







STRENGTHENING NONPROFIT AND CIVIL SOCIETY ORGANIZATIONS IN BRAZIL PROGRAM

Training For Organizations Of The Metropolitan Region Of The City Of São Paulo

APPLICATION FORM

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What is your organization's annual budget, its main partners, and sources						
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	l source	s of fur	nding?			

2.4.	What are the main challenges that the organization currently experiences in relation to its strategic planning and partnerships?
2.5. [Does the organization do any work aimed at promoting diversity and social inclusion? Please describe.
	nterest of the Organization
3.1. 8	Should your organization be selected, how would it benefit from the training sessions?
3.2. I	f your organization is selected, what is your expectation of this training and what do you hope to learn?
3.3. \	Who would be the two staff members who would participate in the training sessions?
Nan	ne:
Pos	ition:
Tim	e at the organization (years/months):
Nan	no.
	ition:
	e at the organization (years/months):
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4. Other information

To better assist us in understanding your scope of work and to tailor the trainings to the participants, please fill out the table below and provide comments to explain your answers.

Your organization...

Mark with "X"	Yes	No	Comments
Has it undergone strategic planning in the last 5 years?			
Does it currently have a strategic plan?			
Does it carryout fundraising in a systematic way (bill collection, e-mail marketing, telemarketing, face-to-face, etc.)?			
Please provide some examples in the comments.			
Does it currently have a fundraising plan?			
Please provide a short overview in the comments.			
Does it know the basics of the process for receiving donations from the United States?			
Please provide a short summary of your understanding in the comments.			
Has it received donations from the United States in the past 5 years?			
If yes, please indicate the donor:			
Does it have Negative Debit Certificates at federal, state and municipal levels?			
Does it have an independent audit?			