

**Capacity Building Training Grants - Application form**

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| Name of the organization: |  |
| Location: |  |
| Total budget requested: |  |

**Basic Information of applicant organization**

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| Official name of the organization in the mother language: |  |
| Name of your organization in English: |  |
| Registration number if available: |  |
| Legal representative of the organization (name, title): |  |
| Organization’s address: |  |
| Contact person name: |  |
| Contact person phone number: |  |
| Contact person e-mail: |  |
| Bank details: | Name and address of the bank:  Account number (IBAN format):  SWIFT address of the bank: |
| Owner of the account: |  |
| Signature to the account: |  |
| Can you receive money safely from MRG into your bank account? If not, explain what alternative methods you have to receive money. |  |
| Does the organization have any public debt? | Y/N |
| Are there any possibilities of conflict of interest for your organization in applying for this grant. | Y/N |

**Detailed Information of Applicant Organization:**

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| Provide a short description of your organization, its mission and vision, its goals, and its activities. |  |
| Highlight the organization's skills project design and management, risk management, and financial management, bookkeeping, donor reporting, leadership, organization building, and monitoring and evaluation are desired). Please note that the first three skills are required to conduct the training. |  |
| Are you a human rights organization? Please describe how your organization works to support human and minority rights. |  |
| Please list your experience in delivering capacity building trainings to human rights organizations | Training1 Project name  The aim of the training.  The beneficaries  Highlights if the training and learnt Lessins:  Supporters/sponsors of the training:  Training 2  Project name  The aim of the training:  The beneficaries  Highlights if the training and learnt Lessins:  Supporters/sponsors of the training:  Training 3 Project name:  The aim of the training:  The beneficaries  Highlights if the training and learnt Lessins:  Supporters/sponsors of the training: |
| Please list your organization’s social media handles, and website (if any): |  |
| Please state your organization’s annual turnover. |  |
| Complete list of past and current donors\* | List of past donors:    List of current donors: |
| Has your organization’s staff been involved in previous MRG activities? If yes, please specify. |  |

**Training proposal:**

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| Please provide an outline for the 3-day training. Please note that the training will cover the following subjects at least: project design and proposal writing, financial reporting and books keeping, donor reporting, leadership, organization building, and monitoring and evaluation. | *Day one*  *Day two*  *Day three* |
| How will you ensure gender and minority rights are mainstreamed in this training? |  |
| How will you ensure accessibility concerns of Persons with Disabilities are taken into consideration in your planning? |  |
| Please describe the methodology you will be using in the training. | *You must combine both theory and practice in the training and include interactive and participatory elements* |
| Please describe how you will plan for the training to execute it within less than two months after selection. Please describe your time schedule week by week until the training. | *\*Please give a specific week by week timeline of your intended activities. i.e. the first week of the project is entered in column number 1.*  *They do not need to include a detailed description of each task in the schedule, only their names/titles (please make sure that they match those listed in the activity question above.)*     |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name of the task** | **Weeks of implementation** | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
| Please give here a summary of total costs  **Please use the budget template attached to give the costs of each budget line.** |  |
| How and when will you carry out the evaluation of the training activity? |  |

**References**

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| Please provide at least two independent reference persons who are familiar with your work. | *Reference 1:*    Name:    Organization:  Job Title:    E-mail address:    Phone/Signal/Whatsapp number:      - - - -    *Reference 2:*    Name:    Organization:  Job Title:    E-mail address:    Phone/Signal/Whatsapp number: |

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  