**WOMEN HEADED HOUSEHOLDS ECONOMIC EMPOWERMENT OPPORTUNITY.**

**APPLICATION FORM FOR GRANT: GRANT AND IMPLEMENTATION.**

**FUNDING CIRCLE 1**

**“Women Headed Households Economic Empowerment”: Amount qualified for:**

**Not exceeding USD 50,000 for organizations and USD 10,000 for individuals.**

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| **This circle is addressed to local and National CSOs e.g. NGOs/CBOs/FBOs/SHGs**:   * That want to improve economic status of Women Headed Households. * That need to ensure the sustainability and economic independence of Women Headed Households, and therefore to enable them to educate, feed and clothe their families without exposing themselves to indecent conducts which may lead to GBV. * that need to offer women Technical/Vocational skills training therefrom offer them business seed/boost: * That require funding to offer financial and parental skills to Vulnerable Women Headed Households.   Definition of Women Headed Household according to this call is: Single Mother, Widow and married Woman who are the main breadwinners in their households.  NB: The targeted women must be economically vulnerable. Economically able Women are not eligible to apply.  **All applications must be submitted on or before 30th of June, 2025.**  **All applications must be sent to email address of:** [**Donations@glorycarefoundation.org**](mailto:Donations@glorycarefoundation.org)  **Website: www.glorycarefoundation.org** |

**ARE YOU QUALIFIED FOR THIS CALL?**

The organizations which can apply for grant must:

* **Be committed in favour of Women Headed Households**
* **Be located in Africa and Asia continents**
* **Be located within informal settlements (slums)**
* **Be dealing with vulnerable women only.**

**Qualification status.**

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| **Qualified** | **Unqualified** |
| **Organisations fulfilling the above criteria** | **Organization engaged into outlawed activities like terrorism, drug trafficking, human trafficking** |
| **Unregistered organisations** | **Government organizations** |
| **The small, newly created and informal Civil Society Organizations. i.e. NGOs, CBOs, Self Help Groups, Foundations, Faith Based Organizations.** | **International organizations.** |
| **Africa and Asia continent countries.** | **Organizations based outside Africa and Asia** |
| **Individuals seeking economic and Education Empowerment** | **Individuals without legal identification documents.** |

**Qualification confirmation.**

1. Please select the Continent where you/your organisation is based:

☐ AFRICA

☐ ASIA

2. ☐ I confirm that I am seeking grants for:

☐ My organization.

☐ My personal economic/education empowerment.

3. ☐ I confirm that:

☐ the organization deals only with vulnerable Women Headed Households

☐ that I have legal Identification documents and that I am economically vulnerable.

4. ☐ I confirm that:

☐ my organization shall empowerment only vulnerable Women Head Households

☐ I am a woman and also the breadwinner of my Households.

**APPLICATION FORM**

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| **Please print the form to sign, scan, and return to email :** [**Donations@glorycarefoundation.org**](mailto:Donations@glorycarefoundation.org) **on or before 30th, June, 2025.** |
| **Organization’s/Individual applicant full name and full address, including foreign country postal code:** |
|  |
| **Contact person’s name, email address, and in-country phone number:** |
| **Does your organization have a website/or social media account?**  **If yes, please share the social media and website handles.** |
| **Contact person to be listed on the final documents (if different from above):** |
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| **Amount of money you are applying for in USD(United States Dollar)** |
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| **How did you hear about Glory Care Foundation?** |

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| **Is your organization registered with your government (Ministry of Finance or another ministry) as a legitimate charity/NGO/CBO/SHG/FBG***(for organization only)*  **Circle: Yes or No If yes, what is the registration number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Please email us copies of your registration documents.*  **If not registered, how would you wish to receive the fund?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is your organization tax exempt in your country?***(for organization only)*  **Circle: Yes or No**  *If yes, please email us a copy of your tax-exempt status.*  **Are you requesting tax exempt status in your country for the fund?(***for organization only)*  **Circle: Yes or No**  **If the applicant is individual, do you have all legal identification documents?**  *Please email us your legal identification document.* |

