

## This project is funded by the European Union

“**ALTER** - **A**ctive **L**ocal **T**erritories for **E**conomic development of **R**ural Areas”

**GRANT PROGRAMME**

**Annex 1 Application form**

**Grant Programme**

**ALTER** - **A**ctive **L**ocal **T**erritories for **E**conomic development of **R**ural Areas



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*Please Note:*

# Application form should provide detailed information on the project, specifically addressing how the project responds to or matches the goals and indicators of the Grant Program.

Following the submission, applicants will no longer be allowed to make changes to the application form; however National Project Coordinator, in the country where the application is submitted, may contact the applicant for further clarification where needed.

In addition to this application form, attached work plan (Annex 2) and budget template (Annex 3) should be submitted by each applicant organization. For formed a partnership, a single application and budget should be submitted along with legal documents (Statute and Certificate of registration) and Annual financial reports for the last 3 years for each of the partner organization.

Application forms and all supporting documents listed on the checklist must be sent to e- mail: [**altergranting@gmail.com**](mailto:altergranting@gmail.com)by **December 17th, 2017 at 23.59.** Only the submissions listed in the guideline and forms listed on the G. CHECKLIST FOR THE APPLICATION FORM (TO BE FILLED IN BY THE APPLICANT) will be evaluated. Prospective applicants may send questions about the Grant Program or about the documents to be submitted to the same email address mentioned above until **December 11th**.

|  |  |
| --- | --- |
| **Project title** |  |
| **Lot number** |  |
| **Name of the applicant organisation** |  |
| **Name of partner organization 1**  *Add as much as rows as the number of partners* |  |
| **Location of the project**  *Specify country(ies), region(s), areas(s) or town(s) that will benefit from the project* |  |
| **Total duration of the project (months)** |  |
| **Total project budget (EUR)** |  |
| **Requested contribution from the Programme (EUR) \*** |  |
| **Is applicant or any partner organization already participating in the *Civil Society Facility and Media Programme 2014-2015***  *Provide the name and reference number of the project and the role of organization in the project (lead, partner)* |  |

\* maximum 90% of total project budget

## PROJECT SUMMARY IN ENGLISH (only for applications in local languages) *maximum 2 pages*

|  |  |
| --- | --- |
| Name of the project |  |
| Short description of the partnership |  |
| Objectives |  |
| Target groups |  |
| Final beneficiaries |  |
| Results |  |
| Activities |  |

1. **DESCRIPTION OF PROJECT**

|  |
| --- |
| **1. Background of the project.** What problem will you address? Why is solving of this problem relevant and important? Is anybody else working to solve this problem? Relevance of project to the country, local community, relevant sector. Please be specific and provide us with available relevant data/information. Please provide connections with existing strategies and action plans at national  and local levels. *Maximum 1000 words.* |
|  |
| **2. Relevance to the objectives/sectors/themes/specific priorities of the call for proposals**  *Maximum 250 words* |
|  |
| **3. Overall, specific objective(s) and results (outputs and outcomes) of the project***.* Describe what is  the overall goal and what are the objectives and results of the advocacy initiative. *Maximum 750 words.* |
|  |
| **4. Description of target groups and final beneficiaries**. Give a description of each of the target groups and final beneficiaries. Who has the power to make the necessary changes? Who will be targeted with your advocacy campaign? Demonstrate the relevance of the proposal to the needs and constraints of the target groups and final beneficiaries. How will the project improve their  situation, how will the project reach them. *Maximum 500 words.* |
|  |
| **5. Description of activities**. Identify and describe in detail each activity (or work package) to be undertaken to produce results, justifying the choice of activities and specifying the role of each partner and associates in the activities. Do not repeat the action plan to be provided in 11 Project work plan of this Annex, but demonstrate coherence and consistency of project design. Describe planned activities in order to ensure visibility of project and communication with media. Describe outputs (products/publications/services) related to each activity. Describe role and level of  involvement of each partner organization in activities. *Maximum 1500 words.* |
|  |

