

### FAST TRACK SMALL GRANT – PROJECT APPLICATION FORM

Development Aid for People with Disabilities

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## General Instructions

Abilis Foundation sr. (hereafter “Abilis”) is a development fund that supports the activities of persons with disabilities in the Global South. The Foundation was established by Finnish persons with disabilities. The Abilis Board is composed of persons with disabilities who have wide experience and interest in development cooperation. The major funder of Abilis is the Ministry for Foreign Affairs of Finland.

Abilis gives grants to projects planned and implemented by persons with disabilities. These projects contribute towards equal opportunities for persons with disabilities through human rights, advocacy, independent living or economic self-sufficiency. The grant amount that a group or association can apply for with this form ranges from €500 to €5000. If you wish to apply for a larger grant please contact Abilis or Abilis representative for the application form for regular grants.

Applications are assessed based on the participation of persons with disabilities in the planning, decision making, commitment and management of the project. The applicant organisation is required to contribute at least 10 % of the project budget as own contribution. This can be in form of money, voluntary work or other resources. This own contribution must be from the group itself, not from another donor.

**New Reporting Standard:** Starting from 2024, all new projects funded by Abilis are required to implement 100% reporting. Grantees have two reporting options:

* + **100% Reporting Option:** Grantees choosing this option are required to self-finance 10% upfront. Upon approval of the final report on 100%, Abilis will reimburse the 10% to the grantee.
  + **90% Reporting Option with Follow-Up Report:** Grantees opting for this choice will report 90% of the grant initially. After Abilis disburses the last 10% of the grant, grantees are expected to submit a follow-up report on the remaining 10%.

Abilis will reward timely and complete reporting with the opportunity for continued funding from Abilis and a letter recognizing successful reporting. Late or incomplete reports may face delayed reimbursements and exclusion from continued funding. Submitting reports on time is therefore crucial for smooth processing and continued support. Please consult our Abilis representative in your country to understand these changes and make informed choices for your reporting. Indicate your group’s preferred reporting option (100% Reporting with 10% upfront or 90% Reporting with Follow-Up Report) in the Quick Checklist on page 5.

At least one reference person is required. The task of the reference person is to provide an independent evaluation of the project's practicability. The reference person is expected to have thorough knowledge of the applicant organisation, the project plan and the general conditions existing in the project area. The reference person should answer all questions stated in the guideline that is attached to this application form. The reference person should not personally and directly benefit from the project or be a member or employee of the organisation.

Abilis has the responsibility to keep persons with disabilities participating in their funded activities safe from harm. Thus, Abilis requires all grantee organisations to sign and adhere to a code of conduct. You will find the code of conduct attached. Please read it and be prepared to sign it, if your project is approved for funding by Abilis. Any breach of this code of conduct will result in the termination of funding.

Please find attached the Abilis application form. You are required to answer all questions in the application form. Any missing information will result in delays during the processing of the application.Please, first read the questions carefully before filling in the form. You can use a separate paper if the space given is not enough. If you need additional information and clarifications, please read the guidelines attached at the end of this form. If you still need further help, please get in touch with Abilis using the contact details below. Please, remember Abilis' official communication channels are e-mail and post.

Please, remember to keep paper or digital copies (or originals) of all documents sent to Abilis for the files of your organisation and to keep these files in good order for future needs.

With best regards,  
The Staff and Board of Abilis Foundation

You can return the signed complete copy of the filled application to Abilis by e-mail or by post to the address below or to the Abilis representative in your country:

**Abilis Foundation sr.**  
Lintulahdenkatu 10  
00500 Helsinki, FINLAND  
Tel. +358 9 6124 0300  
Email: **abilis@abilis.fi**

You need to provide your organisation’s financial report, balance sheet, bank statements, and/or an audit report (if available) of your previous financial year. The application also needs to be supported by a certificate of registration of the applicant organisation, or an explanation as to why your organisation cannot provide one. An explanation must be also given if there are no financial documents available.

