For Office Use

Application Number:

Date:

Received:

IAA GRANT APPLICATION FORM Small Grants Program

EXECUTIVE SUMMARY (Please type using no more than one page)

1	Date:						
2	Name of organization :						
3	Contact Person and title :						
4	Address :						
	City:	Country:		Postal Code:			
5	Telephone:		Fax:				
	Email:		Website:				
6	Mission Statement of the app	olicant organization?					
7	Purpose of funding request a	and how this activity rela	ates to civic engagem	ent?			
8	Target population and number benefiting from the proposed activity?						
9	Period this funding request will cover?						
10	Amount of request (details u	nder Activity Income)?					
11	If your organization has rece describe for what purpose?	ived previous support fr	om the IAA, please li	st the year, amount and			
12	Authorizing Name of the app	licant organization's Ex	ecutive Director or bo	pard chair :			
	Signature:		Tittle :				

DURPOSE OF THE GRANT

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13	Describe briefly the need or issue you will address. Include a description of the constituency served (including number participating) and how they will participate/benefit?						
14	How will the proposed activity promote civic engagement for empowerment? How will the activity enable marginalized citizens to have greater control over local and community level development activities?						
15	List of the activity goal(s) and measurable objective(s)?						
16	Is the activity new or ongoing is the part of the applicant organization? if the activity is ongoing, how will your organization support this activity in the future?						
17	Provide a brief timetable for implementation of activity?						
18	What other organizations, if any, will be participating in the activity? Describe their roles?						
19	List the names and qualifications of key staff/volunteers responsible for activity implementation?						

EVALUATION 20 Please list the specific outcomes of your activity. What assessment methods/strategies will you use to track and measure outcomes? (e.g. interviews, surveys, focus groups, community feedback, etc)? 21 Describe briefly what will be different at the end of the grant period? 22 How will the activity's results be used and/or disseminated? **ACTIVITY INCOME** 23 Total applicant contribution: b. Cash: a. In kind (describe): Total: 24 Funding leveraged by applicant from other donors: (List all sources and give estimated amounts)? Source: Amount: Total: 25 Total requested from the IAA?

BUDGET FOR THE PROPOSED ACTIVITY

26 Total activity income from all sources?

Please (1) provide the necessary information for each budget item, and (2) indicated the funding source(s) that will cover the expense. Use as much space as necessary. All items must be related to the activity.

Item	Contribution from Applicant	Contribution from other Donors	Contribution from the IAA	Total
Professional fees (list consultants and fees)				
Travel (specify)				
Equipment (specify)				
Supplies, printing, copying, telephone, fax, postage and delivery (specify)				
Evaluation (specify)				
Total Expenses				

ATTACHMENTS

Please attach any documents related to your proposal, if available.