# FEMINIST OPPORTUNITIES NOW (FON)

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

# FUNDING WINDOW 1: Boost Call (5 000 to 10 000 Euro)

| 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 grant will be subjected to simplified calls and decision procedures as well as a simplified due diligence procedure. |
| --- |

**Guideline to fill this application form:**

1. Check: if your organization is eligible to a FON grant?
2. If yes, fill the part I: background information of the application form
3. If you request a core grant, fill the part II- section A. core funding request
4. If you request a project/ intervention grant, fill the part II- section B: intervention-based request
5. Fill the part III: annexes
6. Submit the documents to ‘fon@creaworld.org’ by 30 June 2023.

# IS YOUR ORGANIZATION ELIGIBLE 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 2 countries of the Project.
* 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 |

**ELEGIBLITY CHECK**

Please check the boxes as applicable:

☐ Select the country/ies where the organisation is based/operates:

☐ Sri Lanka

☐ Bangladesh

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

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

☐ 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:

Fill this form and send it to ‘fon@creaworld.org’ with the subject title on ‘EOI-Grants & Partnership’.

Record a maximum 20 minutes video with answers to all the questions below and send to ‘fon@creaworld.org’’, with the subject title on ‘EOI-Grants & Partnership’.

**WOULD YOU LIKE OUR SUPPORT TO FILL THIS FORM?**

please contact us through fon@creaworld.org.

**GRANT APPLICATION FORM: BOOST CALL**

# PART I: BACKGROUND INFORMATION

| **1. 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 |  |
| Social media of the organisation, if applicable | Facebook  Twitter  Instagram  Other |
| Website of the organisation (if applicable) |  |
| Type of structure: association, group, network, other.  Please share the Articles of Association as an Annex |  |
| Date of inception of the organization |  |
| Is your organization legally registered in your country? | ☐ Yes ☐ No |
| If registered, please indicate date and place of registration  Please share the registration certificate as an Annex |  |
| If not registered, please explain why |  |
| Does the organisation have a bank account under its name? | ☐ Yes ☐ 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 |  |
| **2. FUNCTIONING OF THE ORGANISATION** | |
| Indicate the name and function of the person representing the organisation (i.e. President, Executive Director, etc.)  Please share a valid identification document of the person as an Annex |  |
| How many members does the organisation have, if applicable. |  |
| Indicate the names and functions of the members of the governing body if applicable (i.e. Treasurer, Secretary General, etc.)  Please share the list and their valid identity documents as an Annex |  |
| Is your organisation mainly led by women or by the groups it serves? | ☐Yes ☐No |
| Does your organisation have salaried staff? | ☐Yes ☐No |
| If yes, how many?  Indicate if possible the main salaried positions |  |
| How many volunteers are involved in the organisation? |  |
| Do you have branches of your organisation other than the main office?  Please provide all locations here. |  |
| **3. ACTIVITIES OF THE ORGANISATION** | |
| What is the geographical scope of the organisation’s activities? | ☐ Local (indicate the districts, villages)  ☐ Provincial (indicate the province/s)  ☐ National (indicate the country)  ☐ International (indicate the countries) |
| How does your work relate to GBV/Gender Justice?  (Please indicate relevant area/s of work) |  |
| What are the main objectives of your organisation?  Please enumerate in a list |  |
| What specific population(s) is/are the primary focus of your work? For example, disabled women, Indigenous women, lesbian women, migrant sex workers, etc. |  |
| Please share the names of any organisations, networks and/or alliances your organisation has worked or currently with and how you collaborate with them. (maximum 5). | 1.- Organisation’s name:  Contact person:  Contact details:  2.- …. |
| Describe the type of collaboration/s |
| What change does your organisation’s work want to make in the world? (max 500 words) |  |
| If applicable, what is the most significant achievement that has resulted from your organisation’s work and that you are proud of? (max 500 words) |  |
| Can you please explain to what extent those activities, according to you, can be described as feminist? |  |
| What was your annual budget of the last two years (in local currency and Euro), if applicable?  Please share your latest financial report as an Annex. | 2021:  2022: |
| What are your main sources of funding, if any? (i.e. membership, granting, fundraising, etc. If possible, please put it according to their importance in the total budget) |  |
| 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) | ☐Yes ☐No  Indicate name  And contact details |
| **4. PARTNERSHIP REQUESTS** | |
| Does the organisation require capacity development/ sharing to do better? | ☐Yes  ☐No  ☐Not sure |
| If yes, which type? |  |
| Anything else you would like to share with us. |  |

# PART II

**Your organisation can request 1/core funding or 2/an intervention-based funding, or both under this window.**

* For core funding[[1]](#footnote-0), please fill in the section A of this document.
* For an intervention-based funding[[2]](#footnote-1), please fill in the section B of this document.
* If you choose to request funding for a project implementation, you can also request at the same time core funding. In such case, please fill both the sections, section A and Section B.

## SECTION A. CORE FUNDING REQUEST

*Emergency needs due to internal or external factors*

**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 **general functioning** of your organisation.
* All the expenses to be funded must solely benefit your organisation and contribute to overcome financial difficulties.
* If the funding is granted, **accounting documents** of the expenses covered with this funding must be submitted by your organisation with the financial reports.

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.

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 ☐

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

| What is your budget currency? |  |
| --- | --- |

| 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 Euro[[3]](#footnote-2)? | * 1. € = …   Conversion Platform Used[[4]](#footnote-3):  Date the conversion was made: |
| --- | --- |

**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 |  |

**3) Justification of the requested grant**

A. 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? |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

| Go to **PART III: ANNEXES TO ATTACH TO THE APPLICATION** of this document to see the list of documents to be annexed to your application |
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## SECTION B: INTERVENTION-BASED REQUEST

*Emergency project*

**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  …… |
| --- |

1. 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 |  |

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? Can they be replicated? Can they be implemented in other locations? Etc.
8. What are the main results that you expect with the implementation of this Project?
9. How do you plan measure the results of your Project (indicators)?

**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? |  |
| --- | --- |

| 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 |  |  |  |  |

Clarifications on the calculation of costs

| If applicable, what is the corresponding amount in Euro[[5]](#footnote-4)? | 1 € = …  Conversion Platform Used[[6]](#footnote-5):  Date the conversion was made: |
| --- | --- |

| Go to **PART III: ANNEXES TO ATTACH TO THE APPLICATION** of this document to see the list of documents to be annexed to your application |
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# PART III: 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 | ☐ |  |
| Legal registration certificate | ☐ |  |
| Latest annual financial report | ☐ |  |
| Bank account certificate | ☐ |  |
| Provisional budget of the year and 2 latest yearly budgets of the organisation (2021-2022) | ☐ |  |
| Identity document of the person representing the organisation (with photo) | ☐ |  |
| A list of members of the governing body, their function, their identity documents (with photo), their contact details and their signature | ☐ |  |
| 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 | ☐ |  |

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 by 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@creaworld.org](mailto:fon@creaworld.org).*

*Your personal data will not be transferred to third parties except in compliance with legal obligation. Likewise, we inform you that the FON Consortium members will keep your data as long as you do not request the cancellation of these, remaining blocked later for the minimum time required by current legislation. You can exercise your rights of access, rectification, cancellation, opposition, portability and limitation of the processing of your data by contacting the above email address, attaching a copy of your ID duly proving your identity.*

Signature:

Date:

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. [↑](#footnote-ref-0)
2. Intervention-based funding refers to a financial support for the implementation of programme or project. [↑](#footnote-ref-1)
3. Please indicate the conversion platform you used (Oanda, XE Currency Converter, InforEuro, etc.) [↑](#footnote-ref-2)
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 CREA. [↑](#footnote-ref-3)
5. Please indicate the conversion platform you used (Oanda, XE Currency Converter, InforEuro, etc.) [↑](#footnote-ref-4)
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. [↑](#footnote-ref-5)