|  |
| --- |
| **6. How will you measure the achievement**? Procedures for follow up and internal evaluation.  *Maximum 250 words.* |
|  |
| 7. **Methodology**. Describe methods of implementation and rationale for such methodology. Where the project continues on the previous action, describe how the project is intended to build on the results of the previous project. The main means proposed for the implementation of project  (equipment, materials and supplies to be acquired or rented). *Maximum 1000 words*. |
|  |
| **8. Project team.** Present proposed project team structure and names, main skills and experience of key persons (project manager, key experts, etc.). Provide names and functions in the project for  each position. *Maximum 250 words.* |
|  |
| **9. Describe how you will ensure sustainability of the impact of project** (financial sustainability,  policy level, institutional, environmental sustainability). *Maximum 250 words.* |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11. Project workplan** (*add as many rows as you need to list all project activities. Mark for every activity month(s) planned for implementation*) | | | | | | | | | | |
| Activity Title | Month 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Responsible organisation |
| **Activity 1**: |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.1: |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.2: |  |  |  |  |  |  |  |  |  |  |
| **Activity 2:** |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 2.1: |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 2.2: |  |  |  |  |  |  |  |  |  |  |
| **Activity 3:** |  |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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## Organization Details

|  |  |  |
| --- | --- | --- |
| **1. What area/cause/problem does the Organization focus on? (Please explain the main area of focus, rather than the activities. You may include the organization’s mission statement)** *Maximum*  *500 words* | | |
|  | | |
| **2. Give information on the Organization’s previous experience as they relate to the goals and**  **indicators of the Grant Program. (***Maximum 5 activities and maximum 300 words per activity)* | | |
| Dates of Activity: Donor:  Explanation: Outcomes: | | |
| Dates of Activity: Donor: Explanation:  Outcomes: | | |
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| Dates of Activity: Donor: Explanation:  Outcomes: | | |
| **Administrative and technical capacities (Applicant organisation)** | | |
| Information about the office space in which organisation is working: area in square meters & office rent (if applicable) | Organisation owns  office space |  |
| Organisation rents  office space |  |
| Other |  |

|  |  |  |
| --- | --- | --- |
| Number of employees (staff with Work Contract signed with organisation) | More than 3 years |  |
| Less than 3 years |  |
| No staff with Work  Contract |  |
| Number of staff and members engaged in projects and other organisation activities | 2016 |  |
| 2015 |  |
| 2014 |  |
| Number of organisation members (if  organisation has membership scheme) |  | |
| Number of active volunteers |  | |
| Does your organisation has technical resources  for functioning (equipment, computers etc.)? |  | |
| Is organisation member of any national associations, networks and similar structures?  *Please provide names of these networks* |  | |
| Is organisation member of any international associations, networks and similar structures?  *Please provide names of these networks* |  | |
| **Organisational budget (Applicant organisation)** | | |
| Please provide information about organisational annual budget in EUR from Annual financial reports | Annual budget 2016 |  |
| Annual budget 2015 |  |
| Annual budget 2014 |  |
| In average, please provide estimate in Euros according to sources of funding in the last five years. | Donations from citizens |  |
| Donations from  businesses |  |
| Donations from  European Union |  |
| Bilateral donors  (embassies, etc) |  |
| Donations from the  State (Ministry) |  |
| Donations from the local authorities  (municipality/city) |  |
| Other sources – please  specify |  |
| **Organisational budget (Parntner organisation) -** *please copy this table for each partner* | | |
| Please provide information about organisational annual budget in EUR from Annual financial reports | Annual budget 2016 |  |
| Annual budget 2015 |  |
| Annual budget 2014 |  |
| In average, please provide estimate in Euros according to sources of funding in the last five years. | Donations from citizens |  |
| Donations from  businesses |  |
| Donations from |  |

|  |  |  |
| --- | --- | --- |
|  | European Union |  |
| Bilateral donors  (embassies, etc) |  |
| Donations from the  State (Ministry) |  |
| Donations from the  local authorities (municipality/city) |  |
| Other sources – please  specify |  |

