



PAMOJA TUWALEE - GRANT APPLICATION FORM A COVCP-03-11

Please provide information in the space given. You may type or electronically complete this form. Handwritten applications will **not** be accepted. All answers must be written in English.

ORGANIZATIONAL INFORMATION

Name of Organization:

Physical Address:

District: P.O. Box No.

Contact Person:Position/Title:

Office Phone:Cell phone no.

Fax: E-mail address:

Establishment and registration:

Year in which your organization was established

Date of NGO registration Place of Registration (eg district or national level) *(Please note that a copy of Registration Document or Certificate of Compliance must accompany this form)*

Type of Organization (please tick the box): NGO FBO CBO network of organizations other

If other, please specify.....

District Applying:

Name of the District in which you are currently operating	Wards in which you are currently operating	Number of villages in which you are currently operating, per district and ward

Experience by Organisation of working with OVC/MVC to date;

Program / project name	Start and end date	Project objectives and geographical coverage	No. of OVC / MVC provided with services	Funder/donor	Total Dollar Amount

Experience by Organisation of managing donor funds (other non-MVC projects / programs)

Program / project name	Start and end date	Project objectives	Name of Funding Agency	Amount overall (Tshs)

Proposed project areas and targets

District(s) in which you are proposing to operate	Wards in which you are proposing to operate	Number of children you would aim to target, per ward	Number of Households you would aim to target. Per ward
Total no. of children / Households targeted in the first six months			

No. of children targeted in total (over whole project period)		
---	--	--

Key Staff Bios *(Please provide short biographical information on those staff that are intended to support the program)*

Name	Education and years of experience in MVC/Child Protection Programming

Key Government Stakeholders *(Indicate government offices, committees, officials or other coordination with LGAs currently undertaken in support of your programs)*

Committee/Department	District/Ward/Village	Contact Person

Your organization will be required to submit data on a six-monthly basis to both Pact and the DSW at district level to the Government of Tanzania's proposed Data Management System on MVC. For this, you will be given the tools to fill in and guidance on how to do so.

Are you willing and able to comply with this requirement? Yes No

Important; in order for your application to be considered at all, we require a photocopy of your NGO registration and/or certificate of compliance and an electronic copy of the application form.

Signed Position in organization.....

Date

Please send your completed and signed application to;

**Chief of Party,
Pamoja Tuwalee Program
Pact Tanzania,
74 Uporoto Street Victoria, Ursino South
PO Box 6348,
Dar-es-Salaam**

Please ensure you also provide an electronic copy on diskette, on CD Rom or by email to ptrfa@pactworld.org by 12pm 20 December 2011 Please note, **late applications will not be accepted.**