**APPLICATION FORM FOR NON-GOVERNMENTAL ORGANIZATIONS**

**TO JOIN THE HUMAN RIGHTS NETWORK**

**(Please read each question carefully and mark the appropriate box or fill out the blank spaces in either English or Arabic)**

**Funded by the United States Agency for International Development (USAID)**

**Through the Building Alliance for Local Advancement, Development and Investment – Capacity Building (BALADI CAP) project**

1. **Organization’s General information:**
2. Name of the Organization:
3. Year of establishment of the organization:
4. Full Address:
5. Phone number (please include country and area codes):
6. FAX (please include country and area codes)
7. Contact e-mail address:
8. Website of the NGO:
9. **Representatives’ Information:**
	1. Position of the organization’s representative:
	2. First Name:
	3. Last Name:
	4. Address:
	5. Phone Number:
	6. E-mail Address:

This application form is made possible with the support of the American People through the United States Agency for International Development (USAID). The content of this application form is the sole responsibility of SIDC and does not necessarily reflect the views of USAID or the United States Government.

1. **Areas of interest/work of the NGO:**

[ ]  Youth issues

[ ]  Education

[ ]  Criminal Justice

[ ]  Advocacy

[ ]  Legal / International Law

[ ]  Migration

[ ]  Sustainable Development

[ ]  Social Development

[ ]  International Peace and Security

[ ]  Human Rights

[ ]  HIV/AIDS

[ ]  Labour

[ ]  Governance

[ ] Ageing

[ ]  Research

[ ]  Issues related to empowerment

[ ]  Economic, social and cultural rights

[ ]  Others, please specify:

1. **Target populations**

[ ] General population

[ ] Youth

[ ]  Children

[ ]  Refugees

[ ]  Migrants

[ ]  Women

[ ]  People with disabilities

[ ] People living with HIV (PLHIV)

[ ] People who use/inject drugs

[ ] Men who have sex with men (MSM)

[ ] Women who have sex with women (WSW)

[ ] Transgender people

[ ]  Sex workers

[ ]  Prisoners or male ex-prisoners

[ ] Others, please specify:

1. **Organization’s Detailed Information:**
	1. Scope of the organization (check one)

 [ ]  Local

 [ ]  National

 [ ]  International

* 1. What is the number of staff in your organization:

 [ ]  Full time:

 [ ]  Part Time:

 [ ]  Volunteers/interns:

* 1. What is your most recent annual Budget (2019):
	2. Which of the following are the main sources of funding for your organization’s activities

[ ]  Membership fees

[ ]  Fundraising activities

[ ]  Non-governmental donations

[ ]  Voluntary contributions

[ ]  Government subsidies

[ ]  Others, please specify:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the proposed NGO representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_