## Application form

## CSOs INSTITUTIONAL STRENGTHENING PROGRAM

## - Round 2 -

Kindly, fill in the application form, and return it:

Via email: mentor-unit@usj.edu.lb or via fax: 01 421 026, attention of Mentor Unit.

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| **General information about the CSO** |
| Legal name of the CSO: |   |
| Acronym (if any): |  |
| Registration number: |   |
| Registration date: | Click here to enter a date. |
| Address: | Mohafaza: | Choose an item. | Street: |  |
| Caza: | Choose an item. | Building: |  |
| City: |  | Floor: | Choose an item. |
| Phone number: |  |
| Fax number: |  |
| Mobile number: |  |
| Email: |  |
| Website: |  |
| Contact Person : | Name :  |  |
| Position: |  |
| Email:  |  |
| Phone/Mobile number: |  |

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| **Information related to the CSO activity** |
| Field of activity: |  |
| Mission and purpose: |  |
| Geographical coverage: |  |
| Target groups / Beneficiaries: |  |
| Main activities with emphasis on the following areas if applicable;* Advocacy
* Public Awareness :
 |  |
| Plans for future work on the areas mentioned above (Advocacy and public awareness) if not yet the case: |  |

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| **Information about the CSO human resources** |
| Number of board members: |  |
| Number of adherent members: |  |
| Number of full time staff (paid) and their positions:  |  |
| Number of part time *s*taff (paid) and their positions: |  |
| Number of volunteers: |  |

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| **Information related to the CSO needs and motivation** |
| Main strengths of the CSO at the institutional level: |  |
| Issues that require improvement, at the institutional level: |  |
| Motives for applying to the institutional strengthening program *:* |  |
| Expectations from the institutional strengthening program: |  |