**Annex 1**

**Application Form**

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| **CSO/Applicant details** | |
| **Name and registration number Please submit proof of registration** |  |
| **Mandate of the CSO** |  |
| **CSO staff focal point and alternate** | *(Please insert full name, title, e-mail address, telephone number)* |
| **Application details** | |
| **Proposal title** |  |
| **Small Grant Amount** | (*Please provide the amount MDL*) |
| **Duration and proposed start date** | *(Please state the duration in months)* |
| **Background** |  |
| **Main objectives/Results to achieve** |  |
| **Thematic Focus and Priorities** |  |
| **Geographical area** | *(Please indicate locality and district)* |
| **Activities (list them 1.,2.,) and related expected timeframe** |  |
| **How are the activities supporting the development or strengthening of the CSO’s institutional capacity?** |  |