**ISDAO’S GRANT APPLICATION FORM**

**FOR LOVE ALLIANCE – 2023**

**Core Funding Only**

**PART A: APPLICANT DETAILS**

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| **Name of your group/ organization**  ***[If you applied as a consortium or several groups, (please indicate the name of the lead applicant here)*** |  | | | **Which communities does your organization work for? (*Click more than one box only if applicable*)**  **LGBTQI**  **PWUDs**  **Sex workers**  **Other Specify:**  **(*For example, LBQ women, women who use drugs, male sex workers etc.*)** | | | |
| **Year that your group/ organization was created or founded** | **State** | **City/Town** | | | | **What best describes the level at which your group / organization works? (*Click more than one box if applicable*)**  **Local**  **Sub-National**  **National**  **Regional**  **International** | |
|  |  | | | |
| **Is your group/ organization registered?**  **Yes No** | **If yes, name used for registration if different from known name** | | | | | **Year of registration** | |
|  | |
| **Is your group/ organization a membership group/ organization? Yes** **No** | | **If yes, how many members?** | | | | | |
| **Is your group/ organization a membership group/ organization with members across the country?**  **Yes**  **No** | | **If yes, please list the location where your members are located across the country:** | | | | | |
| **Group/organization’s contact information** | **Physical address (If available)** |  | | | | | |
| **Phone contact and Email** |  | | | | | |
| **Social media, if any (Facebook, Twitter, Instagram etc )** |  | | | | | |
| **Website (if any)** |  | | | | | |
| **Mission of your group/ organization** |  | | | | | | |
| **Vision of your group/ organization** |  | | | | | | |
| **Please list the key area of your work/ initiatives as an organization / group in bullet points** | | | | | | | |
| **Primary contact person in your group / organization** | **Name and pronoun(s) *Please also indicate preferred name or name that you are known by*** | **Email** | **Phone Contact** | | | | **Role within the group / organization** |
|  |  |  | | | |  |
| **Secondary contact person in your group/organization** | **Name and pronoun(s) *Please also indicate preferred name or name that you are known by*** | **Email** | **Phone Contact** | | | | **Role within the group / organization** |
|  |  |  | | | |  |
| **Does your organization have a bank account?**  **Yes No** | **Are you using a fiscal host for this grant?**  **Yes** **No** | **If yes, write name and contact of the fiscal host** | | | | | **Do you have a written agreement with the fiscal host?**  **Yes** **No** |
|  | | | | |
| **What are you requesting funding from ISDAO for?**  **Core funding**  **Other**  **If other, please specify** | | **Amount you are requesting from ISDAO**  **(USD) $** | | | | **Amount in local currency** | |
| **Which of the Funding Tiers are you applying for?**  **Tier 1**  **Tier 2**  **Tier 3** | | **Have you received funding from ISDAO before?**  **Yes No**  **If yes, amount in USD**  **$** | |
| **Project/Support duration** | | | |
| **Have you worked with any organizations /groups on any other projects or initiatives funded by ISDAO? If yes, please provide details of the group and the context of the collaboration *(Not more than 50 words)*** | | | | | | | |
| **Do you have young people below the age of 30 in the leadership of your organization/ group?**  **Yes No** | | **Do you have activities or initiatives that focus primarily on young people below the age of 30 within your organization/ group? *(Note: This means specific activities or initiatives focused on young people, not general activities that may also include young people).***  **Yes No** | | | | | |
| **If yes, please indicate which leadership roles / positions are held by young people below the age of 30.** | | **If yes, briefly describe the activities, initiatives or services focused on or targeting young people below the age of 30 (Not more than 50 words)** | | | | | |
| **Do persons who are LGBTQI and/or PWUD and/or Sex workers make up at least 75% of your group /organization’s leadership?**  **Yes No** | | **Briefly explain how your group/organization is LGBTQI and/or PWUD and/or Sex workers-led (Not more than 50 words)** | | | | | |
| **Does the chair/ president(s) of your group/ organization’s board of directors or governing body self-identify as a member of the LGBTQI/ PWUD/ Sex worker community?**  **Yes No** | **Do persons who self-identify as LGBTQI/PWUD/Sex workers community members make up at least 50% of the leadership of your board?**  **Yes** **No** | **Does the executive director(s) or the person leading the operations of your group / organization self-identify as a LGBTQI/PWUD/Sex worker community member?**  **Yes** **No** | | | **Do persons who self-identify as LGBTQI/PWUD/Sex worker community members make up at least 50% of your group / organization’s staff?**  **Yes** **No** | | |
| **Does your group / organization currently face any safety or security concerns or threats?**  **Yes No**  **If yes, briefly explain your current primary safety or security concerns and threats, as a group / an organization** (Not more than 100 words) | | | | | | | |
| **Does ISDAO need to take any safety / security measures when communicating with your group / organization?**  **Yes No**  **If yes, please briefly explain what measures we should take (Not more than 100 words)** | | | | | | | |
| **Does your group / organization have a safety/security or risk management plan in place?**  **Yes No** | | | | | | | |
| **If yes, share one example of a strategy or a practice that you use for safety, security or risk management? (Not more than 100 words)** | | | | | | | |
| **ISDAO would like to provide visibility to our grantees work. If your group/organization is selected for funding, does ISDAO have your permission to list your organization name, social media accounts and city of operation on ISDAO’s website and social media accounts? (Please note that this is NOT a requirement or part of the consideration for funding)**  **Yes** **No**  **If yes, please click on the information that ISDAO can share in its communications:**  **Group/ Organization name**  **City of operation**  **Social Media accounts**  **Website**  **If others, please specify** | | | | | | | |

1. **Please tell us the story about how your organization/group started. What pushed you to create this organization/group? What was your dream when you started?** (Not more than 200 words)
2. **Please provide information about your leadership, governance and operational structure: (including a description of staff or key volunteers and their roles):** (Not more than 200 words)
3. **What is the social, legal and policy context or environment in your level(s) of work?** (*Level referred to here is the level that you indicated as your level of work, in part A of this application. For example, if your organization works primarily at a local level, what is the context or environment there?* ) (Not more than 200 words)
4. **What are the main strategies and approaches your group/ organization uses to achieve its mission? Please include some examples that illustrate your work.** (Not more than 300 words)
5. **What are some of the key lessons learnt from progress and setbacks that you have seen in your work within the last 1-2 years?** (Not more than 300 words)
6. **How does your work reflect the diversity within your focus community/communities?** (Not more than 300 words)
7. **What are your greatest challenges as a group/ organization** (please describe both challenges you face as an organization (i.e., internal challenges), and the external challenges that impact your work? (Not more than 300 words)

1. **Is your group/ organization part of the LGBTQI, PWUD and Sex workers movement in your country/in the West African region? How do you engage with other actors within the movement, and what do you see as your contribution to the movement? Please indicate any other movements that you are part of, at the national or regional level** (Not more than 200 words)
2. **Please list name of groups and organizations you have worked with directly and indirectly in the last 1-2 years and describe how you collaborate with them.** (Not more than 200 words)
3. **Please share your group/organization’s top 3 priorities for the next 1-2 years (Not more than 200 words)**
4. **Please provide two detailed letters of reference from two references who are familiar with your work. The reference letters should describe how they know about your work, how they have engaged with your work and organization, and your capacity and engagement within the community, including to undertake the work proposed. (***Please note: These should be individuals who are not directly involved in your organization as staff, volunteers, advisors, or board members, etc. and the two reference letters must be submitted with your application.****)***

**IMPORTANT NOTE: The letters of support must be submitted with the proposal. Any proposal submitted without the two letters of reference will be considered incomplete and will be ineligible for review. In addition, provide the contact information for the references below.**

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| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Organizational Affiliation (if any)** |  | **Organizational Affiliation (if any)** |  |
| **Designation/title** |  | **Designation/title** |  |
| **Email** |  | **Email** |  |
| **Telephone number** |  | **Telephone number** |  |

1. **Interim update: FOR CURRENT AND PAST ISDAO GRANTEE PARTNERS ONLY:** 
   1. **If you have a current grant(s) or have received funding from ISDAO in the past, please provide a summary of the grant activities implemented with examples of progress, key outcomes, achievements, obstacles, and overall impact of the grant.** (Not more than 300 words)
   2. **Does this proposal build on work previously supported by ISDAO? If so, please describe how, and explain why renewed funding is important for these specific areas of work.** (Not more than 300 words)

**PART B: FULL PROPOSAL DETAILS**

1. **Is ISDAO the sole funder of this core support? Yes  No**
2. **If no, would this funding contribute to existing or anticipated support from other funders? Yes  No**
3. **Please explain**
4. **Proposal title:**
5. **Proposal summary** *(Summarize your proposal in not more than 100 words)*
6. **What is the overall outcome of this funding application?**
7. **What are the gaps that this funding is filling within the organization?** *(Not more than 300 words)*
8. **Funding purpose: Please list and describe what this funding will cover specifically within your organization (**Not more than 400 words)
9. **What is your organization’s planned work during the grant period? How does this work contribute to the** [**Love Alliance overall goal**](https://www.youtube.com/watch?v=mFjS8-HxhMU)**s and Theory of Change?** *(Not more than 300 words)*
10. **Please describe how your organization’s planned work during the grant period contributes toward advocacy for the rights of PWUDs, Sex workers and/or LGBTQI persons and organizing/movement building within the communities** (Not more than 400 words)
11. **Please describe how your organization work during the grant period will contribute toward achieving the community advocacy priorities developed:** (Not more than 100 words)
12. **How will you know that the core support is:**
13. **Supporting you to achieve the goal you envisioned?** (Not more than 100 words)
14. **Leading to the expected outcome(s) in your overall planned organizational/group work?** (Not more than 100 words)
15. **Contributing to the intended impact considering your group/organization’s mandate/mission/vision?** (Not more than 100 words)
16. **How will you evaluate and monitor the impact of the core funding in your organization work and contribution to LGBTIQ, Sex workers and PWUD advocacy work?** (Not more than 200 words)
17. **Possible risks and how you plan to address them- What external and internal factors could hinder the functioning of your organization/group during the grant period?** (Not more than 100 words)

**PART C: BUDGET/FUNDING**

1. **Please prepare a detailed budget that relates directly to the description of proposal/ project activities in Part B of the proposal. Please use the budget template provided on our website for the 2023 call for proposals. Please carefully read the budget template guideline before filling the budget template.**
2. **Please provide a summary of your organizational budget for the next year (2024). Please provide this information using the budget template on our website for 2023 call for proposal. Please carefully read budget guideline before filling budget template.**
3. **What were the sources of funding for your group/organization’s work in the last 2 years (2022 and 2023)? This could include but is not limited to membership fees, contribution from individuals, grants, income generating activities, etc.). Please list with amount and purpose of funding.**

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| --- | --- | --- | --- |
| **Sources of Funding** | **Funding purpose** | **Period of funding or grant period** | **Amount (USD)** |
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