**Asia Catalyst Capacity Building and Advocacy Program in Myanmar**

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| **Application Form** | |
| **Organization Name:** |  |
| **Application Date:** |  |
| **Key Contact Person Name:** |  |
| **Key Contact Person Telephone:** |  |
| **Key Contact Person Email Address:** |  |
| **Organization address:** |  |
| **Organization’s Website:** |  |

Question1: Please provide your organization’s mission or vision.

Question 2: Please briefly summarize your main program activities, and what you aim to achieve through these programs.

Question 3: Please describe your organization’s structure, key staff members and their responsibilities and note the number of full time staff, part time staff and volunteers.

Question 4: Please provide contact information (email) for two people outside your organization that can provide a reference for your organization.

Question 5: What advocacy work does your organization do or plan to do? Please explain, including who you partner with.

Question 6: What are the key challenges your community encounters? Please explain why you think these challenges exist? You may include specific cases or examples.

Question 7: What has your organization already done to address these challenges?

Question 8: What do you think needs to happen to address the challenges, and what role can your organization play?

Question 9: How do you plan to fund this work?

Question 10: Does your organization have a current strategic plan, work plan or annual budget that you are able to share? Please provide as an attachment.

Question 11: How did you learn about Asia Catalyst and this program?