**SOUTH ASIA SMALL GRANTS PROGRAM - SRI LANKA**

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 Sinhala/Tamil/ 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) | District/Divisional Secretariat  NGO secretariat  Department of Social services  Other. Please specify: ................................ |
| 1. Registration Number/s |  |
| 1. Year of establishment | 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/divisions that your organization has worked in or is currently working in:

|  |  |
| --- | --- |
| Provinces |  |
| Districts |  |
| Divisional Secretariats |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Anti-corruption |  | Public procurement |
|  | Oversight of contracts and international agreements |  | Budget transparency |
|  | Promoting affirmative action |  | Public sector transparency |
|  | Civic engagement in government |  | Legislative oversight |
|  | Strengthening the judiciary |  | Investigative journalism |
|  | Journalism training |  | Combatting disinformation online |
|  | Open data initiatives |  | Others. 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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**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.

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| --- | --- | --- | --- | --- |
| 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) | Devolved Government  (eg: local authorities) | Deconcentrated Government  (eg: divisional secretariat) | 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.

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

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