



MEMBER DETAILS

What is the name of your organization, project or centre: _____

Please describe where your project or centre is: _____

What is the name of the person we should contact at your project or centre: _____

What is your title: _____

Please give name of other persons at the centre or project and their roles: _____

Please tell us how we can contact people at your project or centre	What is the postal address we can send information to: _____
	What is the telephone number of the centre or project: _____
	Does anyone have a cell phone we can call? What is their name and number: _____
	Do you have access to a fax machine, if so what is the number: _____
	Do you have access to e-mail? If so what is the e-mail address: _____

Can you tell us more about your project?

How many children do you care for:

How many of these are orphans:

How many of these are disabled:

How many of these are pre-school:

How many are attending school:

Boys	Girls	Total

How many care-givers do you have at your centre:

How many of these are volunteers:

How many care-givers received any training:

Full Time	Part Time	Total

What services do you provide for the children?

- Soup
- Kitchen
- Prayers / bible
- Home based care
- School Uniforms
- Homework Club
- After School Club

- Games and Play
- Counseling
- Other services – please list below
- Help register children for games
- Help children get free school places

Please tell us more about your project

By signing below, I acknowledge that all information provided is correct and accurate to my full knowledge

Print Name: _____

Date: _____

Signature: _____



APPLICATION FORM

We are pleased to introduce the Woermann Brock We Care Trust Application form. WB We Care has developed this form to make the grant-seeking process simpler and more efficient for you. Before submitting this application to WB We Care, it is very important that you check to see whether your project matches the objective of WBWC Trust. For further information contact the WBWC Trust offices in Windhoek for information.

Take time planning; start small; and make sure you are able to deliver on what you promised to do. That means you should make sure your project is Simple, Measurable, Achievable, Realistic, and Timely. Wherever possible, we look for projects that are sustainable (that do not need ongoing funds). We also like programs that provide multiple services for needy orphans and vulnerable children (i.e. that are holistic) and that co-ordinate with other services in the area.

Date for application: _____ Date received by WBWC: _____

Project title: _____ WBWC Code: _____

Type of Grant requested: _____ Special Support Grant: _____ Incentive Grant: _____

Grant Amount (Total Support) request: N\$ _____

Have you received any previous WBWC Grants: Yes: _____ No: _____ If Yes when: _____

Implementing Organization

Name: _____

Address: _____

Region / district of service: _____

Telephone(s) _____

Fax / E-mail _____

Project Manager _____

Members of WBWC: _____ Date joined: _____

Number of Full-time paid staff involved in project: _____ Number of Volunteers involved in project: _____

Name and Position of contact person: _____

Phone: _____

E-mail Address: _____

Background Statement:

Briefly describe your organizations congregation, or group as it relates to the activities you are doing or have done to help orphans and vulnerable children or with families affected by HIV & AIDS. What do you see as your strengths and weaknesses, successes or lessons learned.

Objective of Activity:

What do you want to have accomplished by the end of the project? (in other words, how will this project contribute to the reduction of the problem you described)? How will you know that you have been successful. Be as specific as possible by being S.M.A.R.T. – that is make sure the outcome you want is Simple Measurable Achievable, Realistic and Timely.

Types of Services you will provide (estimated) and to whom:

	No	Yes	How many do you expect to serve by the end of the project? Total to be served (estimated)	Boys	Girl
Educational support of OVC					
Psycho-social support of OVC					
Supplemental nutrition and food					
Training of care-givers and/or community leaders in the provision of support to OVC					
Training and support for the start upon the income generating activities					
Home based care and support					
Legal services					
Special activities and events					
Other: Describe					

NOTE: You will be provided with statistical forms to keep track of this information during your project.

EDUCATION SUPPORT OF OVC:

Activities that promote the registration and attendance of OVC in school, including advocacy for reduced school development funds, hostel fees, examination fees, the provision of bursaries for secondary school , exams, books, or other school suppliers, the provision of a school uniform etc. May also include pre-school short-term vocational education, and after school programmes. Priority should be given to orphan headed households and those in greatest need.

