**Small Grants Facility - Grant Application Form**

**SECTION 1: ABOUT YOUR ORGANIZATION**

**1.1 Organization Name**

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**1.2 Organization’s Registration Number** *(if applicable)*

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**1.3 Organization Address and Contact Information**

*Office Address*

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*Postal Address*

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*Telephone (Office)* *E-mail address*

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*Telephone (Mobile)* *Company website address*

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**1.4 Main Contact** *Member of the organization who will serve as the main contact for your activity.*

**Please circle one:** Miss/ Ms. /Mrs. / Mr. / Other

*Surname, First name*

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*Position/Job title*

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*Telephone number (Office, if different from above)* *E-mail address*

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*Telephone number (Mobile)*

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**1.5 Reference** *All applicants should be certified as having credibility and reliability by a reference -- an opinion leader, a minister of religion or the Municipal/District Assembly Coordinating Director. Please provide the following contact information.*

**Please circle one:** Miss/ Ms. /Mrs. / Mr. /Other (Please indicate):

*Surname, First name*

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*Position/Job title, Organization*

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*Postal Address*

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*Telephone E-mail address*

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**1.6 Organization Type** *Please indicate the description that best describes your group or organization. Are you a (please check ✔ from the list):*

* Latrine artisan
* Pump mechanic
* Mobile mechanic
* Parent Teacher Association (PTA)
* School Management Committee (SMC)
* Clinic group
* Behavior Change Group (BCC group)
* Local NGO
* Water and Sanitation Committee (WATSAN committee)
* Environmental Health Assistant (EHA)
* District Steering Team (DST)
* Community groups or association (e.g. women’s groups, youth groups, fun clubs, etc)
* Local entrepreneur
* Winner of Innovation Technology competition
* Other **(*If Other, please define here*):**

**1.7 Organization Background** *Describe your organization, including degree of experience in the relevant technical areas and financial management experience.*

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**SECTION 2: ABOUT YOUR ACTIVITY**

**2.1 Title for Your Activity**

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**2.2 Location for Activity (Community and Region)**

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**2.3 Describe the Background and Motivation for Particular Activity** *What problem(s) will your activity deal with?*

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**2.4 Activity Goals and Objectives** *Describe the goals and objectives of your activity, including the number of persons that will benefit from your project.*

*For example, Activity Goal: Complement and reinforce behavior change communications (BCC) strategies implemented in the Ghana WASH Project*

*Actvity Objectives: “The goal of this activity is to train community members in BCC messaging and utilize them to deliver hygiene messages though workshops at community schools, religious places.”*

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**2.5 Describe your Activity**

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**2.6 Project Beneficiaries** *Who will benefit from your project, and what is your relationship with them? Please restate and describe your project’s benefits for these individuals or groups of people.*

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| **Target Beneficiary and Number of Persons** | **Organization’s Relationship with Beneficiary** | **How Proposed Activity will Benefit Target Beneficiary** |
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**2.7 Project Outcomes** *What positive difference will your project make?*

*Outcome 1*

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*Outcome 2*

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*Outcome 3*

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*Outcome 4*

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**2.8 Project Strategy** *What is your strategy for performing your activity? How can your proposed activity be replicated for the future?*

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**2.9 Your Organization’s Project Implementation Responsibilities**

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**2.10 Time Frame** *Please describe the time frame within which your activity is to be implemented.*

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**2.11 Payment and Deliverables** *Describe your proposed payment/delivery schedule.*

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**SECTION 3: ANNEX**

*Please provide the following supporting materials in addition to this document. Please note that failing to fill out all sections could negatively affect evaluation of your small grant proposal.*

* **Annex 1:** Complete Budget with a breakdown of all costs, with activity costs separate from administrative costs, including applicable cost-share details (if applicable)
* **Annex 2:** Detailed monthly work plan
* **Annex 3:** Demonstrate technical, organizational and financial management capacity to manage the project and funding to be provided.

**ANNEX 1: COMPLETE BUDGET WITH BREAKDOWN OF ALL COSTS**

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| **ITEM** | **QUANTITY** | **UNIT COST** | **TOTAL** |
| **Administrative Costs** |  |  |  |
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| **Subtotal:** | | | |
| **Travel Costs** |  |  |  |
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| **Subtotal:** | | | |
| **Activity Costs** |  |  |  |
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| **Subtotal:** | | | |
| **TOTAL:** | | | |

**ANNEX 2, MONTHLY WORKPLAN**

**Project Start Date**:   
**Project End Date**:

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| **TIMELINE** | **TASK/ACTIVITY** | **DETAILS** | **RESPONSIBILITY** |
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**ANNEX 3: TECHNICAL, ORGANIZATIONAL, FINANCIAL CAPACITIES**

**PART A: PAST PROJECT(S) UNDERTAKEN**

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| **Project Description #1** |  | | |
| **Location** |  | | |
| **Date** |  | | |
| **Project Value (GHC)** |  | | |
| **Project Coordinator Name** | | **Phone** | **E-mail Address** |
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| **Project Description #1** |  | | |
| **Location** |  | | |
| **Date** |  | | |
| **Project Value (GHC)** |  | | |
| **Project Coordinator Name** | | **Phone** | **E-mail Address** |
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| **Project Description #1** |  | | |
| **Location** |  | | |
| **Date** |  | | |
| **Project Value (GHC)** |  | | |
| **Project Coordinator Name** | | **Phone** | **E-mail Address** |
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**PART B: ORGANIZATIONAL STUCTURE TO MANAGE PROPOSED ACTIVITY**

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| **Main Project Coordinator** | | | |
| **Name** | **Title** | **Phone** | **E-Mail Address** |
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| **Other Members of Project Team** | | | |
| **Name** | **Title** | **Phone** | **E-mail Address** |
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**PART C: FINANCIAL MANAGEMENT FOR PROPOSED ACTIVITY**

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| **Bank Account Name** |  | |
| **Bank Branch** |  | |
| **Personal Responsible for Fund Management** | **Phone** | **E-mail Address** |
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