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*](mailto: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 |
|  |  |