**Application Form**

**LOCAL FUNDRAISING TRAINING TRAJECTORY**

**Application Closing Date 07 March 2019**

**Contact Details: Name:** The Advocacy and Policy Institute (API)

**Tel:** 012 62 88 96 **Email:** [barmey@apiinstitute.org](mailto:barmey@apiinstitute.org)

Address: Phnom Penh Villa#124, 2nd Floor, Room 206, Street 388, Sangkat Toul Svay Prey1,Khan Chamkar Morn, Phnom Penh, Kingdom of Cambodia.

**Instructions**

Please read carefully through the enclosed guideline/ information brief on LOCAL FUNDRAISING before filling out this application form. Be brief and straight to the point without losing important information or ideas. Answer all questions as best as you can.

This **APPLICATION FORM** is to be filled out and submitted to API through the following email address [barmey@apiinstitute.org](mailto:barmey@apiinstitute.org) before **07 March** **2019.** In case you require any clarification or assistance, contact Mr. Phan Phorp Barmey, tel. 012 62 88 96.

**Eligibility Criteria**

CSOs that are interested in applying must meet the following criteria

* Must be a local CSO or NGOs partner of Wilde Ganzen;
* Must be willing to complete the 4-steps trainings and coaching series capacity development process;
* Must be willing to pay a commitment fee of Euro 1208.7 equivalent 1393.6 USD.
* Must commit to developing an action plan after specific phases of the programme and must be willing to operationalise the action plan;
* Must commit to designate representatives of the organization who will fully participate in all phases of the programme.

**OTHER RELEVANT INFORMATION**

* Each organization will cater for the total costs of the training expenses of a participant i.e. equivalent to Euro 1208,70 Euro , 1393,60 USD. Wilde Ganzen partners get a discount.
* Further payment instructions will be provided to all successful applicants through [barmey@apiinstitute.org](mailto:sheela.daskara@institute.lk).
* There will be coaching and mentorship sessions in between the face to face training sessions, herein referred to as practical engagement sessions.
* Local Fundraising champions will be expected to access online content through https://www.changethegameacademy.org/
* Participants will be using laptops during the face-to-face trainings. This will be expounded in the invitation letter subject to approval of your application under this call.
* Transport/ fare will be reimbursed up to API policy.

1. **CONTACT INFORMATION OF THE PARTICIPATING ORGANIZATION**

|  |  |
| --- | --- |
| **Name of the Organization** |  |
| **Name of the Director / Manager** |  |
| **Name of the Decision Maker** |  |
| **Name of the Contact Person with Regards to this Training** |  |
| **Phone:** |  |
| **Address** |  |
| **Website (if any)** |  |

1. **TRAINING PREFERENCES** *(Please**mark x in front of your preference)*

|  |  |  |
| --- | --- | --- |
| **Are you willing to participate training on:** | **Yes** | **No** |
| **Local Fundraising (20 March 2019)** |  |  |
| **What is your preference (Please specify)** |  | |

1. **TYPE OF APPLYING ORGANIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Organization Type** | **Yes** | | **No** |
| **Non-Governmental** |  | |  |
| **Non-partisan** |  | |  |
| **Not for Profit** |  | |  |
| **Community Based Organization (CBO)** |  | |  |
| **Legally Registered** |  | |  |
| **Youth Led** |  | |  |
| **Registration Details** | | | |
| **Registration Date (Month / Year)** | |  | |
| **Type of Registration and Number** | |  | |

**4. OVERVIEW OF APPLYING ORGANIZATION**

|  |  |  |
| --- | --- | --- |
| 4.1 | Briefly state the vision, mission and description of your organization and its objectives: |  |
| 4.2 | What are your key intervention areas (i.e. Water, health, sanitation etc) Elaborate concisely in bullets/ brief points |  |
| 4.3 | Have you ever fundraised for financial resources locally in Cambodia in the last two years? Kindly share a summarized breakdown of amounts and from whom did you receive the donation |  |
| 4.4 | What challenges did you face while fundraising? How did you mitigate these challenges? |  |
| 4.5 | What are main reasons for your success in local fundraising? What opportunities do you see moving forwards |  |

**5. COMMITMENT TO PARTICIPATE**

|  |  |
| --- | --- |
| Is your organization (includes leadership) willing to participate in a training and coaching trajectory as outlined in the enclosed project brief/ guideline? Please note that the training program/ trajectory will take place as indicated above, Includes commitment to pay 10% of the total cost as outlined Euro 120.87 equivalent 139.36 USD. |  |
| If yes above, elaborate on the main reason/ motivation to participate |  |

**6. DETAILS OF PARTICIPANTS**

**6.1 Leader’s Program**

|  |  |
| --- | --- |
| Name of the Participant for the Leaders Program |  |
| Gender of the Applicant (Male / Female) |  |
| Position held |  |
| Telephone |  |
| Email |  |

**6.2 Classroom Training**

|  |  |
| --- | --- |
| Name of first Applicant |  |
| Gender of the applicant (Male/Female) |  |
| Current position of Applicant |  |
| Phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Name of second Applicant |  |
| Gender of the applicant (Male/Female) |  |
| Current position of Applicant |  |
| Phone |  |
| E-mail |  |

**7. OBJECTIVES / EXPECTATIONS**

|  |  |
| --- | --- |
| 1. Objective/Goal that you want to realize after participating in the proposed training pathway |  |
| 1. What concrete results would it have? Please list 2-3 key measurable results |  |

**Self Capacity Assessment**

The following section serves to provide an opportunity for organizations to objectively assess their organizations capacity status and identify possible gaps that can be improved on through their participation in the training trajectory. The answers form a basis for further discussion with API. You are encouraged to answer truthfully since the assessment is not only meant to provide an accurate sense of the organization’s suitability but also serve to highlight areas that might need to be strengthened when the capacity enhancement partnership commences.

|  |  |  |  |
| --- | --- | --- | --- |
| **Capacity** | **Level** | **Score** | **Comments (Kindly insert relevant comments in each of the sections to qualify/ support your score)** |
| Local Fundraising | Organization has a documented/well understood system for local fundraising (personnel, resources etc)  *Yes-fully (2), To some extent (1), No (0)* |  |  |
| The organization has a documented and functional fundraising strategy  *Yes-fully (2), To some extent (1), No (0)* |  |  |
| Board/ executive members of the organization are actively involved in fundraising initiatives for the organization  *Yes-fully (2), To some extent (1), No (0)* |  |  |
| The organization is currently involved in successful fundraising initiatives (Local and Diaspora resource mobilization)  *Yes-fully (2), To some extent (1), No (0)* |  |  |
| Corporate, businesses individuals /local community members actively participate in organization’s fundraising initiatives  *Yes-fully (2), To some extent (1), No (0)* |  |  |
| Organization is accountable to the community/ funders for all resources raised  *Yes-fully (2), To some extent (1), No (0)* |  |  |

***Thank you for expressing interest in the programme!***