# Green Climate Fund CSO Readiness Programme

# Proposal Writing Bootcamp

Organizational Profile and Expression of Interest Application Form

**Please return the completed form by February 5, 2025**

**A) Information about the organization** *(give clear and complete details to ease follow-up logistics)*

|  |  |
| --- | --- |
| **Organization***:* |  |
| **Institutional Email:** |  |
| **Phone Number :** |  |
| **Mailing Address:** |  |
| **Physical Address:** |  |
| **Website address:** |  |
| **Head/CEO of the organization** *(will approve this application)* |  |
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**B) Organisation focus and leadership**

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| --- | --- | --- |
| **Year organization was established** | |  |
| **Type of Organization:** | | NGO  Community-Based Organization Association Cooperative  Private Institution |
| **Organization scope of work:** | | Local/Community  National |
| **Who constitutes the management team of the organization** *(add more rows as necessary/ please note this mentoring programme targets individuals in management who play a role in the day-to-day running of the organization and decision making)* | | |
| **Name** | **Position within the organization** | |
|  |  | |
|  |  | |
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**What option(s) best describe the leadership of the organization (***tick all applicable options and give a brief comment for your answer***)**

|  |  |  |
| --- | --- | --- |
| **Statement** | **Tick if it applies** | **Comment (optional)** |
| 1: Women led-organisation |  |  |
| 2: Youth-led organization (Leader under 35 years) |  |  |
| 2: Youth focused organization |  |  |
| 3: Faith-based organization |  |  |
| 4: Other |  |  |

**Does your organization work with the following groups as target beneficiaries? If yes, please feel free to provide additional details.**

|  |  |  |
| --- | --- | --- |
| **Beneficiary** | **Yes/No** | **Details (optional)** |
| Women |  |  |
| Youth |  |  |
| Vulnerable groups of people including the underprivileged in rural areas |  |  |

**C) Human resources and staffing**

**i) State numbers of staff with the following contractual arrangements**

|  |  |
| --- | --- |
| **Contractual arrangements** | **Total number** |
|
| Permanent contract |  |
| Temporary contract |  |
| Volunteers |  |
| Other (specify………………..) |  |

**ii) State numbers of staff with core duties in the organization**

|  |  |
| --- | --- |
| **Work area** | **Number of staff** |
| Project development |  |
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**D) Please share information on at least 2 past or current projects implemented and the main sources of funding for the organization *(give a brief comment on the contribution received)***

|  |  |  |
| --- | --- | --- |
| **Title of projects** | **Source** | **Comments** |
|  |  |  |
|  |  |  |

**Part II: Motivation for joining the Trainer of Trainers program**

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| --- |
| **i) Please state the mission of your organization and give a brief on the current work/projects you are doing** |
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| --- |
| **ii) Please share your organization’s strengths. What skills and expertise exist within the organization?** |
| **Strengths**   * XXXXXXX * XXXXXXX   **Existing Skills and Expertise**   * XXXXXXX * XXXXXXX |

|  |
| --- |
| **iii) What skills gaps are most pressing for your organization that you would like improved through this program?** |
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| --- |
| **v) Kindly explain below why your organization should be considered, and how skills obtained from the training will be applied to ultimately benefit the network.** |
|  |

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| **vi) Please provide below any other relevant information or comment(s)** |
|  |

**Part III: Application Approval**

**Applications must be approved by the head of the organization as a commitment to the Trainer of Trainers program if selected.**

**Sign for and on behalf of:**

**Signature:**