**Subgranting scheme within project**

**SOCIETIES 2**

Support Of CSOs In Empowering Technical skills, Inclusion of people with disabilities and EU Standards in Western Balkans, 2nd phase

Financed by European Union, contract number **2020/414-634**

**APPLICATION FORM 1**

Title of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SUMMARY** (maximum 1 page font Arial 10)

|  |  |
| --- | --- |
| Title of the Action |  |
| Legal name of the Applicant |  |
| Responsible person for project proposal, name and contact |  |
| Duration | <*months*> (minimum 9, maximum 18 months) |
| Total budget of the Action |  |
| Part of the budget you are asking through this Call |  |
| Co-financing, if applicable | If there is no co-fiancing, please insert N/A |
| Location of the project |  |
| Project objectives | <*General objective*><*Specific objectives*> |
| Partner(s) | Enter the name of the partner organization (\*add more rows if needed), if there are no partners plase write N/A |
| Target groups[[1]](#footnote-1) |  |
| Expected results |  |
| Main activities |  |

**II PROJECT DESCRIPTION**

**Description of the project and its purpose (maximum 5 pages)**

 Please include the following information:

**2.1 What is the main goal of this project and specific objectives?** (Explain exactly what will change in relation to the problem if you implement this project and how it will benefit the target group - the local community); How is the objective of your project related to the objectives of project SOCIETIES?

**2.2 What problem do you want to solve?** (Define the general framework of the problem you intend to solve. Explain the specificity of the problem from the point of view of your organization. State how the described problem in the community reflects on your area of ​​activity and how you plan to participate in changing the situation);

**2.3 How relevant is your project proposal in relation to the needs of the people with disabilities?** (Describe the current situation, including the general context of the problem, give a general analysis of the problem in the given area and include, if you have, specific data);

**2.4 Who are the target groups in the project?** **How many people will be included in the project?** (Describe in detail the target groups and end beneciaries, their needs and the expected number of those directly and indirectly involved); How will you inform, motivate, and include your target group in the project?

**2.5 What are the expected results of the project?** (Clearly specify and describe the results of the project. Please note that the results should be measureful, in other words, that at the end of the project you can list and describe the results you have achieved, and that the results stem from your activity plan);

**2.6 How will you know your project is successfull?** (Which **indicators** will be tracked to verify that you have successfully implemented the project — in relation to project activities and on your target group? What information about the results you will collect and how? (Project evaluation – how will you evaluate the success of your activities and projects results);

**2.7 What activities do you plan to carry out to achieve results and achieve project goal/goals?** (Identify and describe every activity you will undertake to achieve results and achieve your goals);

**2.8 What reflects the sustainability of the project?** Explain how sustainability will be ensured after the project is completed or how it could be secured. Therefore, explain: **financial sustainability**/ from which sources project activities will be financed in the future. If there is a possibility that the applicant will cover some costs after the project is implemented, specify. There are projects and actions that don't require a continuation. If this is the case with your project, specify and explain this fact; **Institutional level**/explain which structures and how they will enable or how they might enable usage of the results of the project after its finished? Whether an institution or structure assumes "ownership" of the project's results and ensures its duration, after the project is implemented; **Policy level** **where applicable** / after the project is implemented, will be some change in legislation in some areas, code of conduct, methods, etc.

**2.9 What is the organizational structure and team for implementing the proposed project?** (Specify all members of the project team - e.g. project coordinator, project coordinator assistant, financial manager, etc. Define a function for each of them, briefly obligations and responsibilities in the project. In the case you have partner projects, by the same principle name team members from a partner organization).

**2.10** **How is your project innovative? Can your project be put at risk by Covid 19 pandemic measures?** (List the elements of innovation, how is your project different from existing projects in the community? Can the consequences of the Covid-19 pandemic affect your project?)

**III PROJECT DURATION AND ACTION PLAN**

The duration of the project will be \_\_\_\_\_\_\_\_\_\_months.

In the table, present the schedule of activities in the project by month.

The activities listed in the action plan should correspond, in terms of numbering and name, with activities described in section 2.7.

Example

|  |  |
| --- | --- |
| Activity | Month |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Activity 1 (name) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 2 (name) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| etc |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Add necessary rows according to the number of activities and use necessary columns.