PSYCHO-SOCIAL SUPPORT OF OVC:

The provision of psycho-social support and age appropriate HIV prevention-education through short term camps, kids clubs, after school programmes, counseling programmes, and the like. Programmes should emphasize character formation through the building of resilience. They may include a spiritual component and/or be provided within the context of religious values, so long as no participant is excluded for reasons of religious affiliation (or lack thereof).

SUPPLEMENT NUTRITION AND FOOD:

Programmes that target OVC in extreme poverty with supplemental food or nutritional supplements. Special attention must be paid to issues of sustainability; i.e. to promote self-sufficiency within households and communities with regards to food security.

TRAINING OF CARE-GIVERS AND/OR COMMUNITY LEADERS IN THE PROVISION OF SUPPORT TO OVC:

Programs that provide training and other forms of capacity building at community level to ensure that OVC are receiving appropriate care and support and access to available services and legal protection.

TRAINING AND SUPPORT FOR THE START UP OF INCOME GENERATING ACTIVITIES:

Programs that promote self-sufficiency at OVC households and community level. Priority should be given to orphan headed households and those in great need.

HOME BASED CARE AND SUPPORT:

Short term that provides or promotes medical care and social and economic support to OVC and other members of their household. Such care includes psycho-social, hospital, hospice, and home based care, as well as increased access to local medical service.

LEGAL SERVICES:

Activities that promote access to social grants and other benefits, assist with will-writing; and address issues of inheritance on behalf of OVC.

SPECIAL ACTIVITIES OR EVENTS:

Community mobilization and outreach on OVC, and/or programs that address one or more of the above service-categories.

YOUR PLANNING PROCESS:

Briefly describe the process your organization went through, that caused you to decide on this particular project.

PROJECT TIMELINE

<p>Describe exactly what you will do, step by step below. Include all the activities. Examples are: Purchase cooking pots and utensils for a feeding programme, or recruiting children for a weekend camp.</p>	<p>Who is the responsible person for this activity?</p>	<p>Place an X under the month when the activity will occur</p>											
		<p>Jan</p>	<p>Feb</p>	<p>Mar</p>	<p>Apr</p>	<p>May</p>	<p>Jun</p>	<p>Jul</p>	<p>Aug</p>	<p>Sep</p>	<p>Oct</p>	<p>Nov</p>	<p>Dec</p>
What we will do step by step	Name												

Use the space below or a separate sheet for additional steps and activities, or for comments or additional explanations

WHO IS IN CHARGE

Briefly describe the person(s) who will be in charge of the activities that you plan to undertake, and how much time they plan to spend on these activities.

ADD: LIST OF BOARD MEMBERS

In the space below or as a separate attachment, add a list of your board members, or if you don't have a board, add list of the people who have overall responsibility of your congregation. Please include contact details (phone, fax, e-mail)

How would you best describe your organization (check all that apply)

Religious Congregation (or group of congregations)

Denomination _____

Registered NGO (trust or welfare organization)

Community based group or organization (not formally registered)

PREVIOUS FUNDING

Have you ever received funding for OVC or HIV-related activities in the past? If yes please indicate from whom, when it was received and the amount:

From Whom	Date	Amount

ACCOUNT DETAILS

Name of Bank: _____

Post Office details: _____

Location (town / branch): _____

Account number: _____

Name of account: _____

Do you have an annual audit of your finances: _____

SAMPLE BUDGET FORM

Request to WBWC Please list the expected expenses – be as specific as possible	How much money do you need? (N\$)
Program Costs (training and direct support to children and their care-givers)	
Administrative costs (should not be more than 15% of your total budget. Includes local transport. Office expenses (not rent), communication with WBWC etc.)	
TOTAL	N\$

Contribution and resources in kind: (what your organization and community is contributing to the project)

Who else is funding you and for what? (List names or other agencies from which you are requesting funds, with dollar amounts and include which sources are committed or pending)

Feel free to explain your numbers if necessary (or attach extra sheets)
