**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: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *\*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: