**Selection Criteria**

In order to apply, organizations must fulfill the following criteria:

1. Be an official KWN member;
2. Plan and implement activities in accordance with their own organizational strategy;
3. Undertake activities that contribute to the implementation of the KWN Strategy for 2019-2022, including programs on:
   * Strengthening the Feminist Movement in Kosovo;
   * Women in Politics and Decision-making;
   * Women’s Rights to Healthcare;
   * A life-free from Gender-based Violence;
   * Women’s Economic Empowerment;
   * Improving Access to Quality and Gender Sensitive Education
4. Be able to provide at least 10% of the budget total amount from another donor and/or self-contribution (e.g., documented volunteer work). This is encouraged to be reflected in the budget proposal;
5. Have not received a KWF grant from the previous grant round. At least one grant round should pass for the organization to apply again for a KWF grant.
6. Have no staff members currently part of KWN’s Board, or part of the Grant Review Committee of KWF.

The Grant Review Committee will prioritize funding:

1. Initiatives that involve advocacy, towards bringing about sustainable changes in supporting, protecting, or promoting women’s rights and gender equality at municipal and/or national levels.
2. Initiatives that aim to contribute to produce tangible and visible results (e.g., new legislation, new services, reports about cases of Gender Based Violence, monitored court cases, inheritance claims, etc.)
3. Initiatives aiming to include hitherto marginalized groups, including initiatives reaching out to the community and / or marginalized persons and groups, persons with disabilities; minority ethnic groups, etc.;
4. Youth-led member organizations or member organizations working with youth; and
5. Organizations lacking other funding opportunities from different donors.

**Procedures**

* The deadline for submitting proposals will be published on the KWN website and KWN members will be informed about upcoming deadlines via e-mail.
* After submitting the Application Form, all member organizations applying for small grants will receive support from KWN staff for a clearer description of their idea.
* Upon completion of this process, KWN staff submits all Applications to the Grants Review Committee.
* The Grants Review Committee meets to decide whether Applications meet the aforementioned criteria, to review them and inform the KWN members if they pass the first phase of the application.
* If the Application Form is not approved, the Grants Review Committee shall give feedback to the organizations giving concrete comments to their Applications, so that organizations can apply with the same ideas in a revised application, in the future calls.
* All organizations selected for support by KWN after the second phase, will be informed via website and e-mail.
* If an organization receives a grant, they may not apply for another grant during the same year.

**Kosovo Women’s Fund**

**Application Form: Networking for Change Grants**

|  |  |
| --- | --- |
| **Contact Information for Organisation 1:** | |
| **Organization Name:** |  |
| **Address:** |  |
| **Telephone (mobile and/or land line):** |  |
| **E-mail address:** |  |
| **Responsible person (I):**  In charge for the narrative part of the application: |  |
| **Contact of the responsible person (I):**  Telephone (mobile and/or land line): |  |
| **Responsible person (II):**  In charge for the narrative part of the application: |  |
| **Contact of the responsible person (II):**  Telephone (mobile and/or land line): |  |

|  |  |
| --- | --- |
| **Contact Information for Organisation 2:** | |
| **Organization Name:** |  |
| **Address:** |  |
| **Telephone (mobile and/or land line):** |  |
| **E-mail address:** |  |
| **Responsible person (I):**  In charge for the narrative part of the application: |  |
| **Contact of the responsible person (I):**  Telephone (mobile and/or land line): |  |
| **Responsible person (II):**  In charge for the narrative part of the application: |  |
| **Contact of the responsible person (II):**  Telephone (mobile and/or land line): |  |

|  |  |
| --- | --- |
| **Bank details for organisation 1:** |  |
| **Name of Account Holder:** |  |
| **Account Number:** |  |
| **Name of Bank:** |  |
| **Post Address:** |  |
| **City:** |  |

|  |  |
| --- | --- |
| **Bank details for organisation 2:** |  |
| **Name of Account Holder:** |  |
| **Account Number:** |  |
| **Name of Bank:** |  |
| **Post Address:** |  |
| **City:** |  |

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| **1. Project Title** |
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| **2. Organizational Background (*half a page*)** |
| **2.1 When was your organization founded?** |
| **Organisation 1:**  **Organisation 2:** |
| **2.2 What is your experience in relation to this project? *If your organization is new*, *please tell us the reason you formed your organization and what you plan to do in the future.*** |
| **Organisation 1:**  **Organisation 2:** |
|  |
| **3. What is the mission of your organization?** |
| **Organisation 1:**  **Organisation 2:** |

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| **4. What is your organizational structure?** |
| **4.1 How many staff members do you have (both paid and unpaid)?** |
| **Organisation 1:**  **Organisation 2:** |
| **4.2 How many volunteers do you have? How are they involved in your work? How often?** |
| **Organisation 1:**  **Organisation 2:** |
| **4.3 Are you a membership organization? If so, how many members do you have within your organization?** |
| **Organisation 1:**  **Organisation 2:** |

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| **5. What is the proposed time frame of your project (planned start date and end date)?** |
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| **6. Why do you want to implement this project?** |
| **6.1 Problem analyses: What’s the problem that your project seeks to address?** |
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| **7. With whom do you want to work (target group and beneficiaries)?** |
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| **8. What activities do you plan to undertake? (Remember to mention planned advocacy activities)** |
| **Activity 1:**  **Activity 2:**  **Activity 3:** |

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| **9. What immediate results (or outputs) do you expect to achieve during the project with these activities?** |
| **Result 1:**  **Result 2:**  **Result 3:** |

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| **10. What short-term results (specific objectives or outcomes) do you aim to achieve during the project through these activities and expected immediate results?** |
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| **11. Which goals within the KWN Strategic Plan will your project contribute to achieving? (Tick all boxes relevant to your proposed project)** |
| * + Strengthening the Feminist Movement in Kosovo;   + Women in Politics and Decision-making;   + Women’s Right to Healthcare;   + A Life Free from Gender-based Violence;   + Women’s Economic Empowerment;   + Improving Access to Quality and Gender Sensitive Education. |
| **11. 1 Please explain how your project will contribute this goal (if you marked only one option) or these goals (if you marked more than one option)?** |
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| **12. What is the overall long-term goal to which your project will contribute (*in one sentence*)?** |
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| **13. How do you plan to monitor and evaluate your project (to see if you achieved your expected results and objectives, and how these contributed to your long-term goal)?** |
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| **14. How will you involve your beneficiaries in monitoring and evaluating your project and its results?** |
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| **15. Are you funded by any other donor for this project? If so, please tell us for how long and how much is the amount of funding?** |
| **Organisation 1:**  **Organisation 2:** |

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| **16. Please provide job description for each staff engaged in this initiative.** (Please make the connection between staff engaged in this initiative with the activities described in point 8 of this application) |
|  |

***This proposal was prepared for the Kosovo Women’s Fund by Kosovo Women’s Network. By signing this document, the applicant assumes responsibility for the correctness and relevance of the information and data.***

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**Name and surname of the legal representative of the organization 1: Date:**

**Title / Position of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name and surname of the second representative of the organization 1: Date:**

**Title / Position of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name and surname of the legal representative of the organization 2: Date:**

**Title / Position of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name and surname of the second representative of the organization 2: Date:**

**Title / Position of Representative:**

**Signature of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**