**IV BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Budget**  |   | **The amount requested in this Call (in EUR)** | **Justification of expenses** |
| **Costs** | **# of units** | **Unit value(in EUR)** | **Total Cost(in EUR)** |
| **1. Human Resources** |  |  |  |  |   |
| 1.1 Salaries (gross salaries including social security charges and other related costs, local staff) |   |   |   |   |  Example:Project coordinator, 25% working hours, 6 months x 600 EUR x 25% |
| 1.2 Administrative/ support staff |   |   |   |   |   |
|  |   |   |   |   |   |
|   |   |   |   |   |   |
| ***Subtotal Human Resources*** |  |  | **0.00** | **0.00** |   |
| **2. Travel6** |  |  |  |  |   |
| 2.1. Local transportation |   |   |   |   |   |
|  |  |  |  |  |  |
| ***Subtotal Travel*** |  |  | **0.00** | **0.00** |   |
| **3. Equipment and supplies** |  |  |  |  |   |
| 3.1 Equipment |   |   |   |   |   |
| 3.2 … |   |   |   |   |   |
| ***Subtotal Equipment and supplies*** |  |  | **0.00** | **0.00** |   |
| **4. Local office** |   |   |   |   |   |
| 4.1 Office rent |   |   |   |   |   |
| 4.2 Consumables - office supplies |   |   |   |   |   |
| 4.3 Other services (tel/fax, electricity/heating, maintenance) |   |   |   |   |   |
|   |   |   |   |   |   |
| ***Subtotal Local office*** |  |  | **0.00** | **0.00** |   |
| **5. Other costs, services** |  |  |  |  |   |
| 5.1 Publications |   |   |   |   |   |
| 5.2 Promotional material |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   |   |   |   |   |   |
| ***Subtotal Other costs, services*** |  |  | **0.00** | **0.00** |   |
| **6. Other** |  |  |  |  |   |
|   |   |   |   |   |   |
| ***Subtotal Other*** |  |  | **0.00** | **0.00** |   |
| ***7. Subtotal direct eligible costs of the Action (1-6)*** |  |  | **0.00** | **0.00** |   |

Add necessary rows if needed.

**V INFORMATION ABOUT THE PROJECT APPLICANT (maximum 1 pages, minimum Arial 10 font)**

Provide basic information about your organization (vision, mission, objectives, implemented projects and key donors over the past two years, information about members of the Organization's Governance Structures...) Also, specify key partnerships, network memberships and signed memorandums of co-operation with other organisations or institutions signed or implemented in the last two years.

**Vi APPLICANT**

|  |  |
| --- | --- |
| **Legal name of the applicant:** |  |
| **Number of registration:** |  |
| **Date and place of registration:** |  |
| **Official address:** |  |
| **Authorised representative of the organization:** |  |
| **Phone number:** |  |
| **Mobile phone number:** |  |
| **E-mail:** |  |
| **Website:** |  |
| **Number of employees:** |  |
| **Number of volonters:** |  |
| **Number of bank account:** |  |
| **Name of the bank, address of the bank:** |  |

**VIII** **PARTNERS ON THE PROJECT**

This table mast be completed for every project parther.

|  |  |
| --- | --- |
|  | Partner 1 |
| **Legal name of the partner organization:** |  |
| **Number of registration:** |  |
| **Date and place of registration:** |  |
| **Official address:** |  |
| **Authorised representative of the organization:** |  |
| **Phone number:** |  |
| **Mobile phone number:** |  |
| **E-mail:** |  |
| **Website:** |  |
| **Number of employees:** |  |
| **Number of volonters:** |  |
| **History of cooperation with the Applicant** |  |

**IX** **ASSOCIATES**

This tabla mast be completed for every ASSOCIATE.

|  |  |
| --- | --- |
|  | Associate 1 |
| **Legal name of the Associate:** |  |
| **Legal status:** |  |
| **Official address:** |  |
| **Contact person:** |  |
| **Phone number:**  |  |
| **Fax number:**  |  |
| **E-mail:** |  |
| **Website:** |  |

1. “Target group (s)” are the groups / entities on which the project will have a direct positive impact in accordance with the purpose of the project [↑](#footnote-ref-1)