1. **. CON TAC T I N FORMAT I ON OF A PPLI C A N T**

|  |  |
| --- | --- |
| **Name of the applicant** |  |
| **Legal status** |  |
| **Country and date of registration (day/month/year)** |  |
| **Official Registration ID number** |  |
| **Postal address of the organization** |  |
| **Organisation email address, website** |  |
| **Telephone (fixed and mobile) Country code + city code + number** |  |
| **Website and social networks account** |  |
| **Contact person for this project (Name and title)** |  |
| **Postal address** |  |
| **Contact person’s telephone number (country code + city code + number)** |  |
| **Contact person’s e-mail address** |  |

1. **. CON TAC T I N FORMAT I ON OF PA RT N ER ORG A N I SATI ON**

( *fi l l i n se parate tab le for eac h par tner or ga ni sation* )

|  |  |
| --- | --- |
| **Name of partner organisation** |  |
| **Legal status** |  |
| **Country and date of registration** |  |
| **Official Registration ID number** |  |
| **Postal address of organization** |  |
| **Organisation email address** |  |
| **Telephone (fixed and mobile) Country code + city code + number** |  |
| **Website and social networks account** |  |

|  |  |
| --- | --- |
| **Name of partner organisation** |  |
| **Legal status** |  |
| **Country and date of registration** |  |
| **Official Registration ID number** |  |
| **Postal address of organization** |  |
| **Organisation email address** |  |
| **Telephone (fixed and mobile) Country code + city code + number** |  |
| **Website and social networks account** |  |

## PA RT N ERSHI P STAT EMEN T

*( eac h par tner or ga nis ation s ig ns separate Par tner shi p S tatement)*

The pa rtner o rga nis at io n < in di cate t he na m e of part ner o rgani zat io n > a utho r ise the A pp licant < i nd icate the nam e of the o rga nisatio n > to s ubm it o n t heir be hal f the prese nt ap pli cati o n fo rm a nd to si gn o n the ir beh alf the stan dard g ra nt co ntrac t with t he P ro gram m e Co o rdin ato r, as well as, to be rep resented by the App licant in all m atte rs co ncer nin g t his gra nt co ntra ct .

I h ave read an d a p pro ved the co nte nts of the pro po sal s u bm itted to the P ro gram m e Co o rdinato r. I un dertake to co m ply with t he pri n ciples of go o d part nershi p p ract ice.



|  |
| --- |
| **N ame:** |
| **Par tn er o rga ni zati on :** |
| **Pos i ti on :** |
| **Si g n atur e a nd Stam p :** |
| **Date a nd pl ac e :** |

## DEC L A RAT I ON BY THE A PPLI C A N T ( FULL A PPLI C AT I ON )

The a pp licant, rep resented by the u nde rsi g ned, bei ng the aut ho r ised s ig nato ry of the a ppl ica nt, i n the co ntext of the present cal l fo r pro po sa ls, representi ng a ny part ner o rgan isat io n ( s ) in t he pro po sed a cti o n, hereby dec lares t h at

* 1. the ap pli ca nt h as the so urces of fi nanc in g speci fied i n the Gui deli nes fo r app licants;
  2. the ap pli ca nt h as su fficie nt fi na ncia l ca pa city to car ry o ut the pro po sed actio n;
  3. the a ppl ica nt certi fies the legal statues of t he a ppl ica nt an d of t he partne r o rgan isat io n ( s) as re p o rted in t his ap pli cati o n;
  4. the ap pl ica nt a nd the partne r o rgani s atio n ( s) h ave the p rofessio nal co m petences and qu al ificatio n s as spec ified in the Gu idel ines fo r a ppl ica nts;
  5. the a pp licant u nderta kes to co m ply w ith th e pr inc iples of go o d partne rsh ip pract ice;
  6. the a pp licant is d irec tly res po nsi ble fo r th e pre paratio n, m an agem ent an d im plem entat io n of t he actio n wit h t he pa rtn er o rga nis atio n ( s ), i f a ny, an d is no t actin g as an i nter m ediary ;
  7. the a pp lica nt an d ea ch part ner o rga nis ati o n is in a po sit io n to delive r im m ediately, upo n re quest, t he su ppo rt in g do cum e nts st ip ulated in t he Gui deli nes fo r A pp li ca nts .
  8. the ap pli ca nt an d eac h par tner o rgan isat io n are eli gi ble i n acco rdance wit h the crite ria set o ut in th e Gu idel ines fo r A pp lica nts;

