



PARTNERSHIP APPLICATION FORM

General Information

Name of proposing organization:

Complete postal address:

Contact no. and email address:

DSWD Registration/Certification no.:

Contact person and designation:

Contact no. and email address:

Profile of the Organization

Write a brief background of your organization. What are its key objectives? What are the services offered, programs/ activities implemented by your organization? What sector of the community is your organization serving/ targeting?

General Description of the Proposed Partnership

A. Title of the Proposal:

B. Advocacy:

C. Target beneficiaries/ clientele:

D. Area of intervention/ assistance:

E. Requested amount:

F. Projected timeframe:

Project Description

- A. **Objectives:** Why is the proposed program/ project relevant? Why should it be undertaken and does it hope to achieve? How different will it be from other programs/projects providing similar forms of assistance?

- B. **Target beneficiaries:** What segment of the population (e.g. children, youth, indigenous groups, etc.) are you trying to reach and why? How many people will benefit directly or indirectly from the program/ project? How will the beneficiaries selected?

- C. **Timeline:** Create a table of planned activities and project milestones, including the projected start and end date of each phase.

- D. **Estimated budget:** Provide a breakdown of the requested financial support. The budget should relate directly to the planned activities and the costs required in implementing the project. If there are multiple sources of funding, indicate areas of cost sharing.



- E. **Indicators of Success:** How will you measure the success of the program/project? Will the program/project have a lasting impact on its beneficiaries?

