St. Vincent & the Grenadines CONSERVATION Fund

CIVIL SOCIETY ORGANIZATION (CSO) PARTICIPATION FORM

*Please complete ALL sections of this form and submit this application to the SVGCF via* *onlineapplication@svgcf.org* *.*

*If the organization is a registered entity, the Certificate of Registration should be submitted with this application.*

*Kindly contact the SVGCF staff (see call for participation for contact details) if you have any questions about how to complete this form.*

***Please note that italicized text can be removed when submitting the application.***

| **Applicant Organization Legal Name:** |  |
| --- | --- |
| **Short Name/Acronym:** |  |
| **Total Permanent Staff / Active Members:** |  |
| **Organization Type:***Mark with an X one option only.* |  |  National Non-government organizations (NGOs) |
|  |  Community-based organizations (CBOs) |
|  |  Faith-based organization |
|  |  Regional/ international organizations |
|  |  Religious organization |
|  |  Universities and research institutions |
|  |  Fisherfolk associations |
|  |  Youth groups |
|  |  Other (specify here):  |
| **Year Organization Established:** |  |
| **Legally registered**  |  | Yes |  | No |
| **Purpose/ Mission:** |  |
| **Organization Address:** |  |
| **Website and Social media site:** |  |
| **Contact Person Name:** |  |
| **Contact Person Position:** |  |
| **Contact Person Email:** |  |
| **Telephone** *(with country code)***:** |  |

**Has your organization ever benefited from a SVGCF grant or received funding from the SVGCF?**

|  |  Yes |  |  No |
| --- | --- | --- | --- |

**If yes, please indicated which grant your organization benefited from or what type of funding.**

**Please list below past projects that your organization has managed or was a partner in, if applicable. (limit to the last 6 years):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Title** | **Main theme** | **Start** *(mm/YY)* | **End** *(mm/YY)* | **Main donors** | **Project budget** *(in USD)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Over the past two years, have you or any other representative of your CSO participated in a training on the following topics?** *Please tick all possible options*

|  **Training topics** |
| --- |
|  |  Organisational strengthening |
|  |  Financial management  |
|  |  Grant proposal writing |
|  |  Leadership and Governance |
|  |  Fundraising skills |
|  |  |