

**APPLICATION FORM**

**CHECKLIST**

***Please make sure your application satisfies all the criteria specified in the below checklist. Where you are not able to provide the required documentation, please provide an explanation for your application to be considered.***

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Annex A - Application (Word Format) |  |  |
| Registration document (for non-registered organizations or networks, proof of mandate, vision, governance structure etc)  |  |  |
| Audited financial statements for the last three fiscal years (in the absence of audited statements, any other official document demonstrating the annual income of the previous years will be accepted) |  |  |
| Proof of BWD-led eligibility |  |  |

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Name of APPLICANT** |  |
| **Country of APPLICANT****(incl. mailing address, telephone number)** |  |
| **Name of CONTACT PERSON****(incl. position, telephone number and email)** |  |
| **APPLICANT Type (registered organization, coalition, movement, alliance etc)** |  |
| **Registration Number and Date of registration of the APPLICANT, if applicable** |  |
| **APPLICANT website or social media details, if applicable** |  |

|  |
| --- |
| 1. **Please tell us about your organization or network, including, for example origins, mandate, vision,**

**mission, core areas of work, staff size, geographic reach etc** |
|  |

|  |
| --- |
| 1. **Provide data on the demographics of your board, management and staff (race and gender and persons living with disabilities)**
 |
|  |

|  |
| --- |
| 1. **Provide your organisational budget for this year and the last 2 years. Please include a list of your organization’s or network’s current funders.**
 |
|  |

|  |
| --- |
| 1. **Please describe your organization’s or network’s leadership and governance. How often does your board meet?**
 |
|  |

|  |
| --- |
| 1. **What are your organization’s or network’s plans for the next 2-3 years?**
 |
|  |

|  |
| --- |
| 1. **Please describe the problem conditions which your organization or network aims to positively influence, and your overall approach to addressing those conditions.**
 |
|  |

|  |
| --- |
| 1. **Please describe in detail your beneficiaries, as well as how – and how often - you interact with them.**
 |
|  |

|  |
| --- |
| 1. **Who are your key partners and stakeholders?**
 |
|  |

|  |
| --- |
| 1. **What would your organization or network like to accomplish with this funding over the three-year period? Feel free to provide some indicative activities you would prioritize.**
 |
|  |

|  |
| --- |
| 1. **Please provide any other info .**
 |
|  |