



APPLICATION FORM

Reference No. _____

SECTION 1: INFORMATION ABOUT YOUR ORGANIZATION

- 1.1. **Name of your organization:**
- 1.2. **Name of the contact person in your organization for this project. Position**
- 1.3. **Postal Address:**
- 1.4. **Email address:**
- 1.5. **Telephone number: Landline _____ Mobile _____**
- 1.6. **What is the mission of your organization:**
- 1.7. **What are your organization's main activities (maximum 20 words):**
- 1.8. **What has been your organization's average annual income over the last 3 years? (Please give the figures in Kenyan Shillings)**
- 1.9. **Has your organization been funded by the SSA before? If yes, please provide details.**

SECTION 2: INFORMATION ABOUT YOUR PROJECT

2.1. Project Title (maximum 10 words)

2.2. Main Objective of the project (maximum 25 words)

2.3. Location – region and/or town within in Kenya

2.4. Duration: starting and ending date

2.5. Budget:

2.5.1 What is the total cost of the project?

2.5.2 How much are you asking for from the SSA?

2.5.3 If you are not asking for 100% funding, where are the rest of the funds for this project coming from?

2.5.4 Provide a detailed and comprehensive budget indicating the project's activities and timeframe. (Please attach).

2.6. Who will be the beneficiaries? (Target group) Please provide a detailed explanation and numbers.

2.7. Background of the project: tell us about any partners –or inspiring person- that have/has been involved in the project design.

2.8. Why is this project needed? What problem(s) is expected to solve?

2.9. What are the project activities to address the stated problem and ensure an impact in the life of the beneficiaries?

2.10. Who will be carrying out the project activities and what is their previous experience? (Please attach in your supporting documents a CV of maximum one page for the lead person implementing the project).

2.11. What experience does your organization have of projects of this type and what lessons and/or expertise will you use in this project?

2.12. How will you monitor your project to ensure that achieves its objective?

Checklist:

Please attach the following documents:

- **Legal status of your organization**
- **Most recent annual audited/approved accounts**
- **Detailed budget** (as per 2.5.4)
- **Lead person's CV**

The SSA reserves the right to do a follow up and evaluation during the implementation of the project and/or once finalized. The follow-up implies site visits where the project activities are being implemented, auditing of the expenditures where the finance files are kept, and taking photographs as a supporting information (an authorization will be required if the pictures were planning to be used for different purposes).

Declaration

I apply on behalf of the organization named above for a grant as proposed in this application in respect of the expenditure to be incurred over the funding period on the project activities mentioned above.

I certify that, to the best of my knowledge and belief, the statements made in this application are true and the information provided is valid and correct.

This form should be signed by an individual legally authorized by the applicant organization to submit applications and sign agreements on their behalf.

Signature

Print Name

Position

Date

Witness

Signature

Print Name

NOTE:

This Application Form does not imply any commitment from the SSA to fund the project.

This Application Form shall be filled either in English or Spanish.

Please, once complete forward it to proyectos@ssakenya.org and info@ssakenya.org