# TESSA Small Grant Application Form

1. **INSTITUTION / ORGANISATION / COMPANY DETAILS**

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| a. Registered name: |
| b. Registered as / type: |
| c. Registration number: |
| d. Location / street address: |
| e. Website: |
| f. Signatory name, title and role:  | i. Postal address:  |
| g. Tel no: |
| h. Email address: |

1. **YOUR DETAILS**

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| --- | --- |
| a. Full name, title and role:  | d. Postal address:  |
| b. Tel no:  |
| c. Email address:  |

1. **PROJECT DETAILS**
	1. **Project name:**

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* 1. **Project overview (explain the project in one paragraph):**

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* 1. **Project details:**

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| **a. Your background (tell us a little about yourself and your institution/organisation/company, as well as your current role and your TESSA experience):****b. Project context (tell us a little about the situation of the project, what brought it about, who the beneficiaries are and why you have selected them, etc.):****c. Description of the problem you are seeking to address or solve through your project and what evidence you have that the project is needed:****d. What you are proposing to do about this problem through your project:****e. List the specific activities and outputs from your project:****f. Where will the project take place:****g. Who and how many will benefit from the project:****h. When will the project start and end and if applicable how many hours and sessions will it include:** |

* 1. **How does this project support the goals of TESSA Small Grants:**

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1. **PROJECT COST**
	1. **Total project cost:**

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| --- | --- | --- |
|  | **Cost in local currency** | **Indicative cost in GBP** |
| **a. Total project cost** |  |  |
| **b. Amount you are contributing** |  |  |
| **c. Amount you are requesting from a TESSA Small Grant\*** |  |  |

\*Please complete the detailed TESSA Small Grant budget worksheet in Excel and include this with this application form.

* 1. **Please provide any additional notes or information regarding the budget, grant request or cost of the project:**

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1. **PROJECT OUTCOMES, FOLLOW UP AND SUSTAINABILITY**
	1. **What outcomes do you expect from the project:**

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* 1. **How will you follow up after the project:**

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| **a. How will you follow up and continue to support beneficiaries in the short term:****b. How will you support sustained changes in the longer term:** |

1. **OTHER -- Please use this space to provide any other information if needed:**

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1. **DECLARATION**
	1. The above mentioned institution, organisation or company is duly registered and able to issues invoices and receive payments directly into its registered business bank account.
	2. I am authorised to make the application on behalf of the above mentioned institution, organisation or company.
	3. I undertake that I and the above named institution, organisation or company will provide the verification and monitoring documents required on project completion, including:
		1. A financial and a narrative report on the project.
		2. Documents supporting the expenditure, including attendance registers, invoices, receipts, cheques and transfers, etc.
		3. An article and/or case stories from participants or beneficiaries of the project as appropriate, along with photos.
		4. Completed monitoring and evaluation forms as provided by TESSA.
	4. I understand that I and the above named institution, organisation or company, as the applicant, are responsible for covering all insurable risks or costs in relation to this programme of work, and that TESSA cannot be held responsible or liable for any damage or harm that may arise from the proposed activities.
	5. I certify that the information contained in this application is correct and true.
	6. If the information in the application changes in any way I will inform TESSA immediately.

Signed: ……………………………………………………………….. Date:…………………………….

On behalf of: …………………………………………………………………………………………………….

(Above named institution / organisation / company)