Sig ned o n beha lf of t h e app licant



|  |  |
| --- | --- |
| **Name:** |  |
| **Signature and Stamp:** |
| **Position:** |
| **Date a nd pl ac e :** |

## . C HEC KLI ST FOR T HE A PPLI C AT I ON FORM ( TO B E FI LLED I N BY T HE A PPLI C A N T )

|  |  |  |  |
| --- | --- | --- | --- |
| **T i tl e of t he Proj ec t Pr op os al :** | | | |
| **B efore s en di ng y o ur F ul l A ppl i c ati o n c h ec k that eac h of th e**  **c r i ter i a bel ow hav e b een met i n f ul l** | **Yes** | **No** | **N /A** |
| 1. The co rrect gra nt a pp l icat io n fo rm s h ave be en used |  |  |  |
| 2. The D eclarat io n by the Appl ica nt has been f i lled a nd h as been s igned |  |  |  |
| 3. The pro po sal is ty ped and is written i n Eng lish o r lo ca l lan gua ge |  |  |  |
| 4. Partnersh ip h ave m i nim um o ne pa rtner o rgan i zatio n fro m the pro ject area |  |  |  |
| 5. Each pa rtner o rga ni zatio n has co m pleted an d si gned t he Partnersh ip statem ent and t he Partne rs h ip statem ent is incl uded |  |  |  |
| 6. The b ud get is e ncl o sed , prese nted in the fo rm at requested a nd stated i n EUR |  |  |  |
| 7. The d urat io n of t he pro ject is 9 m o nths |  |  |  |
| 8. The requested co ntr i butio n ( am o unt) is equa l to o r lo wer tha n the m axim um percentage al lo wed as s pecif ied in Gui deli nes |  |  |  |
| 9. The requested co ntr i butio n ( a m o unt) is equa l to o r hig her tha n the m in i m um percentage al lo wed as speci fied i n Gui deli nes |  |  |  |
| 10. Statute o f ap pl ica nt a nd a ll part ners are attached |  |  |  |
| 11. Ann ual fi nan cia l repo r ts fo r t he last 3 years |  |  |  |
| 12. Certif icate of re gist ratio n of ap pli ca nt a nd all pa rtne rs are attached |  |  |  |

1. **ASS ES SMEN T G RI D FOR T HE F ULL A PPLI C AT I ON**

*( For the use of t he P r o gramme Coor d inator o nly)*

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **OPEN I N G A N D A DMI NI ST RAT I VE C HEC K** |  |  |
| 1. The su bm issio n dead li ne has bee n m et. |  |  |
| 2. The check list fo r the a ppl icatio n fo rm has be en d uly co m pleted |  |  |
| Adm ini strat ive co m pli ance h as been c hecked by :  D ate: | | |
| **DEC I SI ON :**  The Co m m ittee has de cided to evaluate the f ull ap pli catio n fo rm , which passed the adm in istrative checks . |  |  |
| **EVA LUAT I ON OF T HE F ULL A PPLI C AT I ON FOR M** | | |
| **DEC I SI ON :**  **A.** The pro po sal h as b een pro v isio na lly sele cted as o ne of the to p ranked pro po sal s withi n the avai lab le fi nanc ial e nvelo pe an d t he Co m m ittee has reco m m ended elig i checki ng. |  |  |
| **B** . The pro po sa l h as b een put o n the reser v e list as be lo w the to p ranked  pro po sals a nd the Co m m ittee has reco m m ended e lig i b i l ity check i ng |  |  |
| The pro po sal has bee n evaluated by :  D ate: | | |
| **ELI G I B I LI T Y VERI FI C ATI ON** |  |  |
| 3. The ap pli ca nt sat isf ie s the eli gi bi lity c riter ia in ac co rda nce  with the Gui del ines |  |  |
| 4. The pa rtner o rga nis ati o n ( s) sat isfy the e lig i b i lity c riter ia i n ac co rd ance  with the Gui del ines |  |  |
| Eligibility has been assessed by:  Date: | | |
| **DECISION:**  The Committee has checked the proposal’s eligibility under the criteria laid down in the Guidelines for Applicants and has selected the proposal for funding. |  |  |