



WORLD BANK GROUP



European Union



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Resilient nations.

CIVIL SOCIETY SUPPORT PROGRAMME

GENERAL APPLICATION FORM For NON GOVERNMENTAL ORGANISATIONS (NGOs)

Name of Applicant Organisation:			
Name of contact person & contact details: (address, phone, email)			
Physical Address of NGO office:			
Type of Organization: (Incorporate society OR Charitable Trust)			
Location(s) of the Project: Identify village, Districts or region directly targeted by project. ¹			
Title of Proposed Project:			
Please state the Project's Goal			
A. Total Amount requested from CSSP (SAT)	\$ _____		
B. Total Amount of in kind/cash contribution (at least 10% of the total requested from CSSP)	\$ _____		
Total Overall Cost of the Project (A+B)	\$ _____		
Have you received funding from CSSP before? (please tick)	<input type="checkbox"/> YES	If yes, how many times?	<input type="checkbox"/> NO
Have you applied to other donors to fund this same project? (please tick)	<input type="checkbox"/> YES	If yes, from which donor?	<input type="checkbox"/> NO

Application Number	
Date application submitted	
CSSP staff receiving	

(For official use only ↑)

Instructions: Answer each question briefly; Write N/A if the question does not apply; attach and staple additional sheets if needed with the number of the question.

1. PROJECT BACKGROUND *(provide relevant supporting documentations)*

1.1 What PROBLEM do you aim to address through this project?

1.2 What are the CAUSES of this problem?

1.3 How will your project solve the problem? Please explain.

1.4 With reference to the Project Goal on page 1, please state the Project Objectives²:

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Objective 1:

²The project Goal is a short statement of what the project will achieve when it is completed. The Objectives are the major components of the Project that when complete will achieve the Project Goal.

Objective 2:

Objective 3:

2. WHO ARE THE PROJECT'S DIRECT BENEFICIARIES? (provide relevant supporting documentations)

2.1 Explain who will directly benefit from the project – Total estimated of males, females, families and people with disabilities or are elderly.

Type of beneficiary	Total Numbers (estimated)
Females (Tina ma Tamaitai) benefiting	
Males (Alii) benefiting	
Youth	
People with Special Needs (Tagata e iai Manaoga Faapitoa)	
Households (Aiga)	
Elderly (Matua Tausi)	
Children (girls or boys – years 0-17)	
TOTAL estimated number of beneficiaries?	

3. Please explain how the proposed project's Goal and Objectives links to the GOS' Strategy for Development (2016-20) and the MWCSD Community Development Plan (2016-2021) or regional plans of any kind. (provide relevant supporting documentations)

4.5 Climate change and building community resilience:

5. CAPACITY OF YOUR ORGANISATION TO UNDERTAKE THE PROJECT (provide relevant supporting documentations)

5.1 List the projects your organisation has implemented in the last five years?

Type of project	Date of completion	Total cost (\$ SAT)	Donor or source of funding	Private sector partner(s) involved in project	Private sector partner(s) involved in project	List Key results achieved.

5.2 Name your project Implementation team for this project? (provide relevant supporting documentations)

Project management committee members	Position	Skills & capacity	Skills/capacity acquired from or trained by (example SUNGO training)

5.3 Please identify the areas of needs that require trainings/capacity building for your organisation?

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7.2. Please explain how (or if) the project beneficiaries will be involved in monitoring its achievements?

8. Sustainability: Please explain how your project will last after CSSP funding ends. How will your work be sustained? Will it be linked to a relevant ministry or to the Private sector or receive support from other donors? *(provide relevant supporting documentations)*

9. RISK MATRIX. Describe the risks associated with the project and how these risks will be managed.

Possible Risk (Examples below)	Likely Outcome	Risk Rating Low, medium or high	Risk Mitigation
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<i>Project timelines</i>			
<i>Governance</i>			
<i>Appropriate resource allocation</i>			
<i>Not enough staff</i>			
<i>Sustainability</i>			
<i>Other factors</i>			

10. DECLARATIONS

We have read and approved the contents of this application. We confirm that this application form is a true and honest presentation from the applicant. The applicant, represented by the undersigned, are the authorized signatories of the organisation on behalf of this Project.

Name (and mobile numbers)	Position	Signature	Date
Name (and mobile numbers)	Position	Signature	Date
Name (and mobile numbers)	Position	Signature	Date

ATTACHMENT 1 – A) LOGICAL FRAMEWORK

Complete a project LOGICAL FRAMEWORK in four steps:

Step 1: Rewrite the project **Goal** and **Objectives** (from 1.4) in the template provided.

