**APPLICATION PROCESS**

CaLP Membership is open to applicants from diverse backgrounds, including non-governmental organisations (NGOs), donors, UN agencies, the Red Cross Red Crescent Movement, academic institutions, independent experts, private sector actors, humanitarian networks, inter-agency initiatives and National Disaster Management Authorities.

Prospective organisations and independent experts[[1]](#footnote-1) are invited to complete and submit this form by the current deadline (given on the website)to rose.smith@calpnetwork.org. Once submitted, a CaLP representative will normally confirm receipt of your application within 7 working days.

CaLP reserves the right to phase the consideration of applications based on number of applications received. Applications received after the deadline will be considered in the next application round.

Applications will be assessed on the basis of the applicant’s profile in cash and voucher assistance (CVA) as evidenced by the membership application form, as well as the applicant’s alignment with CaLP’s vision, goal and principles.

CaLP may request applicants to submit the following documentation as necessary – proof of current legal registration, proof of social corporate responsibility/humanitarian principles or equivalent, most recent organisational annual report, including audit information.

**OTHER CaLP DOCUMENTS**

All applicants should familiarise themselves with:

1. Membership Terms (which will require signature upon a successful application)
2. Membership Statement (which includes details the member fee structure)

**QUESTIONS & CONTACT INFORMATION**

Any inquiries related to this application process may be directed to CaLP at [rose.smith@calpnetwork.org](mailto:rose.smith@calpnetwork.org)

**MEMBERSHIP APPLICATION FORM**

**Part I: Applicant’s Background and Details**

|  |  |  |
| --- | --- | --- |
| Basic Information | **Name of applicant/organisation (if part of a federation please specify** |  |
| **Category** | Non-Governmental Organisation  Red Cross Red Crescent  Academia  United Nations  Donor Community  Private Sector Actor  Govt e.g. NDMA  Other (*please specify*): |
| **Address** *(City/State/ZIP/Country)* |  |
| **Website** |  |
| **Phone Number** *(mainline including country code)* |  |

|  |  |  |
| --- | --- | --- |
| Contact | **Organisational Focal Point**  *(name and position/title)* |  |
| **Phone Number** *(including country codes)* |  |
| **Skype** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| Overview | **Date of Organisational Establishment** |  |
| **Mission Statement** |  |
| **Primary Continents/Countries of Operation**  *(within the last 5 years, including approximate financial and personnel volume per region/country, as applicable)* |  |
| **Areas of expertise e.g. WASH, Food Security and Livelihoods, Conflict and Recovery etc.** *(sectors and contexts)* |  |

|  |  |  |
| --- | --- | --- |
| Leadership & Administration | **Organisational President or CEO** *(as applicable)* |  |
| **Registration**  *(country, date and registration number)* |  |
| **Approximate Annual Financial Income** |  |
| **Personnel Capacity**  *(total number and type of staff groups employed e.g. programme, policy, communication, etc.)* |  |
| **Participation in other Networks**  *(name of group and dates of participation)* |  |
| **Participation in other Boards of Directors**  *(name of group and dates of participation)* |  |

**Part II: Experience, Alignment and Value-Added**

|  |  |
| --- | --- |
| **Cash-related Capacity and Experience** | |
| **Applicants’ cash and voucher assistance (CVA) Capacity** | *Number of total years of CVA experience:*  0-2 Years  2-5 Years  5-10 Years  10+ Years    *Within the following sectors:*  Education  Food Security & Livelihoods  Health  Nutrition  Protection  Shelter  Water, Sanitation and Hygiene (WASH)  Other (*please specify*):  *Within the following functions:*  Advocacy  Research  Training  Other (*please specify*):  *Within the following programming phases:*  Conflict  Post-Conflict  Rapid onset  Recovery/ Rehabilitation  Slow onset  Other (*please specify*): |
| **Experience with CVA Interventions**  *(Please specify 3-5 recent experiences, including time period, country/region, percentage of budget dedicated to CVA, number of personnel implementing CVA, total beneficiaries, CVA modality, sector and objectives)*  *Additional details may be provided as attachments to this application (as appropriate).* | (1) |
| (2) |
| (3) |
| (4) |
| (5) |
| **Most Influential cash-related Publications**  *(Please cite title, date, author and website link)* |  |

|  |  |
| --- | --- |
| **Engagement and Alignment with CaLP** | |
| **Previous engagement with CaLP (if any)**  *Note: Prior participation is not a criterion for membership.* |  |
| **Internal Policy Alignment with CaLP**  *Please give example of how your organisational internal policy would support membership of CaLP* |  |
| **Contributions to the CVA Community of Practice**  *Please specify any (1) operational procedures, (2) tools, (3) ways of working dedicated to CVA within your organisation* | (1) |
| (2) |
| (3) |
| **Ability to share resources with the Community of Practice via CaLP** | YES / NO If no, please explain: |

**Part III: Responsibilities of members**

|  |  |
| --- | --- |
| **Responsibilities of members** | |
| I/Our organisation is willing and able to: | |
| Collaborate with CaLP’s other members in support of our shared mission and strategic objectives. This includes identifying specific activities to get involved with. | YES /  NO If no, please explain: |
| Actively share our knowledge, learning, materials and experience of CVA through CaLP, and regularly participate in meetings, events and surveys. | YES /  NO If no, please explain: |
| Promote CaLP’s work internally and externally, through existing communication channels. | YES /  NO If no, please explain: |
| Identify a named Membership Focal Point to be responsible for membership administration, and to foster communication between the secretariat and staff in your organisation. | YES /  NO If no, please explain: |
| Ensure that our Chief Executive and senior managers are committed to our organisation’s membership of CaLP, and that country teams are aware of the benefits and responsibilities. | YES /  NO If no, please explain: |
| Commit appropriate staff time to the CaLP activities in which I/we choose to participate. | YES /  NO If no, please explain: |
| Provide operational support as agreed, for instance on fundraising and hosting. | YES /  NO If no, please explain: |
| Contribute to the governance and overall direction of CaLP. | YES /  NO If no, please explain: |
| Respect CaLP’s autonomy, even if CaLP’s positions may be different to individual members’ priorities. | YES /  NO If no, please explain: |
| Follow the Membership Terms and pay the annual membership fee on time. | YES /  NO If no, please explain: |

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|  |

**Part IV: Additional Comments**

Applicants are invited to submit any additional information in support of your application.

**THANK YOU FOR YOUR APPLICATION**

1. For independent experts, proof of legal registration will be requested. [↑](#footnote-ref-1)