

Small Grant Application

Application Summary

Name of Applicant	
Phone	
Email Address	
Project Title	
Submission Date	
Project Goal(s)	
Funding Request Amount (USDs)	
No# of Beneficiaries	

1.Challenge/Need

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Solution S	ution and how	you think it co	ould solve the pr	oblem.]

3. Resources Required

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4. Timeline

[Instructions: Please list all resources and associated funding required to successfully test this solution.

Steps	M1	M2	М3	M4	M5	M6	M7

5.	Attached Supporting Documents Number, state and indicate the Supporting Document
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6. Expert Assessment

[Instructions: Please assess the supporting documents given to you and kindly advice on the nature of the situation and how best this situation can be assisted by Our organisation.

Name	
Contact Details	
Email Address & Phone	
Profession	
Submission Date	
Project Goal(s)	



7. Recommendation	1	
Recommendation 2		