**Application Form**

Call of proposals for sub-granting within

*Regional CSO Activism for Regional Reconciliation in the Former Yugoslavia - In Support of RECOM*

EuropeAid/154870/DH/ACT/Multi

The applications MUST be sent by e-mail to **recom.call@cgo-cce.org,** by 30 May 2019, in line with the instructions from the Guidelines.

|  |  |
| --- | --- |
| Title of the project: |  |
| Location of the action: |  |
| Name of the applicant: |  |

### 

### I Summary of the action

Please complete the table below which should not exceed 1 page.

(The minimum size of the font is Arial 10, page margins minimum 2 cm)

|  |  |
| --- | --- |
| Title of the action: |  |
| Location of the action: - *specify country, region* |  |
| Total duration of the action (*months*): |  |
| Total budget in EUR: |  |
| Requested financing through this Call in EUR: |  |
| Objectives of the action: | *Overall objective* is….  *Specific objective* is… |
| Target groups: |  |
| Final beneficiaries: |  |
| Estimated results: |  |
| Main activities: |  |

**II PROJECT DESCRIPTION**

Please briefly describe (maximum 5 pages, minimal font Arial 10)

1. **PROJECT RELEVANCE**

* *What is the relevance of the proposed action to the objective and priorities of the call?*
* *What problem will the project address and whom it concerns? And why is solving/addressing of this problem important for your country or/and region?*
* *How do you want to take part in the change?*
* *What is the added value of your proposal?*

1. **PROJECT DESCRIPTION AND ITS EFFECTIVENESS**

* What are the **objectives** of the project (please explain what will be changed in your country or/and region if you implement this project or to what change it will lead, as well as in which manner it will be beneficial for the target group)
* Who are the **target groups and final beneficiaries** in the project? How many people it will include? How do you plan to inform, motivate and include your target group into project? Which criteria will be used for their selection?
* What are the **expected project results**? Please list and describe project results, and take into account that the project results should be measurable (at the end of the project you should be able to list and describe which results you have achieved)
* How will you measure the impact? Which **indicators** will you use to check if you have successfully implemented project?
* What are the **project activities** you will carry out in order to reach your results, and consequently your objectives?
* Please explain the **sustainability** of your project: 1) financially (how will the activities be financed after the funding ends?); 2) institutionally (will structures allowing the activities to continue be in place at the end of the action? Will there be local 'ownership' of the results of the action?); 3) at policy level (where applicable / what will be the structural impact of the action — e.g. will it lead to improved legislation, codes of conduct, methods, etc?); (4) environmentally (if applicable/ will the action have a negative/positive environmental impact?).
* Provide information on **partnerships** or cooperation with other stakeholders
* Describe your plan for **visibility** of the action

1. **PROJECT DURATION AND ACTION PLAN**

(Please indicate time period the grant will cover and tentative duration and order of the activities).

The duration of the action will be **\_\_\_\_\_\_\_\_ months**.

Applicants should not give a specific start date for the implementation of the action but simply refer to ‘month 1’, ‘month 2’, etc.

Applicants are recommended to base the estimated duration of each activity and the total period on the most probable duration and not on the shortest possible duration, by taking into consideration all relevant factors that may affect the implementation timetable.

The activities stated in the action plan should match (in number and title) those described in detail in Section 2. The implementing body must be either the applicants or any of the partners.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity/ Month | 1 | 2 | 3 | 4 | 5 | Implementing body |
| Preparation Activity 1 (title) |  |  |  |  |  |  |
| Execution Activity 1 (title) |  |  |  |  |  |  |
| Preparation Activity 2 (title) |  |  |  |  |  |  |
| Etc. |  |  |  |  |  |  |

1. **PROJECT BUDGET** (include your budget in the separate excel data – sheet, please see Budget Template)

