**SOUTH ASIA SMALL GRANTS PROGRAM – BHUTAN**

THE ASIA FOUNDATION

ANNEX I: GRANT APPLICATION FORM

**A. Primary Information about the applicant not-for-profit organization/consortium of organizations**

|  |  |
| --- | --- |
| 1. Name of the organization (s)

(Abbreviation in brackets, if any) |  |
| 1. Name of the organization (s) in other languages Bhutanese/English, if any.
 |  |
| 1. Postal Address (include only that of the lead organization if the application is for a consortium)
 |  |
| 1. Contact Person's name, designation and contact details (include only that of the lead organization)
 | Name: Designation:Tel: mobile: Fax: email: |

*Please note that if the grant application is by a consortium of organizations only information regarding the lead organization is required for the following sections.*

**B: Legal status of the applicant not-for-profit organization**

|  |  |
| --- | --- |
| 1. Legal status of the Organization
 | [ ] Registered (Please provide certified copies of the organizational registration document.)[ ] Not registered yet  |
| 1. Organization is registered as
 | [ ]  A nongovernmental organization[ ]  A civil society organization[ ]  A trust or foundation[ ]  A research/academic institute[ ]  A community-based organization[ ]  Other. Please specify: .................................. |
| 1. Organization is registered at

(If more than one of the following options are applicable, please mark them) | [ ]  Civil Society Organization Authority (CSOA)[ ]  District Administration Office [ ] Municipality[ ] Other. Please specify: ................................ |
| 1. Registration Number/s
 |  |
| 1. Registration Date
 | Year Month  |

**C: Organizational focus**

1. How does your organization make a difference in your country/community? *(not more than 100 words)*

|  |
| --- |
| Please elaborate on the impact your organization has and how successful you have been at fulfilling your mandate. |
|   |

1. List specific provinces/districts/municipality that your organization has worked in or is currently working in:

|  |  |
| --- | --- |
| Districts |  |
| Municipality/Village |  |
| Other |  |

1. What are the thematic areas that your organization has worked on? *(you can select more than one check box)*

|  |  |
| --- | --- |
|[ ]  Transparency and accountability in planning processes |[ ]  Participatory Planning |
|[ ]  Legal protection |[ ]  Townhall discussions |
|[ ]  Fiduciary Risk Reduction |[ ]  Citizen Participatory Planning |
|[ ]  Public Procurement |[ ]  Civic education |
|[ ]  Labour Safety Regulation  |[ ]  E-governance |
|[ ]  Oversight of contracts and international agreements   |[ ]  Investigative Journalism |
|[ ]  Budget Transparency |[ ]  Proactive Disclosure |
|[ ]  Combat Disinformation |[ ]  Open data |
|[ ]  Evidence based decision making |[ ]  Data and media literacy |
|[ ]  Other. Please specify.............. |[ ]   |

1. Who are your primary and secondary stakeholders?

|  |
| --- |
|    |

1. Board of Directors /Governing Board/Executive Board (please add rows when necessary)

| Name  |  Sex (M/F) |
| --- | --- |
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# Organizational Capacity Self-Assessment Survey:

The organizational capacity survey is primarily a self-assessment tool from the applicant to help the SA-SGP program to identify capacity strengths and needs to inform future recommendations for organizational capacity development priorities and areas of support.

This data and information will serve as input toward supporting organizational capacity goals as per the pre-identified list of priorities/needs mentioned below.

**Please rate the following elements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Capacity elements** | **Need significant support (organizational weakness)** | **This is not a strength, but we are able to manage this**  | **Our organization does this well, and needs no further investment** | **This is not applicable to our organization** |
| Financial Management and internal control systems |  |  |  |  |
| Human Resource Policy |  |  |  |  |
| Strategic/Scenario Planning |  |  |  |  |
| Design Thinking |  |  |  |  |
| Leadership |  |  |  |  |
| Monitoring, Evaluation and Learning |  |  |  |  |
| Program Results and Measurements standards |  |  |  |  |
| Communication Strategy |  |  |  |  |
| Mentoring/Coaching |  |  |  |  |
| Proposal development |  |  |  |  |
| Reporting Writing |  |  |  |  |
| Network Strengthening |  |  |  |  |

**D: Engagement and experience in governance programming**

1. Mention key projects/initiatives in the governance sector implemented by the organization during the last five years including those that are ongoing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the project/initiative | Project period | Objective/goal | Funding source | Geographic focus |
|  |  |  |  |  |
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|  |  |  |  |  |

1. List the organizations that you have collaborated with over the last five years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| National Government (eg: ministries, departments) | District Government(eg: District authorities) | Municipal/VillageGovernment(eg: Municipal/Village Authorities)  | CSOs | Private Sector and Others(eg: business associations, universities) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**E: Financial Management**

1. Provide a list of current and previous donors and amounts funded for the period of last three years.

|  |  |  |
| --- | --- | --- |
| Donor | Project Duration | Funding amount (BTN) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Does the organization conduct annual financial audits?

[ ]  Yes

[ ]  No

*If yes, you will be required to provide a copy of the latest audit report at a later stage of the selection process.*

I hereby certify that the above statements are true and correct to the best of my knowledge.

Name

Date