Local Partner Development

Stepping Stone to Success Training and Grant Program

**Attachment I – Organization Profile Form**

*This form is the first step in your application for training through the Stepping Stone to Success Program. Please review it carefully and answer all the questions. The structure of the template should not be revised. Please provide concise answers to all the questions. Once you have completed the application form, submit it to* [JamaicaLPDgrants@fhi360.org](mailto:JamaicaLPDgrants@fhi360.org) (with ‘Stepping Stone to Success’ in the subject line) OR in hard copy to the address below:

FHI 360 Office

Local Partner Development

Courtleigh Corporate Centre

2nd Floor South, 6-8 St. Lucia Avenue

Kingston 5

Attention: Stepping Stone to Success

*Applications will be accepted on a rolling basis from* ***February 27, 2019*** *through* ***March 26, 2019****.*

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| **Section I: Organization Information** | |
| Name of Organization |  |
| Location of the Organization | Street Address:  City:  Parish: |
| Which of the following best describes your organization? | Community-based Organization (CBO)  Faith-based Organization (FBO)  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone Number |  |
| Email Address |  |
| Contact Person details for the main contact(s)  (Fill in as appropriate. This person(s) must have official permission from your organization to be our main contact. We will send all correspondence about the application to this person.) | Name/Title:  Email:  Telephone Number: |
| Name/Title:  Email:  Telephone Number: |
| Which community does your organization serve?  (Applications to Stepping Stone to Success must demonstrate a record of service to  one or more communities in Central Jamaica. | Westmoreland |
| Please state community: |
| Hanover |
| Please state community: |
| St James  Please state community: |
| Trelawny  Please state community: |
|  | St Ann  Please state community: |

|  |  |
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| **Section II: Organization Description** | |
| Background | When and why was your organization created?  When: Day Month Year  Why: Briefly outline the purpose of the organization.  What: Types of activities does your organization implement?  For whom: Which target groups does your organization serve? Persons with disabilities, youth, LGBT, HIV or other vulnerable population. |
| **Section III: Motivation** | |
| Reasons for applying for the program. | How do you foresee this program assisting your organization?  What do you want to achieve through participating? |

Being authorized to sign on behalf of the organization, I hereby certify that to the best of my knowledge, this application in its entirety contains only true, accurate, complete and current information.

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| **Name(s), Title(s) and Signature(s) of the Person(s) in the organization that is/are authorized to sign agreements:** |
| Name: |
| Position: |
| Signature: |
| Date: |