**PART A: APPLICANT INFORMATION**

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| **1. CONTACT INFORMATION OF THE APPLYING ORGANIZATION** |

* 1. **Organization Name:**
  2. **Organization Representatives and Contacts (Two representatives per Organization are needed):**

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| Name of the first Applicant |  |
| Gender of the Applicant (male/female/other/no answer) |  |
| Current position of the Applicant (e.g., manager) |  |
| Phone |  |
| E-mail |  |

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| Name of the second Applicant |  |
| Gender of the Applicant (male/female/other/no answer) |  |
| Current position of the Applicant (e.g., project officer) |  |
| Phone |  |
| E-mail |  |

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| **2. ORGANIZATION PROFILE** |

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| **Kindly Mark ‘X” if appropriate:** |  | **Registration Details** | | |
| Social Service Act |  | Registration Date |  | |
| Companies Act |  | Type of registration  Kindly mark ‘X’ where appropriate |  | |
| Parliament Act |  |  | |
| Youth-led |  | Others |  |

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| **3. COMMITMENT TO PARTICIPATE** |

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| **3.1** Is your organization (including the leadership) willing to participate in a training and coaching process as outlined in the enclosed course description? **This includes commitment to pay 150 US dollars as your share of the total cost**. |  |
| **3.2** If yes, please elaborate on your main reasons/motivation to participate |  |
| **3.3 For the Mobilizing Support** **Training:** We expect to be working with your organization for at least 3 months after the training, to support your organization in embedding claim-making skills in its strategy/system and/or programs. If so, kindly give your agreement by signing this statement. |  |

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| **4. THE TRAINING FOR ORGANIZATION LEADERS WILL BE HELD ON 28 JULY 2020** |

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| **Please note that these are senior managers able to make decisions on behalf of their organizations. (Executive Directors, Board Members, Program Managers/Director). Provide name, position, e-mail address and telephone number for each. Every organization nominates two leaders only.** | |
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| **PART B: TRAINING NEEDS ASSESSMENT:**  **This section focuses on helping the trainers understand your entry skill level and to ensure that the training is appropriate for you. Therefore, if your organization has prior experience in claim making/taking civic action, kindly state so within the necessary sections.** |

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| **5. REASONS FOR PARTICIPATION** |

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| **5.1** What is the objective/goal that you want to achieve after participating in the proposed training? |  |
| **5.2** What key skills would you like to have gained for the organization after training? |  |

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| **6. ORGANIZATIONAL GOAL** |

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| **6.1** Briefly state the vision, mission and description of your organization’s objectives: |  |
| **6.2** What are your key intervention areas? (i.e., Water, health, sanitation etc.) Elaborate using bullets points. |  |
| **6.3** Have you ever implemented a project that sought to mobilize support/undertake claim making or civic action? |  |
| **6.4** In relation to 6.3, what were two of your main achievements, if any? |  |
| **6.5** In relation to 6.3, what challenges did you face while engaging in the civic action? |  |

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| **7. ORGANIZATION’S EXPERIENCE IN ENGAGING VARIOUS STAKEHOLDERS** |

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| **7.1** How do you involve beneficiaries including community members in your project? |  |
| **7.2** How do you involve state actors and structures (i.e. central and local government) in your projects? Elaborate using bullets points. |  |
| **7.3** Are you a member of any network involved in claim making/advocacy/civic action? Kindly share the name of the network and level of engagement. (National/country/province/district) |  |