Before sending us your application documents, please make sure that you have correctly filled in the whole application. Remember to also double check and fill in the quick checklist on the next page.

| Quick Checklist | X |
| --- | --- |
| Application Form |  |
| Budget |  |
| 2-3 pro-forma invoices (quotation/price estimate for 2-3 shops, for comparing prices) for major appliances such as computers, sewing machines or hammer mills, if applicable |  |
| Preferred reporting option:   * 100% Reporting with 10% upfront **OR** * 90% Reporting with Follow-Up Report | €  € |
| At least 1 recommendation letter |  |
| Copy of your certificate of registration (or an explanation why it is not available) |  |
| Balance sheet, bank statement or an explanation why one is not available |  |
| Audit report of previous financial year (if any) |  |
| All needed signatures |  |

Please consult the Abilis manuals on project planning (*Manual 1: Planning* for success) and proposal-writing (*Manual 2: Project Proposal Writing*) to help you plan your organisation's project and filling in this form. If you do not have them, please contact us and we will be happy to send them to you.

Please remember that all project-related issues must be discussed with Abilis via email. Social media (e.g. Facebook) cannot be used to handle project-related matters. If you fill in the form by hand, please write clearly.

You can get more information from:[**www.abilis.fi**](http://www.abilis.fi)

### PROJECT APPLICATION FORM

|  |
| --- |
| GENERAL INFORMATION |
| **1. Name of the applicant organisation/group in English:** |
| **2. Name of the applicant organisation/group in local language:** |
| **3. Postal address of the applicant organisation:** |
| **4. Visiting address of the applicant organisation, if different to postal:** |
| **5. Country:** |
| **6. Phone/mobile number:** |
| **7. Email:** |
| **8. Website:** |
| **9. Social media (Facebook, Instagram, Twitter, LinkedIn if you have):** |
| **10. Name of the contact person (Mr./Mrs./Ms.):** |
| **11.** **Contact person’s position in the organisation:** |
| **12. Contact person’s phone/mobile number:** |
| **13. Contact person’s email:** |
| **14. Project name in English (maximum 10 words):** |
| **15. Project name in local language (maximum 10 words):** |
| **16. Planned duration of project (months/years):** |
| **17. Original sum applied in local currency:** |
| **18. Name of local currency:** |
| **19. Original sum applied in EUR:** |
| **20. What are the most relevant priority areas of the project?**  Please tick up to three (3) priority areas of the following:  a) Stronger Organisations of Persons with Disabilities  b) Disability inclusion in communities  c) Disaster Risk Reduction (DRR) and emergency management  d) Sexual and Reproductive Health and Rights (SRHR)  e) Women and girls with disabilities  f) Livelihood and economic empowerment |
| **21. Where will the project be implemented?** Please, tick one.  a) Capital city  b) Town  c) Countryside  List down the name(s) of the place(s) where the project will be implemented. |
| APPLICANT ORGANISATION |
| **22. Short description of your organisation.**  Please describe:   * When was it formed? * By whom? * What is the mission or purpose of your organisation? |
| **23. Date and year of registration:** |
| **24.** **Where was your organisation registered?** Please, tick.  a) with the national government  b) with the regional government  c) with local government  d) not registered yet  e) not registered yet, but in the process of registration |
| **25.** **What is the type of your organisation?** Please, tick.  a) Cross-disability OPD  b) Disability-specific OPD, please specify:  c) Women’s organisation  d) Other, please specify: |
| **26. Who are the board members in your organisation?** Please, fill in the table below.   | **Full name** | **Gender** | **Disability** | **Position in the board** | **Contact information** | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Note: Board members refer to persons in leadership making decisions for the organisation. |
| PROJECT PLAN |
| **27. Brief description of the project.**  Please describe:   * How was the project idea developed and by whom? * What do you want to do, achieve and how? * Why do you want to implement this project? |
| **28. What are the activities of the project?** Please, fill in the table below.   | **Activity** | **Person responsible** | **When** | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **29. Who are the project team members?** Please, fill in the table below.   | **Full name** | **Gender** | **Type of disability** | **Responsibility in the project** | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Note:** Project team refer to those persons who will coordinate the project's activities and have the overall responsibility of the project. |
| **30. Please describe the role/participation of persons with disabilities in the project.** |
| **31. How many persons with disabilities will directly benefit from this project?**  Women **with** disabilities:  Men **with** disabilities:  Girls **with** disabilities:  Boys **with** disabilities:  **Note:** Women and men refer to persons **over 18 years old**. Girls and boys refer to persons **under 18 years old**. |
| **32. How many persons without disabilities will directly benefit from this project?**  Women **without** disabilities:  Men **without** disabilities:  Girls **without** disabilities:  Boys **without** disabilities:  **Note:** Women and men refer to persons **over 18 years old**. Girls and boys refer to persons **under 18 years old**. |
| **33. How many persons will indirectly benefit from this project and who are they?** |
| **34. How will you ensure that all target beneficiaries can equally participate in the project and benefit from it?** For example, access to information, physical environment, and other personal accessibility, etc. |
| **35. How will you improve the status of women and girls with disabilities, and the realisation of gender equality in this project?** Please, give us some examples. |
| **36a. What are the most significant climate hazards/disasters in the project area?** For example: heavy rains and floods, drought, desertification, heatwaves, storms or typhoons, etc. |
| **36b. Describe how these hazards affect project activities, project participants and/or project assets and what risks are involved.** For example: are participants in danger when travelling to project activities during heavy rains, or does drought affect planned farming activities. |
| **36c. How do you plan to minimise or manage the possible risks (if relevant)?** What kind of resources (networks, assets, skills, training) do you have for this? |
| **37. How do the project activities impact the surrounding natural environment?** Consider what kind of resources are used, how is waste managed, what kind of agricultural methods are utilised (if relevant). |
| **38. What are the most significant human caused disasters and other obstacles in the project area?** For example: civil unrest, war, cyber-attacks, power cuts, lack of water and sanitation facilities, etc. |
| **39. What does your organisation want to do in the next five years?** |

