

# GO HELP AFRICA FUND APPLICATION FORM



## **Application Form for Small Grants/Funds to Facilitate Rural Communities Development and Engagement with individual stakeholders in Ghana.**

Collaborating with individual and corporate stakeholders in the fight against poverty is crucial. This application form targets individuals and corporate bodies who are interested in the fight against poverty in Africa. If your organization or individual stakeholders corresponds to the following criteria and requires financial support to develop certain areas, please fill out this application form providing you meet the below requirements.

### **1) Criteria for Grants selection:**

- a) Individual/Organisation based in Africa (Ghana);
- b) Experience in conducting monitoring, report drafting, working with the rural sector, advocacy, and the organization's potential to make useful contributions to the review process and follow up activities.

**2) Non-Governmental Organizations can also apply.** NGOs is defined as Non-Governmental Organizations (NGOs), community groups, trade unions, indigenous groups, charitable

organizations, faith-based organizations, professional associations and foundations. Profit making organizations will not be eligible.



## Application Form for Grants/Funding

### CHECKLIST

*Please make sure your application satisfies all the criteria specified in the below checklist.*

	YES	NO
Duly completed applicant information		
Duly completed project information		
Duly completed logical framework		
Duly completed work plan		
Proposal budget (Excel Format)		
Complete bank information provided		
Copy of registration certificate		
CV of the person who will be the focal point of the project		

## Full Project Proposal

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The following template shall be used for the elaboration of the full project proposal. Please complete ALL sections below. Please consider the following before completing the project proposal:

- Be clear about what you want to achieve and how you propose to do it**
- Write clearly and accurately**
- Ensure the budget relates to outputs listed**

### 1. APPLICANT INFORMATION

<b>Organization/Individual Name:</b>	
<b>Registration Number with your Government and date of registration (for Organizations):</b>	
<b>Representative's Details:</b>	
First and Last Name:	
Full Address:	
Contact information (tel, email, etc.):	
Position in the organization:	
Languages spoken:	

#### 1.1. Describe the organization's activities (if applicable)

*(Please give details about your experience with the private sector, legal analysis, report writing and/or advocacy. (max 300 words)*

#### 1.2. Staff involved in the project

*(Please provide information on the number and the expertise of the staff involved. Please attach the CV of the person who will be the focal point of the project.*

#### 1.3. Prior experience in working with a Non-Governmental Organisations

*(Please mention any project(s) in the last 3 years which were funded, even partially by a Non-Governmental Organisations or implemented with the support of international organizations. Provide name of the donor organisation, size of the grant received, date, duration and location of the project and a brief description.)*

## 2. PROJECT INFORMATION

<b>Project title</b>	
<b>Grant amount requested from GHA in Ghana Cedi.</b>	<i>(The amount requested should not exceed Ghc50,000)</i>
<b>Total cost of the proposal</b>	<i>(Different from the Grant amount requested from GHA if additional funding is secured. In this case, please provide evidence of the secured additional funding.)</i>
<b>Location of the project</b>	<i>(Please indicate place and region and justify the regional reach)</i>
<b>Project dates</b>	<i>(Please note the dates of the projects executed.)</i>

### **2.1. Project summary**

*(No more than 200 words)*

### **2.2. Activities to be implemented (Nature of project)**

*(Please describe the project activities.)*

### **2.3. Project end-beneficiaries and role of the community. State if you are working in cooperation with other organizations (if yes, which organizations, what sector, how do you cooperate etc...)**

*(Please provide information on the targeted beneficiaries (vulnerable and at-risk groups). Give a rough estimate of how many people the project will be able to reach/support. Please describe how the community will be involved in the project. Also explain how (if at all) you are cooperating/or plan to cooperate with other organizations in your planned activities.)*

### **2.4. Relevance of the project activities to the specific needs of the target group/community.**

*(Please describe the needs and constraints of the target group and how the project activities relate to them)*

**2.5. Specific objective(s) of the project**

*(Please define objectives that are specific, measurable, achievable, relevant and time-bound.)*

**2.6. Expected results of the project**

*(Please explain what the expected outcome of the proposed project will be on the situation of end-beneficiaries. More specifically, describe how you intend to gain visibility, support and the leverage needed to achieve the impact you seek)*

**2.7. Monitoring provisions and performance indicators**

*(Please explain how your organization will monitor the implementation and performance of the project and indicate one or more indicators per activity that will be used to assess the progress and performance of the project, and the achievement of the expected results.)*

**2.8. Sustainability**

*(Please describe what the prospects are for the benefits of the project being sustained after the funding ends. What measures are being put in place to ensure sustainability?)*

**2.9. Resource mobilization**

*(Please describe any planned activities to attract additional funding for your organization/project)*

**3. WORKPLAN (If applicable)**

Expected Results	Main Planned activities	Implementation period Months												Responsible party	Amount In GHc	
		1	2	3	4	5	6	7	8	9	10	11	12		2026	
																GHA

#### 4. BANK INFORMATION

<b>Bank Name</b>	
<b>Account Holder</b>	
<b>Account Number</b>	
<b>International Bank Account Number IBAN</b>	

#### 5. ADDITIONAL DOCUMENTS

Please provide, along with your application, the following documents:

- A copy of the Certificate of Registration from your organization;
- A copy of your organization's last year audited financial statement (if applicable);
- A CV of the person who will be the focal point of the project.

Signature: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

**NB. Selected individuals and Organizations will only be disbursed an amount determined by Go Help Africa. Expenses beyond these amounts will be the sole responsibility of the applicant.**

**REVIEWED AND APPROVED BY:**  
*(For official use only)*

	<b>DATE</b>	<b>SIGNATURE</b>
THE <b>CEO</b> , GO HELP AFRICA .....	.....	.....
THE <b>DIRECTOR</b> , GO HELP AFRICA .....	.....	.....
THE <b>SECRETARY</b> , GO HELP AFRICA .....	.....	.....

