Logo

Description automatically generated

Outreach application form

## Before you start

Please take time to read our **Application Guidance** notes before completing the application form and refer to the guidance notes for each section to help you with your application. These are also available to download from our website.

|  |  |  |  |
| --- | --- | --- | --- |
| Details of the organisation | | | |
| Name of organisation |  | | |
| Address |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Legal status (please tick one) | Public | Private | Charitable |
| Type of organisation (please tick one) | Local | National | International |

|  |  |
| --- | --- |
| Details of the person responsible for the project | |
| Name |  |
| Position |  |
| Telephone number |  |
| Email address |  |
| Qualification and/or skills |  |
| Additional project staff and their positions |  |

|  |  |  |
| --- | --- | --- |
| Please tell us about your charity and its work (your **mission**) | | |
| Ensure that your answer includes:  Examples of the range of your work  Where you deliver these services | | |
|  | | |
| Details of the project | | |
| Project Title |  | |
| Is this project (please tick one) | New project | Ongoing project |
| Intended start date |  | |
| Intended end date |  | |
| Location of the project (country/regions) |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Which of SPANA’s intended **outcome**(**s**) will your project be working towards? | | | |
| Please refer to the definitions within the **application guidance notes**, you may be working towards more than one, but please ensure that your project is in line with at least one of our overall intended outcomes. | | | |
|  | | | |
| Treat | Train | Teach | Transform |

|  |
| --- |
| Please describe what type of **working animals** exist within your **target community** or area, and what work they carry out (200-300 words max) |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | For **education** projects only, how are these animals related to the students you wish to reach? | |  |  Please describe the project you are requesting funding for (Max 500 words) |
| Ensure that your answer includes the following:   * What **need** your project is addressing and how you know that there is a need for this work (please include any supporting evidence and relevant statistics if available) * What you hope to achieve (your **scope** and **objectives**) |
|  |

|  |
| --- |
| What **activities** will you carry out in order to achieve your objectives?(500 words max) |
| * How will you deliver these activities? * How often will you carry out these activities? |
|  |

|  |
| --- |
| Can you see any potential problems (**risks**) in carrying out this project? |
| How will you mitigate or reduce these **risks**? |
|  |
| Will you be working with anyone else to deliver this project? |
| For example another NGO, government bodies, schools. |
|  |

|  |
| --- |
| What will be in place by the end of your project to ensure its sustainability? |
| How will you ensure that animals/children/owners/communities are supported once SPANA funding has ended?  Could the project continue without SPANA funding? |
|  |

# Funding

All figures to be quoted in Pounds Sterling.

|  |  |
| --- | --- |
| Source of financing | Amount |
| Requested SPANA contribution |  |
| Other sources (if any – guaranteed/applied for or will apply for) |  |
| Total |  |

|  |  |  |
| --- | --- | --- |
| Budget line | Amount | Detail |
| Large capital costs\*: |  |  |
| Other capital costs†: |  |  |
| Consumables: |  |  |
| Operating costs: |  |  |
| Promotional and education costs: |  |  |
| **TOTAL** |  |  |

\* Large capital costs include items such as building constructions and vehicles

† Other capital costs include items such as equipment and furniture

Thank you for taking the time to complete this application. We look forward to reading it. Please return completed forms to your contact at SPANA, or to education@spana.org

# THIS SECTION TO BE COMPLETED INTERNALLY

**\*\*\*\*\*\*\*\*\*\*\*\*The remainder of the form is for internal use only\*\*\*\*\*\*\*\*\*\*\*\***

**Risk**

|  |
| --- |
| Are there any potential risks to the project and how may these be minimised? |
| What assumptions have been made in the likelihood of achieving your aims? |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Owner | Risk | Severity | Tolerance | Actions | Deadline |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

## Strategic fit

|  |
| --- |
| In what way will the project contribute to our programme strategies of Treat, Train, Teach? |
|  |

# Further funding details

If existing funds from a current budget are applicable to spend on this project, please indicate the details below:

|  |  |
| --- | --- |
| Restricted funds | |
| Fund description(s) |  |
| Fund code/ID(s) |  |

## Next steps

|  |  |  |  |
| --- | --- | --- | --- |
| **All supporting evidence to be attached** |  | | |
| **Date submitted for DMF review** | / / | | |
| **DMF panel (see 0.0 Project Flow for criteria)** | Staff Panel | Director Lead Department | CEO |