### BUDGET DETAILS

**Budget to Abilis.** Please fill in the budget table for your project and make sure the budget follows the project plan and use your local currency only.

Exchange rate:

1 Euro =

Date of the exchange rate:

| **Activity** | **Unit cost** | **Total (in local currency)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Total:** |

**Note:** Provide 2-3 pro-forma invoices for major appliances like computers, printers, livestock, sewing machines or hammer mills (Please consult the Abilis representative in your country or in Finland for any further explanations.)

**Own contribution.** Please fill in the budget table for your own contribution and use your local currency only.

| **Activity** | **Unit cost** | **Total (in local currency)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Total:** |

**Note:** Own contribution refers to contribution coming from resources of your organisationnot from another source. This can bein kind such as time, labour, working hours or can be in cash. Please note that your own contribution must be at least 10 % of applied sum. You should list all own contribution also if it exceeds the required 10%.

### SIGNATURES

The contact person below, by submitting this application, hereby declares that:

* The organisation completing this form is directly responsible for the preparation, management, and implementation of the project.
* All information contained in this form has been prepared and agreed upon in consultation with those involved in carrying out the project.
* The information contained in this form is accurate and truthful.

Project contact person (Mr./Mrs./Ms.):

Position in the organisation:

I hereby confirm that the information given in this project application is correct and valid.

Date and place:

Signature:

Stamp/Seal:

Person responsible for finances (Mr./Mrs./Ms.):

I hereby confirm that the information given in this project application is correct and valid.

Date and place:

Signature:

Stamp/Seal:

Chairperson of the organisation (Mr./Mrs./Ms.):

I hereby confirm that the information given in this project application is correct and valid.

Date and place:

Signature:

Stamp/Seal: