**ISDAO 2024 Grant Application Form**

**Applicants for Core Funding Only**

**PART A: APPLICANT DETAILS**

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| **Name of your group/ organization**  ***[If applying as a consortium or several groups, indicate the name of the lead applicant here]*** |  | | | | | | | | |
| **Year that your group/ organization was created** | **Country (where your group / organization is based)** | | **City (where your group / organization is based)** | | | | | **What best describes the level at which your group / organization works? Click more than one box if applicable**  **Local ☐**  **Sub-National** **☐**  **National ☐**  **Regional ☐**  **International ☐** | |
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| **Is your group/ organization registered?**  **Yes☐ No☐** | **If yes, name used for registration if different from known name** | | | | | | | **Year of registration** | |
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| **Is your group/ organization a membership group/ organization? Yes****☐ No****☐** | | | | **If yes, how many members?** | | | | | |
| **Is your group/ organization a membership group/ organization/ network with members in more than one country in West Africa?**  **Yes** **☐ No** **☐** | | | | **If yes, please list the countries in West Africa where your members are located:** | | | | | |
| **Group/organization contact information** | **Physical address- (if any)** | | |  | | | | | |
| **Phone contact and Email** | | |  | | | | | |
| **Social media, if any (Facebook, Twitter, Instagram etc.) - (if any)** | | |  | | | | | |
| **Website (if any)** | | |  | | | | | |
| **Mission of your group/ organization** |  | | | | | | | | |
| **Vision of your group/ organization** |  | | | | | | | | |
| **We understand that many organizations and groups are working toward LGBTQI equality broadly, but we want to know which communities are your organization or group’s primary focus or target within the LGBTQI community?  *(You can select more than one, but kindly select the direct and primary focus of your organization/ group only)***  **LGBTQI focus ☐ LGBT focus ☐ LGBTQ focus ☐ LGB focus ☐**  **LG-focus ☐ GBQ Men focus ☐**  **LBQ Women focus ☐ Trans Women focus ☐**  **Trans Men focus ☐ Intersex focus ☐**  **Others ☐ If others, please specify** | | | | | | | | | |
| **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** |
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| **Does your organization have a bank account?**  **Yes☐ No☐** | **Are you using a fiscal host for this grant?**  **Yes****☐ No****☐** | | | **If yes, write name of fiscal host** | | | | | **Do you have a written agreement with fiscal host?**  **Yes****☐ No****☐** |
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| **What is the main purpose of your request to ISDAO?**  **Core funding ☐**  **Other** **☐**  **If other, please specify** | | | | **Amount you are requesting**  **(In USD) $** | | **Project/Support duration** | | | |
| **Project location (Country/City)** | | | |
| **Amount in local currency** | | **Have you received funding from ISDAO before?**  **Yes☐ No☐**  **If yes, total amount in USD$** | | | |
| **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 LGBTQI persons make up at least 75% of your group /organization’s leadership?**  **Yes☐ No☐** | **Briefly explain how your group/organization is LGBTQI-led (Not more than 100 words)** | | | | | | | | |
| **Does the chair/ president(s) of your group/ organization’s board of directors or governing body self-identify as an LGBTQI community member?**  **Yes☐ No☐** | **Do persons who self-identify as LGBTQI community members make up at least 50% of the leadership of your board?**  **Yes****☐ No****☐** | **Does the executive director(s)/ or the person(s) leading the operations of your group / organization self-identify as a LGBTQI community member?**  **Yes****☐ No****☐** | | | | | **Do persons who self-identify as LGBTQI 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 where and when possible. 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 learned 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?** (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 movement in your country/in the region? How do you engage with other actors within the movement, and what do you see as your contribution to the movement?** (Not more than 200 words)
2. **Please list names 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 referees 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. (***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. Please note that the letters must be signed, dated and specific for this request. In addition, provide the contact information for the referees 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.** (Not more than 300 words)

**PART B: PROPOSAL DETAILS**

1. **Is ISDAO the sole funder of this core support? Yes ☐ No☐**

**(If the answer is “Yes”, skip b and move to “c, d”)**

1. **If no, would this funding contribute to existing or anticipated support from other funders? Yes ☐ No☐**
2. **What percentage will this represent in your overall organization budget for 2025?**
3. **Please explain and include the other sources of core support funding:**
4. **Proposal title:**
5. **Proposal summary** *(Summarize your proposal in not more than 100 words)*
6. **What are the objectives of this grant request? What are the gaps that this funding would fill within your group/ organization**? (Not more than 200 words)
7. **How will this grant support the work that you are already doing or planning to do as a group/ organization? (**Not more than 200 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 group / organization’s planned work for the next 12 months? How does this contribute to the overall LGBTQI movement in your country and/or the sub-region?** *(Not more than 400 words)*
10. **How will you know that the core funding support is:**
11. **Supporting you to achieve the goal you envisioned?** (Not more than 100 words)
12. **Leading to the expected outcome(s) in your overall planned organizational/group work?** (Not more than 100 words)
13. **Contributing to the intended impact in line with your group/organization’s mandate/mission/vision?** (Not more than 100 words)
14. **Possible risks and how you plan to address them:** (Not more than 100 words)

**PART C: BUDGET/FUNDING**

1. **Please prepare a detailed budget that relates directly to the description of proposal Part B of the proposal form. Please use the budget template provided on our website for the 2024 call for proposals. Please carefully read the budget template guidelines before filling out the budget template.**
2. **Please provide a summary of your organizational budget for the next year (2025). Please provide this information using the budget template on our website for the 2024 call for proposals. Please carefully read the budget guidelines before filling out the budget template.**
3. **What were the sources of funding for your group/organization’s work in the last 2 years – in 2023 and 2024? This could include but is not limited to membership fees, contributions 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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