**Kosovo Women’s Fund**

**Core Support Application Form**

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| **Contact Information:** |  |
| **Organization Name:** |  |
| **Address:** |  |
| **Telephone (mobile and/or land line):** |  |
| **E-mail address:** |  |
| **Website:** |  |
| **Social Network Profiles:** |  |
| **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:** |  |
| **Bank Account Name:** |  |
| **Account Number:** |  |
| **Name of Bank:** |  |
| **Post Address:** |  |
| **City:** |  |

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| **1. What is the proposed time frame for use of core support (planned start date and end date)?** |
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| **2. What is the mission of your organization?** |
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| **3. Briefly, what are the strategic aims of your organization? If you have a Strategy, please attach it to your application.** |
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| **3.1 How will core support help your organization to realize your organization’s mission and strategic aims?** |
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| **4. Which goals within the KWN Strategy will core support enable your organization to contribute to achieving? (Tick all boxes relevant to your proposed project)** |
| Improve gender equality through enhancing the rule of law;  Life without gender-based violence;  Women’s Economic Empowerment;  Improving Access to Quality and Gender Sensitive Education. |
| **4.1 Please explain how core support will help your organization contribute to this goal (if you marked only one option) or these goals (if you marked more than one option)?** |
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| **5. What is your organizational structure?** |
| **5.1 How many staff members do you have (both paid and unpaid)?** |
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| **5.2 How many volunteers do you have?** |
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| **5.3 Are you a membership organization? If so, how many members do you have in your organization?** |
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| **6. Who does your organization serve?** | |  |
|  | **Number** | **Through which activities / services** |
| Number of women and girls that your organization regularly supports: |  |  |
| Number of men and boys that your organization regularly supports: |  |  |
| **6.1** **How often do you inform your constituents/members/board about your activities?** | | |
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| **7. How do you monitor and evaluate your work as an organization (to see if you achieved your expected results and objectives)?** |
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| **8. How do you involve your beneficiaries in monitoring and evaluating your organization’s work?** |
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| **9. Please list all of the donors that are currently funding you, for what time period (start – end date), and how much is the amount of funding? Please add more rows as needed.** | | | |
| **Donor** | **Start Date** | **End Date** | **Amount (EUR)** |
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| **10. Please share with us your total annual budget and your total annual income for the following years.** | | |
| **Year** | **Organizational Budget**  *(what your organization needs to accomplish your mission and goals)* | **Actual Income**  *(the funds you actually received)* |
| **2023** |  |  |
| **2024** |  |  |
| **2025** |  | *(Received so far, if anything; if not, write 0)* |

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| **11. Please tell us if you have any of the following documents, and, if so, please attach them to your application. Please put an “X” in the relevant column.** (It’s okay if you do not have them, please just let us know) | | |
| **Document** | **Yes, we attached it!** | **No, we don’t have** |
| Strategy |  |  |
| Monitoring and Evaluation Plan or System |  |  |
| Risk Assessment (for risks affecting your organization) |  |  |
| Code of Conduct |  |  |
| Workplan for 2024 |  |  |
| Organizational Chart |  |  |

***This application was prepared for the KWN Kosovo Women’s Fund. 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:** |  |