

**SMALL GRANT PROPOSAL FORMAT
CSI Program IRAQ**

Organization: _____

Contact Person: _____ Position Title: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

If you will implement the project with other partner NGOs, please also list their names:

Partner Organization(s): _____

Contact Person: _____ Position Title: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Project Title: _____

Total Project Budget: _____ Funds Requested: _____

Project Period: _____

Provide a detailed project description answering the following questions: (submit in a separate document, each point referenced with letter and number, e.g. A.1: (...); B.1: (...)) etc.)

I. INSTITUTIONAL INFORMATION

This is to give background about your association/organization and its capacity to actually implement the activities that it has proposed. It is important to provide even if your donor is already acquainted with some of your past work. The success of your application for a small grant will largely depend on the quality and comprehensiveness of your answers.

A. Your organization

1. When was your organization created?
2. Name the authority where your organization is registered within Iraq and include a copy of your registration document. (If an organization fails to produce a registration document it won't be considered for a small grant donation by ICMP).
3. What are the goals of your organization?
4. What is your strategy to accomplish your goals?
5. What projects have you completed in the past (brief listing and description)?
6. How many members do you now have?
7. Do you have a board? Name the board members and their professions.
8. If you cooperate with partner NGOs or are member of a network, name your partners and the network.
9. Name the geographical area which your organization covers and, if any, list branch offices, their locations and contact details.

B. Human resources/staff members

1. Provide detailed biographical information on the people who will work on the project. (including contact details).
2. Give a job description for all persons who will work on this project.

C. Funding Sources

1. What other sources for funding and in-kind contributions have been solicited to support this project (other than ICMP)?
2. Was the project running previously, if yes, please include documents (final narrative report(s), final financial report(s))?
3. Please list the names and contributions of any previous donors.
4. Please list other donors whom you intend to approach in the future.
5. Does your organization have a fundraising strategy, e.g. works together with professional fundraisers or organizations which provide support in proposal writing and long termed strategies? If yes, please name these individuals or organizations.

D. Project Budget (see pages 4 – 5)

1. Provide an itemized budget using the attached format.
2. Include a budget narrative, which justifies why items are needed.

II. PROJECT NEEDS AND OBJECTIVES

E. Problem statement

1. Define and summarize the topic your project will be addressing.
2. Explain the situation in the community you are targeting and then more specifically the problems of people (beneficiaries) you are concerned about.

F. Objectives

1. Based on the problem being addressed, what are you trying to achieve with this project?

G. Target Audience

1. Who will participate in this project?
2. What criteria are relevant for identifying your target audience/beneficiaries?
3. What community will benefit from your project?
4. How many people will be reached by your project?
5. Where are your beneficiaries located/Where is your area of activity?
6. How is your organization reaching out to your target audience?

III. PROJECT ACTIVITY AND PRODUCTS

H. Activities

1. Describe what you will do to achieve your objectives.
2. Summarize each activity of your project.
3. Describe where, how, and when those activities will take place and who will be responsible for doing what. (Please refer to B.1 and 2).

I. Workplan

1. Provide a timetable for the activities that will be conducted under your project. This should clearly describe which activities would be conducted at what time (i.e. month-by-month).

J. Products

1. List reports (internal: weekly, monthly, quarterly), published products (external: newsletters, articles, awareness campaigns), or other tangible things that will result from this project.

K. Project Impact and Results

1. Describe what you expect to happen as a result of this project activity?
2. Describe indicators of success and mechanisms you will apply measure or evaluate the impact of this project? (e.g. surveying beneficiaries, monitoring mutual activities, surveying public opinion, monitoring the media, seeing certain actions or decisions of your targets).
3. What follow-up is planned for the project?
4. What are your feedback mechanisms in terms of negative outcome and problems? How can beneficiaries complain and influence the outcome of the project?

SAMPLE BUDGET FORMAT

Please prepare a budget in New Iraqi Dinar. The budget should show a detailed breakdown of (1) the ICMP funds requested for the project and (2) the total costs of the project. Please note that ICMP only provides short-termed, project specific small grants which do NOT include running costs like of offices and staff salaries. Please clearly mark in the list below the requested funding from ICMP.

Your successful application for a grant will depend on the comprehensiveness and transparency of your budget.

Grant Budget Cover Sheet

Organization: _____

Project Title: _____

Project Period: _____

Start date: _____ End date: _____

(1) Funds Requested from ICMP: _____

(2) Matching Funds or in-Kind contribution: _____

(3) Total Project Budget: _____

Date of Proposal Submission: _____

Other Funding or in-kind contributions for the Project

Source (List funding organization)	Status (Requested or committed)	Amount

Budget Notes:

Sample Project Budget

	Item	Months/Unit	Rate Per Unit	Amount Requested	Other Donors	Total Project
I.	Project Management					
a)	Project Manager Stipend		/month			
b)	Project Assistant Stipend		/month			
c)	Expert Fees (Accountant, Lawyer, Other)					
	<i>Subtotal</i>					
II.	Project Support					
a)	Office Rent					
b)	Communications (Phone, Fax, E-Mail)					
c)	Postage/Delivery					
d)	Office Supplies (Paper, Pens, etc.)					
e)	Other					
	<i>Subtotal</i>					
III.	Project Activity					
1.	Events					
a)	Participant Costs					
b)	Travel					
c)	Lodging					
d)	Meals					
e)	Program Materials					
f)	Room Rental					
2.	Publications					
a)	Editing					
b)	Printing Costs					
c)	Distribution Costs					
d)	Translation Costs					
3.	Training/Consulting Services					
4.	Other (Please Specify)					
	<i>Subtotal</i>					
	TOTAL					