, etc. - in this project.*
* *State the project’s overall goal, in particular its relation to the mandate and programmatic priorities of the J4All in this area.*
* *Include any existing or planned complementary activity by the USAID, the host Government, International Organizations, and NGOs. Indicate how cooperation and coordination will be ensured.*
 |

## 2. Project Goal and Objectives

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| --- |
| *What are the goals and objectives of your project? Please name one overall project goal and several specific project objectives. Each specific objective should be clearly stated, measurable and attainable during the proposed project timeline.*  |

## 3. Expected Results

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| --- |
| *Expected results should directly correspond to specific objectives and project activities. They should be concrete, practical, and achievable.*  |

Include a desired timetable for the results.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results or outputs / month** | **1** | **2** | **3** | **4** | **5** | **6** |
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## 4. Target Groups

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| --- |
| *Please describe specific target groups of your project relevant stakeholders to be addressed and potential allies. Describe how you plan to mobilize/inform/engage the broader community/citizens.* |

## 5. Geographic Coverage

|  |
| --- |
| *Please briefly explain why you have selected your proposed geographic coverage.* |

## 6. Description of activities

|  |
| --- |
| *Please describe the proposed activities and how they help achieve the project goal and objectives. If your organization will implement this project in partnership with another organization or association, please indicate the role your partner/s will play.*  |

*Include a desired timetable for the activities.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project activities / month** | **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  |  |  |  |  |
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## 7. Management Team

|  |
| --- |
| *Please list project staff proposed for implementation of the action. If applicable indicate if any experts will be engaged. Indicate also if any volunteers will be involved.* |

# SECTION IIIInstitutional Capacity

## 1. Brief description of your organization

|  |
| --- |
| *Please describe the organization’s main areas of work and the role it plays in the community. Shortly describe the level of cooperation with other sectors and networking. Indicate the number of staff employed.* ***Please limit your response to one HALF PAGE.*** |

## 2. Organization’s Advocacy Experience

|  |
| --- |
| *Please provide a short overview of the organization’s recent advocacy experience relevant to this proposal describing the specific success achieved by the organization. Indicate partnerships and cooperation with other stakeholders that may have led to your success.* ***Please limit your response to one HALF PAGE.*** |

## 3. Other Donors

*Please list the names of other donors that have supported your organization through direct grants.*

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

## 4. Annual Budget Review

*Please provide the annual budget of the formal applicant for the last three years.*

|  |  |  |
| --- | --- | --- |
| **YEAR** | **ANNUAL BUDGET(in USD)** | **NUMBER OF GRANTS RECEIVED** |
| 2021 |  |  |
| 2022 |  |  |
| 2023 |  |  |

**Certification**

**“I hereby certify that the information contained herein and attached hereto is complete and accurate to the best of my knowledge.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of Organization Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp