الدليك الثاني للجمعيات الأهلية

دليل الجهات المانحة

إعداد محمد حسين النجار

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http://www.popcouncil.org		
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ب. هيئات مقارها خارج جمهورية مصر العربية

Global Fund of Women		
1375 Sutter Street, Suite 400 San Francisco, CA 94109, USA	:	
Tel (415)202-7640	:	-
Fax (415)202-8604	:	-
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www.globalfundforwomen.org		
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Global Human Rights Fund		
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Washington, DC 20006 2027838499		-
info@globalhumanrights.org	:	-
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NW Washington D.C – 20520	•	
+ 202 776 8691		
nea-grants@state.gov	:	
http://mepi.state.gov		
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The Norwegian Human Rights Fund		
P.O. Box 6890 St. Olavs plass; N-0130 OSLO, NORWAY	:	
+ 47 22 05 44 70/71	:	
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Parkring 8, A-1010 Vienna, Austria P.O. Box 995, A-1011 Vienna, Austria	·	
(+43 1) 515 64-0	:	
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i.najib@opecfund.org	:	
info@opecfund.org www.opecfund.org		

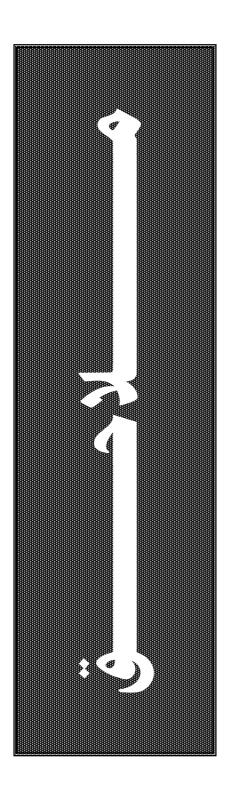
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Urgent Action Fund		
Africa, please send your proposals to		
Urgent Action Fund – Africa:		
Mailing Address:		
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PO Box 53841-00200		
Nairobi, Kenya		
All others, please send your requests to		
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Urgent Action Fund's U.S. office:		
urgentact@urgentactionfund.org		
Mailing Address:		
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PO Box 1287		
Boulder, CO 80306 USA		
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region2@globalfundforchildren.org		
http://www.globalfundforchildren.org		
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202-223-6042		-
info@ned.org		
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: Rights & Democracy : International Centre fo	or Human Rights and	
Democratic Developmen		
1001, boul. de Maisonneuve East, Suite 1100	:	
Montreal, Quebec H2L 4P9		
Canada		
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http://www.ichrdd.ca		
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Global Green-grants Fund		
2840 Wilderness Place, Suite E	:	
Boulder, CO 80301 USA		
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The Government of Japan Grant Assistance for Grassroots Human Security Projects (GAGP Program)

Application Form

PLEASE TYPE OR PRINT

1.	Applicant					
	(1) Name (in English and Arabic):					
English and Thursey.						
		Arabic				
	(2) Street Address:					
	Postal Code:					
	(3)	Mailing Address:				
	(3)	Postal Code:				
		Province:				
	(4)	Province: Telephone Number: ()				
	(.)	Fax Number: ()				
		Email Address:				
	(5)	Responsible Individual:				
	(-)	Name:				
		Title:				
		Position:				
		Tel. No.: ()				
		Mobile No.:				
		Email Address:				
	(6)	Contact Person (if it is different to above (5)):				
		Name:				
		Title:				
		Position:				
		Tel. No.:				
		Mobile No.:				
		Email Address:				
2.	Title of th	ne Project:				
		the Project:				
(A	A) Projec					
	(1)	Location:				
		Province:				
	(ii)	Nearest major city:				
	()	Direction: of:				
		(e.g. North, South-East, etc.) (City name)				
		Distance:km.				
	If yo	ou are not requesting for facilities (e.g. training centers, classrooms,				
	etc.)	, please skip the next question and go to Section (B).				
	(iii)	Ownership of the project site (Please select one.):				
		Owner, tenant, other (Specify):				
		E NOT THE OWNER, kindly explain the legal relationship with the				
land	downer.					

(B) Prese	ent situation and pro	blems to explain the impor	tance of the Project
(C) Objec	etives of the Project		
(D) Detai	iled description of th	ne Project	
E) Expect (Kindly of would co	eted effects of the Pr describe the relation contribute to the accor-	s between the Project and t	al pages.) the objectives, and how the Projection
(F) Estima	ated population that	would benefit from the Pro	ject:
(G) Estima	ated cost for the enti	re Project:	
Requesto (Plo	ease describe all th	d by the Grant Funds: e items, each quantity and ease attach additional page	
Items	essary for space, pre	Quantity Quantity	Estimated Cost (LE)
	_		

*Kindly attach a detailed breakdown of the equipment or materials, which you intend to purchase by the GAGP fund. Also complete the attached							
Costing Breakdown in accordance with the quotas obtained.							
(H) If you are applying the GAGP Program for a part of the project only, how will you finance the other costs?							
illiance the other costs?							
(I) Duration of the Project:							
From: to							
(Month, Year) (Month, Year)							
4. Information about Organization							
-Nature of your organization:							
Please check one from the following (a) (b) (c) (d).							
(a) Non-Governmental Organization (NGO)							
Registration No.							
(b) School or Research Institute (Government funded/ Private							
/NGO funded) (Primary School/ Secondary School/Technical/							
University)							
(c) Hospital or Other Medical Institution:							
(Government funded, Private, including community-based or							
NGO funded)							
(d) Local Government							
-Kindly answer the following questions according to the nature of your							
organization. If you are above mentioned (d), please answer only (iii) and (vi).							
(i) Year of Establishment:							
(ii) Country of Activities other than Egypt (If any):							
(""\ N 1 CD 1							
(iii) Number of Personnel:							
(iv) Purpose of Establishment:							
(v) Main Activities:							
(vi) Has your organization received any financial or technical assistance from foreign							
governments, international organizations or NGOs? If YES, kindly describe the content of the assistance:							
Kindly attach the following documents to this application form:							
* Costing Breakdown Form is attached at the end of this form							
* Maps indicating the Project site(s) and the office of the Organization							
* Design specifications of the Project							

- Written estimates of the equipment/construction obtained from three different suppliers/contractors and each English translation
- A copy of audit account issued by independent accountant for the past two years
- A copy of registration to Ministry of Insurance and Social Affairs (NGOs)
- Photographs of the Project site(s)
- Design drawing of the planed building if it is a Construction Project
- * Documents or booklets introducing the applicant (if you have any).

I, the undersigned, hereby declare that the statement given in this application form is true and correct, and, when necessary, I will provide more information requested by the Embassy of Japan. I further understand this is only an application, and I will have no objections if it is turned down as a result of an evaluation.

DATE:	(day)	(month)		(year)
NAME:			_ TITLE	
POSITIO)N:			
SIGNAT	_			
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Please ensure that the head of the Organization gives a signature here.

Mama Cash travel grant request sheet

Grant conditions

- · Organizations awarded a grant will receive a written term of agreement.
- · Grants of \$ 10,000 and up require a signed contract.

TRAVEL GRANT REQUEST SHEET

A. Contact information

Name of the organization Postal address Telephone/fax number Email address (if applicable) Contactperson (Name and position) Website

B. The organization

The purpose of your organization

- 1. What is the aim/mission of your organization?
- 2. Who are the beneficiaries/target groups of the organization?
- 3. What role do the people who benefit from your organization, have in the decision making process of your organization?
- 4. Please, mention local, regional, national and global women's organizations, and networks with whom you work.
- 5. How does your work contribute to the advancement of the rights of women?

The structure of your organization

- 6. When was your organization established?
- 7. Please, give a brief history of your organization (include the date when your organization was founded and the name(s) of your founder(s).
- 8. Is your organization a women's organization?
- 9. Please, explain the role women play in decision making within the organization.
- 10. What does your organizational structure look like (e.g. departments, team etc.)
- 11. What does the organizational governance system look like? (e.g. staff, board members, volunteers etc.)?

