**Kosovo Women’s Fund**

**Application Form**

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| **Contact Information:** |  |
| **Organization Name:** |  |
| **Address:** |  |
| **Telephone (mobile and/or land line):** |  |
| **E-mail address:** |  |
| **Website:** |  |
| **Social media pages:** |  |
| **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 financial part of the application: |  |
| **Contact of the responsible person (II):**  Telephone (mobile and/or land line): |  |

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| **Bank Details:** |  |
| **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?** |
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| **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.*** |
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| **3. What is the mission of your organization?** |
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| **4. What is your organizational structure?** |
| **4.1 How many staff members do you have (both paid and unpaid)?** |
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| **4.2 How many volunteers do you have? How are they involved in your work? How often?** |
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| **4.3 Are you a membership organization? If so, how many members do you have within your organization?** |
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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. Risk Analysis: Please list the activities you plan to undertake and possible risks that could keep you from achieving your aims (“results”).** | | | |
| **Activities** | **Result[[1]](#footnote-2)** | **Possible risk[[2]](#footnote-3)** | **Mitigation[[3]](#footnote-4)** |
| *Example (please delete in your application): Activity 1: Meeting with women Assembly members*  *# meetings will be held with women assembly members in Mitrovica municipality.* |  | *Meetings may not be held face to face due to COVID-19 measures; or women may hesitate to attend.* | *Meetings will be held online, using the Skype / Zoom platform* |
| Activity 2: |  |  |  |
| Activity 3: |  |  |  |
| Activity 4: |  |  |  |
| …. |  |  |  |

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| **14. 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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| **15. How will you involve your beneficiaries in monitoring and evaluating your project and its results?** |
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| **16. 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?** |
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| **17. 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) |
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| **18. In the table below, please provide detailed information regarding the advocacy initiatives you plan to undertake as part of your action.** | | | | | |
| **What is the aim of your advocacy?** | **Activity** | **Person responsible** (within your organization) | **Partners**  (who will help you advocate) | **Stakeholders** (responsible to address the particular issue) | **Strategy for involving/ gaining stakeholders support** |
| *Example (please delete in your application): To raise awareness on women’s right to healthcare* | *Research and write policy brief with recommendations.* | *Project Coordinator* | *KWN, other KWN members* | *Municipal Department of Health, Department of Budget and Finance* | *Share draft paper with partners for comments. Present policy paper to officials for discussion during meetings.* |
| *Example (please delete in your application): To raise awareness on women’s right to healthcare* | *Meet with # women from Mitrovica municipality* | *Project Coordinator* | */* | */* | *Women will be invited to participate through: door to door invites, phone calls and leaflets distributed in community* |
| *Example (please delete in your application): To propose the recommendations for …* | *Meet with officials (please be specific which officials, by title if possible)* | *Project Coordinator & Executive Director* | *Other CSO’s, KWN* | *Municipality Officials*  *Ministry representatives* | *The official invites will be sent through email.*  *The officials will be contacted through their emails and phone numbers. We will present officials with a policy brief with recommendations.* |
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| **Activities** | **Month 7** | | | | **Month 8** | | | | **Month 9** | | | | **Month 10** | | | | **Month 11** | | | | **Month 12** | | | |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
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| **19. Work plan** (In the table below are added a maximum of twelve (12) months of implementation of an initiative, each month divided into four (4) weeks. Please complete it for as many months as the planned duration of the initiative. Once you have added the title of each activity, please mark (with X) the week within which the given activity will take place. E.g. Activity 1 will be held in the fourth week of the first month and in the third week of the third month of implementation of the initiative.) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activities** | **Month 1** | | | | **Month 2** | | | | **Month 3** | | | | **Month 4** | | | | **Month 5** | | | | **Month 6** | | | |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
| *Activity 1* |  |  |  | *x* |  |  |  |  |  |  | *x* |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***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:** |  |
| **Title / Position of the representative:** |  |
| **Signature of representative:** |  |
| **Date:** |  |

1. For better planning of your initiative, please identify the risks that could keep you from achieving your aims. This way, you will be ready to react in case the foreseen risks really happen. You may wish to consider different types of risks that are likely to happen, such as: isolation measures related to COVID-19, illness among staff or beneficiaries, political instability related to municipal elections, or any other issues that could keep you from achieving your aims. [↑](#footnote-ref-2)
2. What might happen that would create a risk that your activities could not be implemented as planned and thus your planned results may not be achieved? [↑](#footnote-ref-3)
3. What measures could you take if there is a possible risk for the implementation of this activity? [↑](#footnote-ref-4)