



Human Rights Programme Grants application form

IDF Ref. No (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 organisation's name on any extra sheets. Make sure you read it carefully before you apply.

Section A Who are you?

A1 Your organisation's contact details

Name of the organisation as it appears on your constitution or set of rules

Abbreviation for your organisation or acronym

Physical registered address of the organisation

Street/Road	City/Village
District	Region
Postal Address/ PO Box	

Contact details for your organisation

Phone number (Land)

E-mail address

Mobile number

Website address

Fax number

A2 If you are a branch of a larger organisation, please tell us which one.

A3 Please tick this box if you are applying as part of a consortium.

If you are applying as a consortium, you must read part X of *the guide* before you fill in this form.

Section B About your project

B1 What is the title of your project/activities? Please sum up in approx 10 words

B1a What is the overall aim of your project?

*What difference, in the field of Human Rights, is this project intended to make in the long term?
And to whom? le Please explain the purpose of the project*

B1b Summary of your project

B2 How do you know there is a need for this project?

What evidence (ie research/documentation baseline survey, case studies etc) can you provide to help prove the need that this project will address

B3 Give a detailed description of the main activities of the project with relevant timescales.

B4 What is the relevance of the project to Human Rights promotion

B5 Methodology

B5a Give the proposed methods of implementation

B5b Reasons for proposed methodology

B6 Give a brief description of the expected results

B7 Logical Framework

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Assumptions
Overall Objectives	<i>What are the overall broader objectives to which the action will contribute?</i>	<i>What are the key indicators related to the overall objectives?</i>	<i>What are the sources of information for these indicators?</i>	
Specific Objective	<i>What specific objective is the action intended to achieve to contribute to the overall objectives?</i>	<i>Which indicators clearly show that the objective of the action has been achieved?</i>	<i>What are the sources of information that exist or can be collected? What are the methods required to get this information?</i>	<i>Which factors and conditions outside the Beneficiary's responsibility are necessary to achieve that objective? (external conditions) Which risks should be taken into consideration?</i>
Expected Results	<i>The results are the outputs envisaged to achieve the specific objective. What are the expected results? (enumerate them)</i>	<i>What are the indicators to measure whether and to what extent the action achieves the expected results?</i>	<i>What are the sources of information for these indicators?</i>	<i>What external conditions must be met to obtain the expected results on schedule?</i>
Activities	<i>What are the key activities to be carried out and in what sequence in order to produce the expected results? (group the activities by result)</i>	Means: <i>What are the means required to implement these activities, e. g. personnel, equipment, training, studies, supplies, operational facilities, etc.</i>	<i>What are the sources of information about action progress?</i> Costs <i>What are the action costs? How are they classified? (breakdown in the Budget for the Action)</i>	<i>What pre-conditions are required before the action starts? What conditions outside the Beneficiary's direct control have to be met for the implementation of the planned activities?</i>

B8 Why do you believe that these activities are the appropriate response to the needs you have identified?

B9 How will you monitor and evaluate the progress of your project?

B10 If you find that the project is not working ie not delivering the intended outcomes as expected, what will you do?

B11 What is your experience in doing activities described in B3

B12 Indicate the probable project start period and its duration

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

Month Year Duration

B13 List down the staff to undertake the project. Briefly indicate their qualifications and experiences in managing similar projects. (Please complete a project staff form for each staff to be funded by grant and attach and submit with this application)

B14 How were the people who will benefit from the project, involved in the project? How will they further participate in implementing and managing it?

B15 Who qualifies to benefit from your services?

B16 List any other organisations complementing or duplicating the same services in the area.

(Refer to any NGO/CBO and Government sector providers (and to private sectors if applicable))

B17 How will you link with and add value to these other organisations/projects

B18 How will your project empower and facilitate access for citizens to engage in Human Rights issues to improve the quality of their life?

Section C Your project costs

C1 How much will your project cost in total

C2 How much money are you asking for from the IDF for this project?

C3 How much will come from other sources?

C4 Have you asked, or do you plan to ask, any other funders to pay for either part or the full costs of the same project that you are asking us to fund? YES NO

If `Yes`, please give names of the funders you have asked to pay these costs, amount expected and date of outcome

Source (please give details)	Total amount expected	Date of outcome
Total		

C5 Do you want to continue this project after our grant ends?

YES

NO

- If `Yes`, How will you sustain this project after our grant ends?

- If `No`, What is your exit strategy to close this project.

C9 Your project budget

Important! please provide a breakdown of your total project 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.*
- *Remember to include the cost of **inflation** in your recurrent costs in years two and three. You must work out inflation at no more than 5% each year.*
- ***For salaries, don't forget to include any other salary costs. But please note that we will not normally pay any projected salary increases of over 5% each year. This figure should include all annual increases, whether related to cost of living or pay rises***

Section D Who will your project benefit

D1 Please provide categories and numbers of targeted primary direct and indirect beneficiaries

Category of Beneficiaries	Number of Direct Beneficiary	Number of Indirect Beneficiary
Total		

D2 Where do the people who will benefit from your project live?