Activities

12. Please, describe briefly your organization's present and past activities/programmes and successes.

Financial information

- 13. Please, provide a detailed organizational budget (income and expenditure) of the last two years.
- 14. Please, provide the names and received funding of the funding agencies (in euros) Please, be aware that you must include a financial history to be considered for funding!!!!

C. The travel grant

- 15. Which meeting/event is the travel grant needed for? (Please, also give location and dates).
- 16. What is the aim/goal of this meeting/event?
- 17. For which member in your organization/ other organization is the travel grant for?
- 18. What is her role in the organization and why is her participation important?
- 19. What are the follow-up activities for your organization after this meeting/event?
- 20. What do you hope to accomplish with the travel grant? (Please, be as specific as possible, using concrete examples.)
- 21. Please, explain why this trip is important for the advancement of the rights of women in your region.

D. Travel expenses

- 22. How much money is needed for this trip?
- 23. Please give a detailed budget. (Please write the amounts in euros/dollars).
- 24. Did you approach other funds/organizations for grants concerning for this trip? (If yes, which ones?)

E. References

25. Please, send us three persons of reference (from outside the organization) and include their occupation and position and contact information (postal address, phone- and fax number and e-mail address).

Mama Cash grant request sheet (project support and general support)

How to apply

If you wish to apply for a project support or a general support, please answer all the questions of our general grant request sheet. Applications are accepted throughout the year and should be written in English, Spanish or French. Only suitable and fully completed grant request sheets are reviewed and discussed by the Advisory Council and our staff four times a year. After their meeting, you will be informed about their decision. All applications are notified within six months (or sooner, if the application is complete).

GRANT REQUEST SHEET for project support and general support

A. Contact information

Name of the organization Postal address Telephone/fax number Email address (if applicable) Contactperson (Name and position) Website

B. The organization

The purpose of your organization

- 1. What is the aim/mission of your organization?
- 2. Who are the beneficiaries/target groups of the organization?
- 3. What role do the people who benefit from your organization have in the decision making process of your organization?
- 4. Please, mention local, regional, national and global women's organizations, and networks with whom you work.
- 5. How does your work contribute to the advancement of the rights of women?

The structure of your organization

- 6. When was your organization established?
- 7. Please, give a brief history of your organization (include the date when your organization was founded and the name(s) of your founder(s).
- 8. Is your organization a women's organization?
- 9. Please, explain the role women play in decision making within the organization.
- 10. What does your organizational structure look like (e.g. departments, team etc.)
- 11. What does the organizational governance system look like? (e.g. staff, board members, volunteers etc.)

Activities

12. Please, describe briefly your organization's present and past activities/programmes and successes.

Financial information

13. Please, provide a detailed organizational budget (income and expenditure) of the last two years. 14. Please, provide the names and received funding of the funding agencies (in euros) Please, be aware that you must include a financial history to be considered for funding!!!!

C. The project

- 15. What is the name of the project?(if general support, please indicate)
- 16. What is the aim/goal of the project?
- 17. What exactly are you going to do? Please describe the activities within a timeframe.
- 18. Which target group benefits primarily from this project?
- 19. How many women do you plan to reach with this project?
- 20. How is the target group involved in the design, implementation and evaluation of this project?

Evaluation

- 21. How do you evaluate the outcome of your project?
- 22. How will the project activities improve the rights of women? (please, be as specific as possible, using concrete examples.)
- 23. How will a grant of this size strengthen the work of your organization?

Budget of the project

- 24. What is the amount of money you need for this project? (please, provide budget in euros)
- 25. Did you approach other funds/organizations for grants concerning for this project? (list individually other funding sources and requested budgets.)

D. References

26. Please, send us three reference persons (from outside the organization) and include their occupation and position and contact information (postal address, phone- and fax number and e-mail address).