**III PROJECT APPLICANT**

Description of the project applicant

|  |  |
| --- | --- |
| Name of the organisation: |  |
| **Abbreviation:** |  |
| **Date and place of registration:** |  |
| **Registration number:** |  |
| **The person authorized to represent the organisation:** |  |
| **Telephone number:** Country code + city code + number |  |
| **Fax number:** Country code + city code + number |  |
| **Postal address:** |  |
| **Email:** |  |
| **Website:** |  |
| **Number of employees:** |  |
| **Number of volunteers:** |  |
| **Experience in similar projects:** | Project title:  Duration:  Budget:  Donor:  Achieved results: |
| **Experience in similar projects:** | Project title:  Duration:  Budget:  Donor:  Achieved results: |

**Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the Contracting Authority. The Contracting Authority will not be held responsible in case it cannot contact an applicant.**

IV DECLARATION BY THE APPLICANT

The applicant, represented by the undersigned, being the authorised signatory of the applicant, hereby declares that⁭:

* the applicant undertakes to comply with the obligations foreseen in the statement of the grant application form and with the principles of good partnership practice;
* the applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s), if any, and is not acting as an intermediary;
* the applicant and each co-applicant (if any) are eligible in accordance with the eligibility criteria set out in the Guidelines for Applicants;
* the applicant, the co-applicant (in any) are aware that, for the purposes of safeguarding the financial interests of the EU, their personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

The applicant is fully aware of the obligation to inform without delay the Contracting Authority to which this application is submitted if the same application for funding made to other donor has been approved by them after the submission of this grant application.

**In addition, the applicant is willing to participate in the work of *Coalition in RECOM* and to act in accordance to the principles on which the network is based**.

Signed on behalf of the applicant

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Position** |  |
| **Date** |  |

V THE CO-APPLICANT (S)

You must make as many copies of this table as necessary to create entries for each additional co-applicant.

|  |  |
| --- | --- |
|  | Co-applicant no.1 |
| **Name of the organisation** |  |
| **Abbreviation** |  |
| **Date and place of registration** |  |
| **Registration number** |  |
| **The person authorized for representing the organisation** |  |
| **Official address** |  |
| **Website and E-mail address of the organisation** |  |
| **Telephone number:** Country code + city code + number |  |
| **Fax number:** Country code + city code + number |  |
| **Number of employees** |  |
| **Number of volunteers** |  |
| **History of cooperation with the applicant** |  |

**Important:** This application form must be accompanied by a signed and dated Mandate from each co-applicant, in accordance with the template provided.

### Mandate (for co-applicant(s))

The co-applicant(s) authorise the Applicant *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* to submit on their behalf the present application form for applicant and to sign the grant contract with the Contracting Authority, as well as, to be represented by the Applicant in all matters concerning this grant contract.

I have read and approved the contents of the proposal submitted to the Contracting Authority. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Before sending your proposal, please check that each of the following POINTS IS complete and respectS the following criteria:** | **To be filled in by the applicant** | |
| **Title of the Proposal:** | **Yes** | **No** |
| **PART 1 (ADMINISTRATIVE)**  **1. The correct grant application form, published for this call for proposals, has been used** |  |  |
| **2. The proposal is in English or in language of the countries covered by this Call** |  |  |
| **3. An electronic version of the proposal is sent by e-mail to** [**recom.call@cgo-cce.org**](mailto:recom.call@cgo-cce.org) |  |  |
| **4. Each co-applicant has completed and signed the mandate and the mandate is included** |  |  |
| **5. The budget is presented in the format requested, is expressed in EUR and is enclosed** |  |  |
| **6. The duration of the action is no more than 5 months** |  |  |
| **7. The requested contribution is between 3,000 EUR and 4,000 EUR (the minimum and maximum allowed)** |  |  |
| **8. The supporting documents are sent with the Application form according to the Guidelines and satisfy all eligibility criteria of the applicant and its partners:**   * **Scanned version of the official Registration of the organisation** |  |  |