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

Region/Province	Districts	No of people

If National/Country wide project please tick here

Section E About your organisation

E1 What type of organisation are you?

please provide information on the appropriate Act and registration numbers etc below.

Registration/ Association Act	Registration number	Registration date

To help us check whether your organisation is eligible to receive a grant you must send us a copy of your registration certificate, constitution or other governing document whichever is appropriate. This may also be called your set of rules, Memorandum and Articles of Association, See *The guide* for more details about our eligibility policies.

E2 When did your organisation first begin actively working?

Month

Year

E3 What are your organisations main objectives?

E4 What activities has your organisation been engaged in recently?

E5 List members of the organisation Board of Directors or governing body

Full name	Title	Date position held

E6 How many members are on the committee that runs your organisation?

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	

E7 Is your organisation a membership organisation? Yes No

**E8 When and where did you hold your last Annual general meeting/assembly?
 How many members attended?**

E9 How many staff, volunteers and/or members does your organisation have?

Full time paid staff employed	<input type="text"/>
Part time paid staff employed	<input type="text"/>
Volunteers	<input type="text"/>
Members	<input type="text"/>

E10 What management and financial controls do you have in place?

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E11 Give details of your bank account you want to use if we award you a grant.

Name on Account	
Bank and branch details	
Bank address and telephone number	
Account number	

E12 Please list all the people who are authorised to sign cheques or withdrawals from this account. Continue on a separate sheet if there are more than four.

Name	Position in Organisation

Section F Other applications and grants

F1 Has your organisation applied to us before, even if the organisation's name has changed since then? Include all applications even if you have not yet received a decision.

Yes

No

If 'Yes', please give application details in the boxes below.

Reference number	Project name	Successful?			Amount requested/ awarded
		Yes	No	Not sure	

F2 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 organisations we consult when assessing applications and monitoring grants. These organisations and individuals may include external assessors, auditors and other organisations or Donors. We might also share information with the other grants distribution organisations, government departments, the police and organisations providing matching funding. To help us meet the needs of civil society organisations, we might use the data you provide for our own research purposes. We might also send you more information about our grants and capacity development programmes.

F3. Please give us information on your previous and current donors, including projects funded and amounts.

Section G Your contacts and signatures

G1 Main contact (this is the person we will contact to discuss this proposal)

Title and Full name

Position held in the organisation

Phone number

Day

Evening

Fax number

Email address

Address for correspondence, if different from the organisation address

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

Signed:

Date:

On behalf of (organisation name)

G2 Second contact. we will contact this person if the first contact is unavailable)

Title and Full name

Position held in organisation

Phone number

Day

Evening

Fax number

Email address

Address for correspondence,
if different from the organisation address

What is the best time to contact you ? are there any periods of the year when you will be unavailable?

G3 Signature of one of the members of your Management Committee

This should be your either your chairman/woman or any other full member of your committee, but must not be the main contact named in question E5

Title and Full name

Position held on committee

Phone number

Day

Evening

Fax number

Email address

Address for correspondence

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

Signed:

Date:

On behalf of
(Organisation name)

G4 Independent referee.

We will contact your referee to obtain a reference for your organisation

Title and Full name

Occupation/
Employer

Phone number

Day

Evening

Fax number

Email address

Address for correspondence

How do you know the referee?

What is the best time to contact them and are there any periods of the year when they will not be available?

Referees Declaration

I confirm that I know this organisation and confirm that what is written is a true reflection of the organisation and I believe them to be capable of running and managing this project/programme as requested.

Referees signature

Date

Section H Attachments

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.
- The form is signed by all the required people.

The following documents are required at initial application process

1. A copy of the completed and signed application form
2. A copy of your most recent audited accounts
3. A copy of a valid registration certificate document
4. A copy of your fully itemised and detailed project budget
5. A consortium agreement (MoU) in case of consortiums (*See copy in application guide lines*)
6. The most recent Annual Report
7. A certificate of project completion from IDF (*applicable only to formerly funded IDF grantees*)

The following documents will ONLY be required at the second stage of application process. (IDF will contact you to submit the following documents if your application qualifies for second level assessment)

1. A copy of your constitution or set of rules
2. A Financial Policy
3. A Human Resource Policy/Manual
4. A completed staffing form for each individual post
5. A Strategic plan – Minimum 3 years
6. A copy of your bank statements covering the last six months
7. A copy of your most recent organogram
8. A copy your last Annual General Meeting (AGM) minutes