



THE REPUBLIC OF THE GAMBIA
MINISTRY OF GENDER, CHILDREN AND SOCIAL WELFARE
116 D Block, Kanifing Estate (Digital Address: F84H+5HM)



ANNEX 5: SWEDD+ SMALL GRANTS APPLICATION FORM

Name of Applicant:

Region:

District:

Settlement:

Date of Birth: (Please attached Birth Certificate)

Tel 1: Tel 2: Tel 3:

Date of Application:

Legal Name of Business:

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(Should be the same as the Business registration certificate)

Year Founded:Current Annual Operating Budget: D..... (if applicable)

Amount Requested: D..... Priority: In Cash ☐ In Kind ☐

Propose Business Goals:

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Target Customers:

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

My Organization does not support and will not support or engage in any terrorist activity, and If a grant is awarded to my Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

Signatures:

Please note that filled application form should be submitted together with proposal