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IPPF International Planned Parenthood Federation
Africa Region



FEMINIST OPPORTUNITIES NOW (FON)

FORM FOR EXPRESSION OF INTEREST (EOI): GRANTS AND PARTNERSHIP

FUNDING WINDOW 1

Boost Call (5 000 to 15 000 Euro)

Rolling Call

This window is addressed to local CSOs:

- in need of an emergency financial support (core funding) to support its survival.
- providing emergency services to survivors and witnesses of GBV for instance.
- wishing to seize a programmatic, advocacy or development opportunity, such as attending an advocacy-related event, or any other punctual opportunity linked to its mission.

Key words are Emergency, Flexibility and Opportunity

Small, young, and informal feminist organizations are encouraged to apply

This subgrant will be subjected to simplified calls and decision procedure as well as a simplified due diligence procedure.

IS YOUR ORGANISATION ELEGIBLE TO A FON GRANT?

The CSOs which can apply for a sub-grant under the FON project must:

- **Be committed in favour of gender equality and implement actions to prevent and/or fight Gender-Based Violence.**
- **Be based and implement actions in at least one of the 10 countries of the Project (i.e. 1.3).**

Are particularly encouraged to apply organisations working with or led by people who, in their local context, that may face particularly high discrimination, gender inequalities and gender-based violence, such as:

- Members of the LGBTI+ community and in general people with diverse sexual orientation and gender identities
- People living with disabilities
- People living with HIV/AIDS
- Racial, ethnic or indigenous minorities (in the local context)
- Internally displaced, migrant and refugee people



- Sex workers
- Young people
- Members of any other community that in their local context face particularly high discrimination, gender inequalities and gender-based violence

ELIGIBLE	NOT ELIGIBLE
Organisations fulfilling the above criteria	Initiatives by individuals
Unregistered organisations	Initiatives presented by public/governmental institutions
The small, newly created and informal CSOs, without seniority criteria	Non-local organisations (international)
FON Project Countries	Not working in the GBV sector

ELEGIBILITY CHECK

1. Please select the country/ies where the organisation is based/operates:

- Ethiopia
- Kenya
- Burkina Faso
- Guinea
- Cote d'Ivoire
- Niger

2. I confirm the organisation is a local/national non-profit civil society organisation.

3. I confirm the organisation is a Civil Society Organisation and not a governmental institution or an individual.

4. I confirm the organisation's activities work towards preventing and responding to GBV and/or to advance gender justice.

IF YOU ARE AN ELIGIBLE ORGANISATION, PLEASE SUBMIT YOUR APPLICATION BY SELECTING ONE OF THE 2 FOLLOWING APPLICATION METHODS:

Methods to submit your partnership request. Please select one of the two following methods:



- A. Fill this form and send it to fon.africa.committe@ippf.org with the subject title on ‘EOI-Grants & Partnership’.
- B. Record a maximum 20 minutes video with answers to all the questions below and send to fon.africa.committe@ippf.org, with the subject title on ‘EOI-Grants & Partnership’.

BACKGROUND INFORMATION – CONTACT DETAILS AND PRESENTATION OF THE ORGANISATION

Name of the applicant organisation	
Date of the submission	
Requested amount (in local currency, USD or Euro)	
Duration of the period covered by the grant	
Name and designation of the contact person and its function within the organisation	
Contact Details of the contact person	Email: WhatsApp: Land Phone:
Address of the organisation <i>(physical and postal if different)</i>	
Social media of the organisation, if applicable	Facebook Twitter Instagram Other
Website of the organisation (if applicable)	
Type of structure: association, group, network, other. <i>Please share the Articles of Association as an Annex</i>	
Date of inception of the organization	



Is your organization legally registered in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If registered, please indicate date and place of registration <i>Please share the registration certificate as an Annex</i>	
If not registered, please explain why	
Does the organisation have a bank account under its name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the bank account details.	Name of the account holder Address of the account holder Name of the bank Address of the bank Account number IBAN SWIFT code
If your organisation does not have its own bank account, please explain why and by what other means you would receive the funds	
FUNCTIONING OF THE ORGANISATION	
Indicate the name and function of the person representing the organisation (i.e. President, Executive Director, etc.) <i>Please share a valid identification document of the person as an Annex</i>	
How many members does the organisation have, if applicable.	
Indicate the names and functions of the members of the	



<p>governing body if applicable (i.e. Treasurer, Secretary General, etc.) <i>Please share the list and their valid identity documents as an Annex</i></p>	
<p>Is your organisation mainly led by women or by the groups it serves?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your organisation have salaried staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, how many? <i>Indicate if possible the main salaried positions</i></p>	
<p>How many volunteers are involved in the organisation?</p>	
<p>Do you have branches of your organisation other than the main office? <i>Please provide all locations here.</i></p>	
ACTIVITIES OF THE ORGANISATION	
<p>What is the geographical scope of the organisation's activities?</p>	<p><input type="checkbox"/> Local (indicate the zone) <input type="checkbox"/> Regional (indicate the region/s) <input type="checkbox"/> National <input type="checkbox"/> International (indicate the countries)</p>
<p>How does your work relate to GBV/Gender Justice? <i>(Please indicate relevant area/s of work)</i></p>	
<p>What are the main objectives of your organisation? <i>Please enumerate in a list</i></p>	
<p>What specific population(s) is/are the primary focus of your</p>	



<p>work? <i>For example, disabled women, Indigenous women, lesbian women, migrant sex workers, etc.</i></p>	
<p>Please share the names of any organisations, networks and/or alliances your organisation has worked or currently with and how you collaborate with them. <i>(maximum 5).</i></p>	<p>1.- Organisation's name: Contact person: Contact details: 2.-</p> <p>Describe the type of collaboration/s</p>
<p>What change does your organisation's work want to make in the world? <i>(max 500 words)</i></p>	
<p>If applicable, what is the most significant achievement that has resulted from your organisation's work and that you are proud of? <i>(max 500 words)</i></p>	
<p>Can you please explain to what extent those activities, according to you, can be described as feminist?</p>	
<p>What was your annual budget of the last two years (in local currency and Euro), if applicable? <i>Please share your latest financial report as an Annex.</i></p>	<p>2021:</p> <p>2022:</p>
<p>What are your main sources of funding, if any? <i>(i.e. membership, granting, fundraising, etc. If possible, please put it according to their importance in the total budget)</i></p>	



If your organisation has difficulties in accessing funding, explain why and what is the impact on your activities	
Please add the name and contact details of the person in charge of the financial management of your organisation	
Does your organisation receive external support for its financial management (i.e., Accounting firm)	<input type="checkbox"/> Yes <input type="checkbox"/> No Indicate name And contact details
PARTNERSHIP REQUESTS	
Does the organisation need capacity development/ sharing to do better?	Yes No Not sure
If yes, which type?	
Anything else you would like to share with us.	

In the funding window 1, your organisation can request 1/core funding or 2/an intervention-based funding.

For core funding¹, please fill in part A.

For an intervention-based funding², please fill in part B.

If you choose to request funding for a project implementation, you can also request at the same time core funding and therefore fill in Part A and Part B.

A. CORE FUNDING REQUEST – Emergency needs due to internal or external factors

¹ [1] Core funding refers to a financial support that covers basic “core” organizational and administrative costs of an NGO, including salaries of non-project staff, rent, equipment, utilities, and communications. Core funding is sometimes called indirect funding, cost recovery, administrative cost, overhead, or unrestricted funding.

² Intervention-based funding refers to a financial support for the implementation of programme or project.



B.1) Amount and details of the requested grant

You can request funding to cover expenses of your organisation without having to link them to the implementation of a project.

This can be for instance: the cost of **human resources** (all or part of salaries, external services...), of **equipment** (for instance to purchase computers, office material...), **supplies** (paper, ink cartridges, etc.), **operational costs** (for instance office rental, transport, electricity costs, communication ...) or any other expenses linked to the common functioning of your organisation.

All the expenses to be funded must **solely benefit your organisation and contribute to overcome financial difficulties.**

Accounting documents of the expenses covered with this funding must be submitted by your organisation with the financial reports.

Indicate in the following provisional table the expenses that you are requesting to be funded.

Or you can attach an Excel budget table as an Annex.

Tick this box if you are annexing an Excel table

Recommendations to fill in the budget table below:

Column 1: Indicate the expense in its corresponding category. For instance: *Human Resources: 1. Salary of the secretary; Equipment and supplies: 1. Purchase a laptop, etc.*

Column 2: Indicate the reference unit. For instance: *for the salary of the secretary: Month; for the purchase of the laptop: equipment.*

Column 3: number of units. For instance, for the salary of the secretary for 6 months: 6; for the purchase of the laptop: 1

The **2 following columns:** indicate the cost of the expense in the currency of your country, first the cost of the unit, then the total cost of the expense (unit x quantity).

Last column: Convert in euros the total amount of the expense.

You can add or delete lines if necessary. Pay attention to double check your calculations!

What is your budget currency?	
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Nature of the expense	Unit	Quantity	Unit cost	Total cost
Human Resources				
1.				



2.				
...				
Equipment and material				
1.				
2.				
...				
Operational costs				
1.				
2.				
...				
Other expenses				
1.				
2.				
...				
TOTAL				

If applicable, what is the corresponding amount in Euro³?	1 € = ... Conversion Platform Used ⁴ : Date the conversion was made:
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B.2) Period covered for the requested grant

The period covered by the grant cannot go beyond **6 months**.

Except agreement by the selection committee, the period covered by the grant cannot start before the grant decision.

How many months are covered by the requested grant? (maximum 6)	
Dates for the beginning and end of the period covered by the grant	

B.3) Justification of the requested grant

³ Please indicate the conversion platform you used (Oanda, XE Currency Converter, InforEuro, etc.)

⁴ This conversion rate only has information purpose for the sake of the application. If the application is selected, the conversion rate will be fixed by the subgranting organisation.



1. List all the expenses of your request and complete the table below (add as many lines as necessary):

Expenditure item	What is the purpose of the expense?	How will this expense support the emergency your organisation is experiencing?

2. List main activities, actions or projects that your organisation is going to implement during the period corresponding to the duration of the requested grant:

3. Describe how your activities or projects can be sustainable? Can they be replicated? Can they be implemented in other locations? etc.

Accounting documents of the expenses covered with this funding must be submitted by your organisation with the financial reports.

Go to section C to see the list of documents to be annexed to your application

C. INTERVENTION-BASED REQUEST – Emergency project

C.1) Information about the Project

1. What is the sector that best describes your emergency project? (tick the box: multiple boxes are allowed)

SRHR
 Sexual and gender-based violence
 Economic violence or discrimination
 Political violence or discrimination
 Other, please describe



.....

2. Project Duration

The period covered by the grant cannot go beyond **6 months**. Except agreement by the selection committee, the period covered by the grant cannot be before the grant decision.

How many months long is the project submitted? (maximum 6)	
Dates for the beginning and end of the period covered by the grant	

3. Description of the Project

Please answer the following questions:

- a) **What is the title of your Project?**
- b) **What is the location of your Project?**
- c) **Describe briefly to what issues your Project is responding and what are its objectives?**
- d) **Who are the beneficiaries of your Project? If possible, indicate the number of direct beneficiaries.**
- e) **What are the activities of your Project?**
- f) **Is your Project a new one or is it the continuation of a current one?**
- g) **Describe how your activities or projects can be sustainable? Can they be replicated? Can they be implemented in other locations? Etc**
- h) **What are the main results that you expect with the implementation of this Project?**
- i) **How do you plan measure the results of your Project (indicators)?**

C.2) Amount and details of the grant requested

Indicate in the following provisional table the expenses that you are requesting to be funded.

Or you can attach an Excel budget table as an Annex.

Tick this box if you are annexing an Excel table

Recommendations to fill in the budget table:



Classify the expenditure of the project by chapters in column 1. (for instance: human resources, equipment, transport, training costs, etc.) and detail the type of expenses in the lines under the chapters. You can add as many lines as necessary. Pay attention to double check your calculations!

What is your budget currency?	
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Nature of the expense	Unit	Quantity	Unit cost	Total cost
Chapter 1 Indicate the type of expense:				
1.				
2.				
...				
Chapter 2 Indicate the type of expense:				
1.				
2.				
...				
Chapter 3 Indicate the type of expense:				
1.				
2.				
...				
<i>Etc.</i>				
1.				
...				
TOTAL				

Clarifications on the calculation of costs

If applicable, what is the corresponding amount in Euro⁵?	1 € = ... Conversion Platform Used ⁶ : Date the conversion was made:
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⁵ Please indicate the conversion platform you used (Oanda, XE Currency Converter, InforEuro, etc.)

⁶ This conversion rate only has information purpose for the sake of the application. If the application is selected, the conversion rate will be defined by applicable rules.



Go to section D to see the list of documents to be annexed to your application

D. ANNEXES TO ATTACH TO THE APPLICATION

We request you to join a certain number of annexed documents to your application. Please fill in the following table: tick the box in column 2 if the document is attached to your application or explain in column 3 why you cannot send that document.

1. Requested documents	2. Tick if attached	3. Explain if it cannot be attached
Articles of the Association	<input type="checkbox"/>	
Legal registration certificate	<input type="checkbox"/>	
Latest annual financial report	<input type="checkbox"/>	
Bank account certificate	<input type="checkbox"/>	
Provisional budget of the year and 2 latest yearly budgets of the organisation (2021-2022)	<input type="checkbox"/>	
Identity document of the person representing the organisation (with photo)	<input type="checkbox"/>	
A list of members of the governing body, their function, their identity documents (with photo), their contact details and their signature	<input type="checkbox"/>	
Declaration of Honour by the legal representative stating that the entity is not under legal or judicial investigation for fraud/corruption/misappropriation of funds and it is not indebted	<input type="checkbox"/>	

You can attach any other document that you consider useful to support your application. List here all additional documents that you are attaching to the application:



If your organisation wants to request for this grant application to remain confidential, please indicate it here and explain the reasons:

By submitting a funding application to the FON Project and ticking this box, the organisation or individuals representing them, accept to undergo the “**Integrity Due Diligence**” (screening operations). CSOs, platforms or movements appearing in the List of Financial Sanctions will not receive any funding of the FON Project.

By using this form, you agree with the storage and handling of your data in the framework of the project Feminist Opportunities Now (FON).

Your personal data will be processed by the FON Consortium members and shared with the RCAC’s members in order to manage your participation in this call for expression of interest and, in the case your application is awarded a sub-grant, to make you be able to fully benefit from the support proposed by FON. This treatment is necessary, and you consent to it.

The legitimate basis for the processing of your data is your consent. At any time, you may revoke the consent given with the simple notification of your will by sending an email to the following address fon.africa.committe@ippf.org

Signature:

Date: