**Philippines Office**:

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***Proposal Format***

Recommending Advisor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Recommended Amount: **\_\_\_\_\_\_\_\_\_\_\_**

**Project Title:**

**Date of Submission:**

**Name of Organization:**

**Contact Person/ Project Leader:**

**Contact Information:**

***Project Outline***

(*Please use as much space as you need - the section in the form will automatically expand - but try to be specific and concise. Maaring magdagdag ng espasyo na kakailanganin, ngunit subukang maging tiyak at payak*)

**Background on the Project** (What is the problem or issue that you want to address?)

**Kaligiran ng proyekto:** Ano ang (mga) problema o isyu na gusto ninyong lunasan?

**Objectives of the project** (What do you want to achieve?)

**Layunin ng proyekto:** Anu ang gusto ninyong maabot?

**Expected outputs** (What do you hope to change or produce by the end of the project?)

**Inaasahang mangyayari:** Anu ang mga ninanais ninyong mabago o ibubunga pagkatapos ng proyekto?

**Target number of persons/ families who will benefit from the project?**

**Tinatayang bilang ng tao/pamilya na makikinabang mula sa proyekyo?**

**How will this project/ initiative affect or benefit the women and children of your community?**

**Paanong makakatulong o makikinabang ang mga kababaihan at mga bata sa nasabing proyekto?**

**Activities to be carried out to achieve each objective** (How will you achieve the objectives?)

**Mga gawaing ipapatupad upang maabot ang mga layunin:** Paano ninyo maaabot ang mga layunin?

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| **Mga Gawain** | **Kailan Gagawin** |
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**Timing of project** (When will the project start, timing of activities, when will it finish)

**Tyempo ng proyekto:** Kailan magsisimula ang proyekto, mga petsa ng mga gawain, kailan ito matatapos)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
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**Monitoring and Evaluation** (How will you monitor implementation of the project? How will you evaluate the results of the project?)

**Pagsubaybay at Pagtatasa:** Paano ninyo susubaybayan ang pagpapatupad ng proyekto? Paano ninyo tasahin (o bigyang pagpapahalaga) ang mga resulta ng proyekto?

**Other Projects** already implemented or currently being implemented by your organization in the fields relevant to the proposed project:

**Iba pang proyekto**  na naipatupad na o kasalukuyang ipinatutupad ng inyong samahan sa larangang may kaugnayan sa mungkahing proyekto?

## Financial Situation: Kalagayang Pananalapi

Organization budget last year: Laang-gugulin ng samahan noong nakaraang taon

**Source of funds last year:** Pinagmulan ng pondo noong nakaraang taon

**Organization budget this year:** Laang-gugulin ng samahan ngayong taon

**Source of funds this year**: Pagmumulan ng pondo ngayong taon

***Budget***

Please provide the information for the following:

* What funding or budget is needed for each activity
* How much are you expecting Samdhana to provide
* How much of this funding will your organization provide from other funding sources?
* Please also list in-kind contributions and/or amount of work that will be provided by volunteers:

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| **Budget Item** | **Qty** | **Unit Cost** | **Total Budget** | **Requested from Samdhana** | **Other Sources** |
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*You can submit your detailed budget in a separate excel file using the same format.*

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***Information on the Implementing Organization***

**Name of Organization:**

**Address:**

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person’s mobile phone and email:**

**When was the organization formed?**

Kailan nabuo o nagsimula ang inyong samahan?

**Mission and goals of your organization:**

Pakay/Layunin at tunguhin ng inyong Samahan

**How do you seek to achieve the above goals:**

Paano ninyo aabutin ang mga nabanggit na tunguhin?

**Names of organization’s officers or executive:**

Pangalan ng mga pinuno o mga tagapagpaganap ng samahan

**Names of the members of organization’s Board of Directors or similar governing body:**

Pangalan ng mga kasapi ng Pangasiwaan o kahalintulad na grupong namamahala.

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***Bank******Account*** (Personal bank accounts are not acceptable. If you do not have a bank account with your organization’s name, another non-profit organization may receive the funds; in this situation, the fiscal sponsor -the organization that will receive the funds- must complete “Fiscal Sponsor Information” below).

**Bank name :**

**Bank account name :**

**Bank account number :**

***Fiscal Sponsor Information:***

**Full name of Fiscal Sponsor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contact Person:**

**Address:**

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Non-profit Equivalency***

- Your organization’s Legal Status and, if relevant, registration number

 *(Yayasan/Foundation? Perkumpulan? Others?)*

- Your organization operated exclusively for (*please use √ mark*):

 \_\_\_ charitable, \_\_\_ scientific, \_\_\_ religious, \_\_\_ literary, \_\_\_ educational purposes

\_ others, please describe: advocacy for the environment and the indigenous people

- Does any part of the assets of your organization, now or planned for the future, inure to the benefit of private individuals, other than in the form of services which you organization is authorized to provide? (*please use √ mark*)

  **\_** Yes \_\_\_ No

 If “yes”, please explain:

- Does your organization make any payments to any of its officers or members of its Board of Directors or other governing body, other than reasonable compensation for services to the organization? (*please use √ mark*)

 \_\_\_ Yes **\_** No

 If “yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Upon dissolution, are the assets of the organization required to be distributed for charitable, educational, scientific, religious, medical or literary purposes?

 **\_** Yes \_\_\_ No

- Is your organization controlled by or operated in connection with any other organization? (*please use √ mark*)

 \_\_\_ Yes  **\_** No

 If “yes”, please list the names of such organizations and the nature of such control or

 connection: not applicable

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**References / referees** (please indicate name, function, address, telephone and email of persons who can be contacted for information)

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The undersigned officer or authorized representative of the organization affirms that the information or statements in this form are complete and accurate:

Signature :

NAME :

Title :

Annex 1.