

# MANASO Application Form

For Office Use Only

Date Received	Code	Assessment Date
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1. Name of Organization		
2.-1 Full Postal Address		2.-2 Physical Address
3.-1 Telephone Number	3.-2 Fax Number	4. E-mail
5. Contact Person (Name, Position)		
6. Year of Establishment		
7. Number of Members Total: ..... Male: ..... Female: .....		
8.-1 Number of Volunteers Total: ..... Male: ..... Female: .....		
8.-2 Number of Employees (Please tick and state the number) <input type="checkbox"/> Full Time ..... <input type="checkbox"/> Part Time .....		
9. Catchments Area		
District	T/A	Village
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
10.-1 Estimated population of your catchments area		
10.-2 Targeted population of your Organization		
11. Target Group (Please tick) <input type="checkbox"/> Youth <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Orphans <input type="checkbox"/> PLWA <input type="checkbox"/> General		
12. Activities (Please tick)		
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Income Generating Activities (IGA)	
<input type="checkbox"/> Counseling & Testing Referral	<input type="checkbox"/> Orphan Care & Support	
<input type="checkbox"/> Home Based Care	<input type="checkbox"/> STD Management	
<input type="checkbox"/> IEC	<input type="checkbox"/> Youth Reproductive Health	
<input type="checkbox"/> Peer Education	<input type="checkbox"/> Gender & HIV/AIDS	
<input type="checkbox"/> Voluntary Counseling & Testing	<input type="checkbox"/> Rights Approach	
<input type="checkbox"/> Condom Distribution	<input type="checkbox"/> Other (Please State) .....	
<input type="checkbox"/> HIV/AIDS Awareness		

<p>13.-1 Legal Status of the Organization (Please tick and state the Ministry's name)          (If registered, please attach a copy of your registration)</p> <p><input type="checkbox"/> Registered with Registrar General</p> <p><input type="checkbox"/> Registered with Government (Department's Name:.....)</p> <p><input type="checkbox"/> Registered with CONGOMA</p> <p><input type="checkbox"/> Not Registered</p>
<p>13.-2 Is your Organization a member of DACC in your district?          (If yes, please attach a copy of acceptance letter)</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>14. Affiliation (Please tick and follow the instruction)</p> <p><input type="checkbox"/> Affiliated to MANET</p> <p><input type="checkbox"/> Affiliated to MIAA</p> <p><input type="checkbox"/> Affiliated to MANARELA</p> <p><input type="checkbox"/> Affiliated to NOVOC</p> <p><input type="checkbox"/> Affiliated to an NGO (State name of NGO)          .....</p> <p><input type="checkbox"/> Affiliated to a local church (State name of church)          .....</p> <p><input type="checkbox"/> Affiliated to a Hospital (State name of Hospital)          .....</p>
<p>15. Category of your Organization (Please tick)</p> <p><input type="checkbox"/> Donor Agency      <input type="checkbox"/> International NGO      <input type="checkbox"/> Local (Malawian) NGO</p> <p><input type="checkbox"/> Community Based Organization / Group      <input type="checkbox"/> PLWA Support Group</p>
<p>16.-1 Does the organization have an elected Executive Committee?          (If yes, please attach a list of the Executive Committee (Name, Position))</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>16.-2 Does the organization have a Board of Trustees?          (If yes, please attach a list of the Board of Trustees (Name, Position, Address))</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>17.-1 Does the organization have a mission statement?          (If yes, please attach the mission statement on a separate sheet)</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>17.-2 Does the organization have objectives?          (If yes, please attach the objectives on a separate sheet)</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>18.-1 Please list any other groups in your area working on HIV/AIDS?          .....</p>
<p>18.-2 State which of the above groups (if any) that you have links with?          .....</p>

19. Do you network with other organizations? (If yes, please list the organizations)	
<input type="checkbox"/> Yes .....	
<input type="checkbox"/> No	
20.-1 Sources of Funding	
<input type="checkbox"/> Income Generation Activities	<input type="checkbox"/> Local Donors
<input type="checkbox"/> International Donors	<input type="checkbox"/> Membership Fees
<input type="checkbox"/> Church Support	<input type="checkbox"/> Government Support
20.-2 If your organization is implementing IGA, please list your Activities. .....	
20.-3 If your organization is funded by <u>International</u> Donors, please list your donors. .....	
20.-4 If your organization is funded by <u>Local</u> Donors, please list your donors. .....	

Application Form Completed by .....

(Name, Position in Organization)

Date: .....

## Check List

Organization Name: .....

We submit the following documents:

- Application Form
  
- Map of the organization and the catchments area
- A copy of the Certificate of Registration of (Registrar General, Government, CONGOMA)
- A copy of the Acceptance Letter of DACC
  
- List of the Executive Committee (Name, Position)
- List of the Board of Trustees (Name, Position, Address)
- Mission Statement
- Objectives
  
- A copy of the Constitution

## **Instruction for Membership Application**

1. Fill out all of the questionnaires on MANASO Application Form.
2. Attach the following documents (If you don't attach any of them, MANASO doesn't accept your application.)
  - Map of the organization and the catchments area
  - A copy of the Certificate of Registration of (Registrar General, Government, CONGOMA)
  - A copy of the Acceptance Letter of DACC
3. Attach the following documents, if you answer "Yes" in the questionnaires.
  - List of the Executive Committee (Name, Position)
  - List of the Board of Trustees (Name, Position, Address)
  - Mission Statement
  - Objectives
4. Attach the following document, if you have.
  - A copy of the Constitution
5. Tick all that you submit to MANASO on the Check List.
6. Submit Check List and all of the documents you tick on the Check List to MANASO.

(Note) If your application is not filled out correctly or the required documents are not attached, your application might be rejected.