**APPLICATION**

**C3: cAPACITY ASSESSMENT[[1]](#footnote-1)**

**Maximum amount: DKK 100,000**

**Cover page**

|  |  |
| --- | --- |
| **Danish applicant organisation** (financially responsible): |  |
| **Contact person** from the Danish organisation[[2]](#footnote-2): | Name: Email address:Telephone number: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Time period:** | **Start** date: Click here to insert a date | **Completion** date: Click here to insert a date | Total number of days/months: |
| **Amount applied for:** | **Total Amount:**DKK  |
| **Signature of applicant organisation’s legally authorised representative:**The signature **attests to** the organisation’s commitment to this application for a **capacity assessment**, and confirms that it isin conformity with the Disability Fund’s guidelines, including the financial requirements. It also **confirms** that the signatory legally represents the organisation. |

|  |  |  |
| --- | --- | --- |
| Click here to insert a date. |  |  |
| Date |  | Signature of legally representative |

 Place Name of representative (block letters) |

|  |  |
| --- | --- |
| **Is this a re-submission?** (I.e. a revised version of a previously submitted application) | [ ]  No[ ]  Yes, last submission was on date/year: |
| **Has a capacity assessment funded by the Disability Fund previously been carried out?** | [ ]  Yes, previously carried out on date/year:[ ]  No |
| **Would you prefer a the assessment of the application in:** | [ ]  Danish[ ]  English |
| **Have you received advice from DPOD in relation to this application?** | [ ]  Yes[ ]  No |
| **Synthesis**(Brief description of the background, objective and approach to the capacity assessment in Danish, max. 150 words. This will be used as a presentation of the exercise on DPOD’s website.) |

##### **Guide**

##### **The application is composed of the following parts:**

#####  **Cover page**

#####  Key information about the applicant(s) and intervention to be funded, as well as the signature of the Danish applicant organisation’s legal representative.

##### **Part I** **Application text**. This must describe:

#####  ● Background to the capacity assessment

#####  ● Description of the assessment and follow-up

#####  The application text should be written with sufficient detail to be understood by an outsider without prior knowledge of the context, project or applicant.

#####  For each question, there is an explanatory text or sub-questions written on a pale green background. As in the case of this text, **all text on a pale green background is intended as a guide**. We recommend that you **delete it** before submitting the application. This will make it easier for you to keep track of the actual number of pages in part I.

#####  **TIP:** You can easily delete all the text on a pale green background in one go – Open ‘home’ (startside) and find styles (typografier) – right click on the style “Heading 5”(overskrift 5) press ‘select all’ (‘vælg alle forekomster’). Now press delete on your keyboard. This can preferably be done when all text in the application has been written.

##### **Part II** **List of annexes**: Here we ask you to itemise obligatory and supplementary annexes substantiating the application, including budget and budget notes.

##### **Part III** **Checklist**: This last part consists of items to be crossed off before submission to make sure the application is not rejected on administrative grounds.

##### Advice regarding capacity assessments can be foundat [handicap.dk/internationalt-samarbejde](https://handicap.dk/internationalt-samarbejde). Moreover, **DPOD’s advisors** are always ready to assist. They can be reached by email at: ais@handicap.dk.

##### **Submission of application:**

##### The application including checklist and annexes should be emailed to: ansogning@handicap.dk

##### Applications can be submitted on any date.

I. Application text*(suggested length: 5 pages)*

## Background to the capacity assessment

### 1.a Reason for the capacity assessment

#### What is the reason behind the need or wish to carry out a capacity assessment?

##### [Describe the background for why you need/want to have a capacity assessment undertaken. Elaborate on the challenges or growth situation your organisation is facing, or possible expansion or change in your portfolio you might be about to experience.]

## Description of capacity assessment

### 2.a Objective and content

##### [Please annex the Terms of Reference (TOR) setting out the background to the capacity assessment, the areas to be covered by this exercise, as well as the expected outputs.]

### 2.b Organisation and follow-up

#### How do you suggest organising the capacity assessment within the Danish organisation?

##### [This includes **a description of**:

##### The preferred timeframe for undertaking a capacity assessment

##### Who will act as resource persons in your organisation during the capacity assessment (j1-2 persons) and their respective roles?

##### To what extent your local partner(s) are expected to be involved and how.]

#### Do you have any suggestions or preferences regarding selection of an external consultant? If so, please explain.

##### [If you have a preference i.e. a particular consultant, kindly annex the CV[[3]](#footnote-3) if possible.]

### 2.c Followup

#### How do you expect the capacity assessment to be used? Who will the conclusions be shared with and how will you follow up its recommendations?

**II. Annexes**

##### [This section lists obligatory and supplementary annexes that substantiate the application, including budget with budget notes. Supplementary annexes serve to elaborate on the application text. Accordingly, you should remember to refer to such annexes in the actual application, which is also where the main points should be highlighted.]

## 1. Obligatory annexes

1. TOR for the assignment
2. Budget Format C

## 2. Supplementary annexes

Supplementary annexes may be, for instance, reports or analyses directly substantiating the objectives and rationale of the project. Please, only include documents that are key to the understanding or the assessment of the planned intervention.

|  |  |
| --- | --- |
| Annex | Annex title |
| C. | Possibly a CV[[4]](#footnote-4) |
| D. |  |
| etc. |  |
|  |  |
|  |  |

##### **To all Danish organisations engaged in international cooperation**

##### In addition to the annexes above, all Danish organisations engaged in international cooperation and applying to the Disability Fund must email their latest organisational profile by the end of each year to DPOD at: ansogning@handicap.dk. It is the responsibility of the applicant to ensure that DPOD is in possession of an up-to-date version when receiving an application.

**III. Checklist**

The checklist is an obligatory part of the application with the aim of ensuring that all administrative requirements are met. The checklist is therefore intended as an aid in the application process to avoid having the application returned due to minor errors or omissions.

## 1. Application

|  |  |  |
| --- | --- | --- |
|  | Yes | Remark |
| All questions in the application form have been answered (**cover page and Part I-II).** |   |   |
| Part I of the application adheres to the **indicated number of pages.** |   |   |
| All **explanatory text** (marked with pale green background, italics and square brackets) has been erased. |   |   |
| An **intervention synthesis** has been written in Danish at the bottom of the cover page. |   |   |
| All replies have been written in the font Arial, size 11, non-bold. |  |  |
| The organisation’s legally authorised representative has signed the application on the cover page. |  |  |

## 2. Budget

|  |  |  |
| --- | --- | --- |
|  | Yes | Remark |
| The **correct Budget Format (C)** has been used. |  |   |
| **The budget figure** on the cover page of the application (“Amount applied for”) **mirrors** the total in the Budget Format submitted. |  |   |
| **Budget Format, spreadsheet 1**: Budget and budget notes: | Yes | Remark |
| Relevant budget notes have been inserted.  |  |   |

## 3. Annexes

|  |  |  |
| --- | --- | --- |
|  | Yes | Remark |
| **Obligatory annexes** have been attached – see list in Part II of the application form. |  |   |
| All other relevant **supplementary annexes** have been listed and attached. |  |   |
| The electronic files of all **annexes have been named in numerical order**. |  |   |
| An up-to-date organisational profile has been emailed to DPOD within the past year. |  |  |

1. Only Danish organisations can apply for support to a capacity assessment. Any assessment of a local partner must be included in a project proposal as part of the support to organizational development. [↑](#footnote-ref-1)
2. Approved applications are uploaded to DPOD’s international website for the sake of transparency within the Disability Fund and in order to inspire others. If you do not wish your contact details to be published through this channel, please, write so to: ansogning@handicap.dk. You may at any time withdraw your consent. [Read more about DPOD’s data protection and privacy policy](https://handicap.dk/om-dh/privatlivs-og-databeskyttelsespolitik). [↑](#footnote-ref-2)
3. Danish identity numbers (CPR) must not appear in CVs. [↑](#footnote-ref-3)
4. Danish identity numbers (CPR) must not appear in CVs [↑](#footnote-ref-4)