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***Proposal Format***

Recommending Advisor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Recommended Amount: **\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person/ Project Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Project Outline***

**Background on the Project** (What is the problem or issue that you want to address?)

**Objectives of the project** (What do you want to achieve?)

**Expected outputs** (What do you hope to change or produce by the end of the project?)

**Number of persons/ families who will benefit from the project?**

**How will this project/ initiative affect or benefit the women and children of your community?**

**Activities to be carried out to achieve each objective**.

**Timing of project** (When will the project start, timing of activities, when will it finish)

|  |  |
| --- | --- |
| Activity | Months |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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**Monitoring and Evaluation** (How will you monitor implementation of the project? How will you evaluate the results of the project?)

**Other Projects** already implemented or currently being implemented by your organization in the fields relevant to the proposed project:

## Financial Situation

**Organization budget last year:**

**Source of funds last year:**

**Organization budget this year:**

**Source of funds this year**:

***Budget***:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget Item | Qty | Unit Cost | Total Budget | Requested from Samdhana | Other Sources |
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| ***TOTAL*** |  |  |  |

*You may also use an excel sheet*

***Information on the Implementing Organization***

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:** \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_ **Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person’s mobile phone and email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When was the organization formed?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission and goals of your organization:**

**How do you seek to achieve the above goals:**

**Names of organization’s officers or executive:**

**Names of the members of organization’s Board of Directors or similar governing body:**

***Bank******Account*** (Personal bank accounts are not acceptable. If you do not have a bank account with your organization’s name, another non-profit organization may receive the funds; in this situation, the fiscal sponsor -the organization that will receive the funds- must complete “Fiscal Sponsor Information” below).

**Bank name :**

**Bank account name :**

**Bank account number :**

***Fiscal Sponsor Information:***

**Full name of Fiscal Sponsor:**

**Name of Contact Person:**

**Address:**

**Telephone:** **Email:**

***Non-profit Equivalency***

- Your organization’s Legal Status and, if relevant, registration number

 *(Yayasan/Foundation? Perkumpulan? Others?)*

- Your organization operated exclusively for (*please use √ mark*):

 \_\_\_ charitable, \_\_\_ scientific, \_\_\_ religious, \_\_\_ literary, \_\_\_ educational purposes

 \_\_\_ Persons with Disability\_\_ others, please describe: advocacy for the environment and the indigenous people

- Does any part of the assets of your organization, now or planned for the future, inure to the benefit of private individuals, other than in the form of services which you organization is authorized to provide? (*please use √ mark*)

 \_\_\_ Yes \_ \_ No

 If “yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Does your organization make any payments to any of its officers or members of its Board of Directors or other governing body, other than reasonable compensation for services to the organization? (*please use √ mark*)

 \_\_\_ Yes \_\_\_ No

 If “yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Upon dissolution, are the assets of the organization required to be distributed for charitable, educational, scientific, religious, medical or literary purposes?

 \_\_\_ Yes \_\_ \_ No

- Is your organization controlled by or operated in connection with any other organization? (*please use √ mark*)

 \_\_\_ Yes \_\_ \_\_ No

 If “yes”, please list the names of such organizations

Please provide three names and contact information of References:

1.
2.
3.

======================================================================

The undersigned officer or authorized representative of the organization affirms that the information or statements in this form are complete and accurate:

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME :

Date :