**Support to local organizations/groups of citizens/CSOs in their *ad hoc* actions/activities in the fight against corruption within the project**

**PACT against corruption**

**(Partnership against Corrupt Tendencies)**

**APPLICATION FORM**

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| --- | --- |
| **Name of the organization/group of citizens** |  |
| **Status (mark a valid option)** | organization/group of citizens  |
| **Date and registration number for organizations** |  |
| **Mission of the organization/group of citizens** | Briefly describe your advocacy efforts(maximum 500 characters) |
| **Previous experience** | Briefly present your previous experience(maximum 1000 characters) |
| Contact information | **Zip Code:** |  |
| **Contact phone:** |  |
| **Name and surname of the authorized person:**  |  |
| **Email:** |  |
| **Website:** |  |

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(Date, signature of the authorized person, and stamp of the organization)

|  |  |
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| **Title of the action/activity** |  |
| **Overall and specific objective** | *(Define the overall and specific objective of the action/activity you are plan to undertake)**(maximum 500 characters)* |
| **Expected results** | *(Define as precise as possible the expected results of the action/activity you are planning, taking care that they are realistic and aligned with the objective)**(maximum 500 characters)* |
| **Area where the action/activities are implemented** | (State in which of the five priority areas of the CfP the action/activities are implemented - education, health, local government, security, justice) |
| **Problem identification** | (Briefly and clearly explain the problem you have identified and want to address or solve, with key details).(maximum 1000 characters) |
| **Target groups/ Final beneficiaries** | (Describe the target groups that will benefit from your action/activity, i.e. those who will be directly involved in the action/activity, as well as the final beneficiaries who will benefit in the future)(maximum 500 characters) |
| **Planned action/activity** | (Describe the action/activity you want to implement to achieve the planned objectives)(maximum 1000 characters) |
| **Number of employees/people involved in the implementation of action/activity** | (Indicate the number of individuals who will be employed in project implemention) |
| **Duration of actions/activites** | (It can be between 2 and 4 months) |
| **Total budget** | (Total costs of the action/activity) |
| **Requested funding amount** | (Total amount requested through this CfP) |