**GRANT APPLICATION FORM**

**SECTION I: APPLICANTS INFORMATION (CONSORTIUM)**

|  |  |
| --- | --- |
| Obligations of the Consortium | The **cover letter (“Declaration of Interest”)** must be signed by representatives of all the partner organizations involved. The consortium indicates in writing one organization and its representative to represent the consortium in its communication with the Executing Agency. The representative is expressly authorized to act on behalf and on account of the partner organizations of the consortium. The members of the consortium are jointly and severally liable. |
| Name of the Consortium |  |
| Name of the Partner Representative of the Consortium |  |
| Names of Other Partner Organizations of the Consortium | 1.2. 3. 4.  |
| UID or commercial register number/DUNS number for foreign bidders |  |

**Basic Information about the Partner Representative of the Consortium (Lead Organization)**

|  |  |
| --- | --- |
| Name of the Consortium Lead Organization: |  |
| Address: |  |
| Post code/place: |  |
| Contact person: |  |
| Email address of contact person: |  |
| Phone: Landline/Mobile: |  |
| Legal form: |  |
| Founding year:  |  |
| Headquarters and tax domicile (CH: as per the commercial register; abroad: comparable official document) |  |
| Affiliation to a parent group (group of companies, holding company, etc.):  |  |

**Name(s) and Nationality(ies) of CEO and/or Board of Directors/Governing Body:**

|  |  |  |
| --- | --- | --- |
| **#** | **Name** | **Nationality** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

**Partner Organizations of the Consortium**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member number: | 1 | 2 | 3 | 4 |
| Name of the Consortium partner: |  |  |  |  |
| Role and tasks of the Consortium Partner (bullet points) |  |  |  |  |
| Share of the consortium budget in per cent[[1]](#footnote-1): |  |  |  |  |
| Address: |  |  |  |  |
| Post code/place: |  |  |  |  |
| Contact person: |  |  |  |  |
| Email address of contact person: |  |  |  |  |
| Phone Landline/Mobile |  |  |  |  |
| Legal form: |  |  |  |  |
| Founding year: |  |  |  |  |
| Headquarters and tax domicile (CH: as per the commercial register; abroad: comparable official document): |  |  |  |  |
| Affiliation to a parent group (group of companies, holding company, etc.): |  |  |  |  |

1. **Brief description of the Consortium Lead Organization:**
2. **Annual revenue for the Consortium Lead Organization last year:**
3. **Number of full-time, part time employees and volunteers of the Consortium Lead Organization:**

**SECTION II. PROJECT DESCRIPTION**

1. **Title of your project:**
2. **Objective(s) of your proposed project:**
3. **Background: What is the issue or problem that your project will address? Why is it critical to address this issue?**
4. **Describe your pillar project activities in detail:**
5. **Describe your method of selecting participants and beneficiaries:**
6. **Describe how you will continue with the initiative beyond the grant awarded:**

**SECTION III. IMPLEMENTATION PLAN**

1. **Anticipated duration of your Project:**

|  |  |
| --- | --- |
| Overall length (total number of months) |  |
| Start and end date (day, month, and year) |  |

1. **Main activities/sub activities, with estimated start and end dates for each task. Please include all events, trainings, publications, etc.**

|  |  |  |
| --- | --- | --- |
| **#** | **Description of Main Tasks** | **Start & End Dates** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

1. **List personnel who will be involved in implementing this project:**

**SECTION IV. EXPERIENCE AND CAPACITY**

1. **Provide the experience of implementing similar activities:**
2. **List three independent relevant professional references for the organization:**
3. **List major donor-funded activities that your organization has managed to implement in the last three years and currently receives, or expects to receive within the duration of this expected grant activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor Agency** | **Title of Project, Location, & Start & End Dates** | **Total Funding (in currency received in)** | **Donor Contact Person** |
|  |  |  | Name:  |
| E-mail:  |
| Tel:  |
|  |  |  | Name:  |
| E-mail:  |
| Tel:  |
|  |  |  | Name:  |
| E-mail:  |
| Tel:  |

1. **SIGNATURE**

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

**Submitted by (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. How much does each consortium partner contribute to the consortium’s budget (total and absolute terms)? [↑](#footnote-ref-1)