Step 2: Next to objective list the 'Key Results' you want to achieve. The 'key results' are what you expect to see happen (or change) as a result of activities associated. For example it may be changes in people's behaviour', changes in understanding/awareness etc. such as '**Reduction in returnee reoffending rate**' and '**Increase in returnees in fulltime employment**'

Step 3: List the key activities that you will carry out to achieve the 'key results'.

Step 4. List the indicators that you will *measure* (or *assess*) to understand achievements of the 'Key Results Areas'. These should be quantitative as well as qualitative.

Step 5: Explain how/when you will collect the information to monitor the indicators and changes in the key results areas.

Use the same information to assist you in completing Attachment 1.B) Project Work Plan / Financial Plan

PROJECT GOAL:

PROJECT OBJECTIVES	Key Results Areas	KEY ACTIVITIES	INDICATORS	MEANS OF VERIFICATION <i>(how will you know?)</i>
Objective 1.				
Objective 2.				
Objective 3.				

ATTACHMENT 1 – B) PROJECT WORK PLAN / FINANCIAL PLAN

Use the PROJECT ACTIVITIES in Attachment 1 A to complete the PROJECT WORKPLAN / FINANCIAL PLAN in three steps:

Step 1: Rewrite the Objectives and List Activities per Objective in the template provided.

Step 2: List the ACTIVITIES that will be implemented and estimate costs allocated to each Activity relevant to the column heading of the Financial Plan.

Step 3: Mark on the TIMELINE the implementation period for each Activity to complete the Project Work Plan. *(Adjust the months on the Template to suit your Proposal)*

OBJECTIVES	ACTIVITIES	Materials & Supplies	Equipment (specify type)	Staff or contractors (specify)	All other costs (specify)	Sub-total project costs by objective	Project Start date: Project End date: TIMELINE (Year 1 – within 12 months)											
		SAT	SAT	SAT	SAT	SAT	1 Jul	2 Aug	3 Sep	4 Oct	5 Nov	6 Dec	7 Jan	8 Feb	9 Mar	10 Apr	11 May	12 Jun
OBJECTIVE 1	ACTIVITY 1																	
	ACTIVITY 2																	
OBJECTIVE 2	ACTIVITY 2.1																	
	ACTIVITY 2.2																	
TOTALS (TALA)							SOURCE OF FUNDS (SAT)											
						SAT	CSSP SAT			Applicant SAT			Other donors SAT			Other sources SAT		

ATTACHMENT C- NGO GOVERNANCE & MANAGEMENT CHECKLIST

CHECKLIST	Yes	No
Please Tick Yes or No (PROVIDE RELEVANT SUPPORTING DOCUMENTATIONS)		
1. Does your organization register members ?		
2. Do your members hold Annual General Meetings every year?		
3. Do your members elect a Board to achieve the vision and mission of the organization?		
4. Are there elected officers of the Board (President, Vice-President; Treasurer; Secretary)?		
5. Does your Board meet regularly (monthly, quarterly) and have recorded meeting minutes		
6. Does your organization employ staff ?		
7. If your organization employs staff, do you have proper processes for staff management (eg Code of Conduct, employment policies, staff records, written contracts for staff, job descriptions etc)		
8. Does your organization have written financial policies and procedures manual?		
9. Does your NGO serve the wider Samoa community island wide (Savaii, Upolu) or nationally (all of Samoa) in its vision and mission and/or services and activities? Please explain below:		
10. If your project is working with children, do you have proper processes to ensure the safety of children (e.g. a Police check on all those who are engaging with Children, a Code of Conduct for ensuring child safety etc.)		

	IS YOUR APPLICATION COMPLETE? (APPLICATION CHECKLIST) <i>Write Yes, or No, or N/A (not applicable) if you have completed and have attached all Attachments and other information required of your Project or Your Organization.</i>	Attached? Yes or No or NA	Comment <i>(if easy or difficult to complete or if you needed more assistance)</i>
1	GENERAL APPLICATION FORM (all questions&supporting documentations)		
2	ATTACHMENT A: Logical Framework		
3	ATTACHMENT B: Project Work Plan/Financial Plan		
4	ATTACHMENT C: NGO Governance & Management checklist		
5	To be eligible your NGO has to be registered with the Ministry of Commerce Industry & labour. Please attach a copy of your registration (valid registration certificate)		

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CSSP LOCATION