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| **Has your organization successfully received grant from any organization previously? (***for organization only)*  **Circle: Yes or No**  **If yes, how much did your organization receive? \_\_\_\_\_\_\_\_\_** |
| **Who are the custodians of the organization funds?(***for organization only***)** |
| **Please list the name of all members of your organization and their phone numbers together with identification documents numbers***.(for organization only)* **For individual applicant, please indicate the names of all your dependants and their conduct in case of adults.** |

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| **Does your organization/Individual applicant have bank account bearing name?**  **If yes, state the account details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If No, indicate how you intend to receive the fund** |
| **Do you need technical/professional support from our team to make you better?** |
| **Can you provide bank statement of your organization/Yourself for the last two financial year?**  **If yes, please email us one year bank statement(***for organization only)* |

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| **Can you/your organization receive money exceeding USD 10,000 without creating complications with the financial authorities of your country?**  **If Yes, please state the complications/problems.** |

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| **Does your country currently face crisis like flood/drought, political instability/terrorism attack?**  **If Yes, which crisis? Please specify.** |
| **How many Months are covered by the requested grant(maximum 12months) (for both organizations and individuals)** |
| **What was your annual budget of the last two years in USD(for both organization and individuals)** |
| **Does your organization receive external support for its financial management (i.e) Accounting firm)(organization only)** |
| **What is your main sources of funding, if available?** |
| **Where available, what is the main achievement or success that has resulted from your organization’s activities which you are proud of?** |
| **Does your organization have branches apart from your main centre?** |
| **Does your organization have employed staff?** |
| **Does your organization have volunteers? If yes, how many?** |
| **Is your organization mainly led by Women, if Yes, state the number of Women and Men in your organization.** |
| **How many members does the organization have?** |
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**Project description. (***For both organization and individual applicants)*

1. **Description of the Project**

*Please answer the following questions:*

1. **What is the title of your Project?**
2. **What is the location of your Project?**
3. **Describe briefly to what issues your Project is responding and what are its objectives?**
4. **Who are the beneficiaries of your Project? If possible, indicate the number of direct beneficiaries.**
5. **What are the activities of your Project?**
6. **Is your Project a new one or is it the continuation of a current one?**
7. **Describe how your activities or projects can be sustainable?**
8. **What are the main results that you expect with the implementation of this Project?**
9. **How do you plan to measure the results of your Project (indicators)?**

**Budget estimation for organization/individual making application.**

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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.* |  |  |  |  |
| *…* |  |  |  |  |
| *Etc.* |  |  |  |  |
| *1.* |  |  |  |  |
| *…* |  |  |  |  |
| **TOTAL** |  |  |  |  |

**NOTE: you can use a clear Excel sheet to explain your budget or use table format you understand better to explain the amount you are applying for and how it’s going to be spent.**

☐ By submitting a funding application to Glory Care Foundation by 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 from the Foundation.

☐ By using this form, you agree with the storage and handling of your data by Glory Care Foundation management as provided in this application form.

***☐ Selected organizations/Individuals will only receive the amount determined by the Glory Care Foundation board of management. Expenses beyond USD 50,000/10,000 will be the sole responsibility of the applicant.***

***☐ the organization reserves the right to eliminate any proposal application that doesn’t seem to satisfy its goals in the short or long run***

***☐ the entire application process is totally free of charge, though charges not exceeding (USD 39) may be required if application is filled in any language other than English or if you are accessing the Glory Care Foundation grants in any of the sensitive regions required to pay the application fee. The fee may be for documentation verification or organization representatives’ integrity screening with the authorities in your country/region.***

**☐ the fund is grant not a loan and therefore non-refundable but, the beneficiaries must clearly state the sustainability mechanism of their proposed projects in order to be able to support their communities in future**.

NB; return this form in PDF format to avoid changes of your answers by anonymous individuals.

In less than 500 words, please explain how your proposed project will be sustained and how you intend to give back to your community after the successful implementation of the project.-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

***Officials signatures***

Please ensure this application is signed by at least three officials (for organizations only)

Signature:

Date: