**SADC TFCA Learning Partnership Micro Fund - Application Form**

*Please provide your answers in the given spaces so that application does not exceed two pages.*

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| --- | --- |
| Briefly describe the proposed activity/activities. | Learning Objective/s: |
| Target Group / Beneficiaries: |
| Specify which TFCAs will be involved in the proposed activity.  | Specify which countries will be involved in the proposed activity. |
| Information on Partner #1 in proposed activity:Name:Designation:Organisation: Postal Address:Telephone Number:Email Address: | Information on Partner #2:Name:Designation:Organisation:Postal Address:Telephone Number:Email Address: | Total cost of proposed activity\*: |
| Total amount requested from GIZ\*: |
| Detailed budget breakdown:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cost Item | Cost\* | Amount requested from GIZ\* | Amount paid by a different source\* | If paid from different source, specify source: |
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*\*Please give all amounts in your local currency.* |
| How will the proposed activities support the objectives of SADC TFCA Programme? |
| Make reference to existing plans/strategy in which proposed activities are embedded.  | How will you document the exchange / lessons learnt? |
| What follow-up measures are planned: | How will you apply the lessons learnt in future? |
| How will you measure success / effectiveness of proposed activity? | Endorsement letter by the managers/directors of your partner organisation/institution attached □   |

Date: Organisation Stamp:

Place:

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

Name:

Designation:

Organisation: