

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

GRANT AWARD PROCEDURE

APPLICATION FORM (APPENDIX I)

Call for proposals

'Language Support for Adult Refugees'

Dissemination activities of the Council of Europe Toolkit

2018/LIAM

HOW TO COMPLETE THE APPLICATION FORM?

Complete each box with the information requested. The size of the box will adapt to the volume of text typed.

Once all fields are completed, print the Application Form, sign it, and send it in accordance with the requirements of the Call for Proposals.

1. Applicant

Official name ▶	
Legal form ▶	
Registration number (if any) ▶	
Country of registration ▶	
Full address ▶	
Internet site (if any) ▶	
Date on which the applicant was founded ▶	
Objectives of the applicant (as stipulated in its Statutes) ▶	
Name(s) of the person(s) entitled to enter into legally binding commitments on behalf of the applicant (indicate names and positions) ▶	
Members of the governing board (or equivalent body, if applicable). Indicate names, positions and professions ▶	

2. Contact details

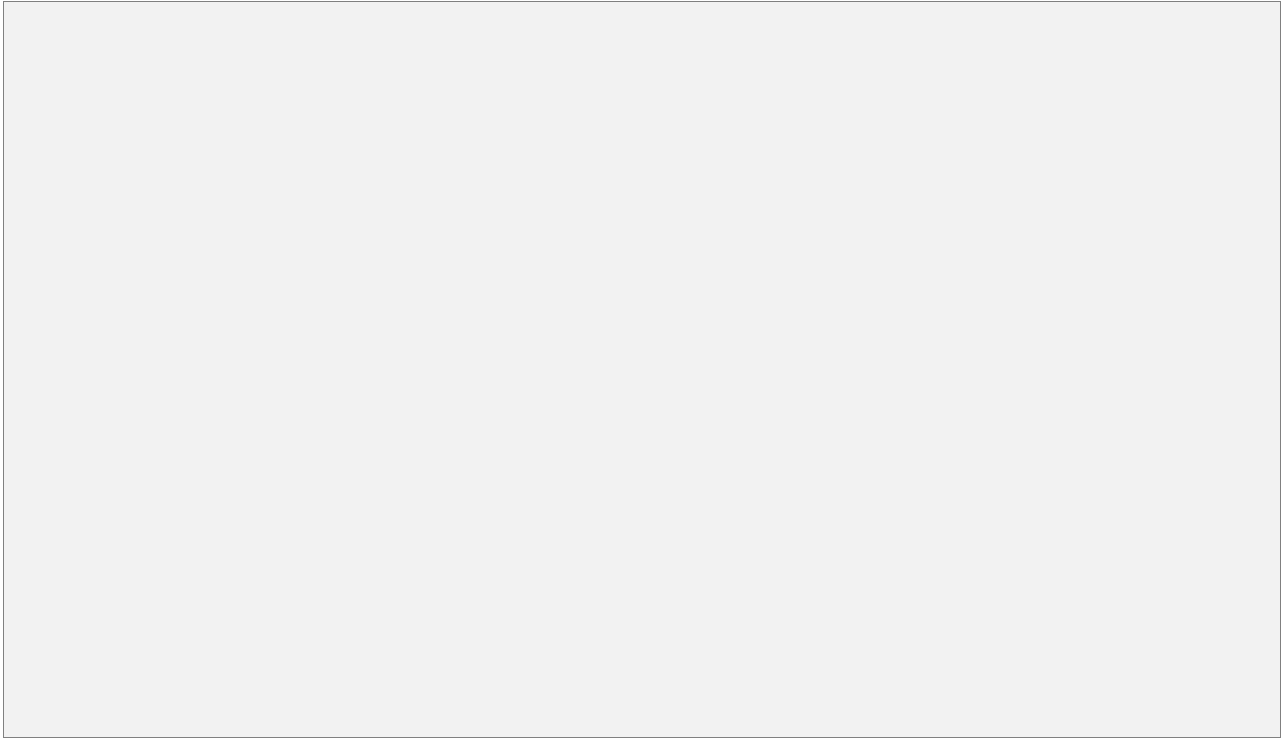
Contact person ▶	
Position of the contact person ▶	
Email address ▶	
Phone number ▶	

3. Bank details

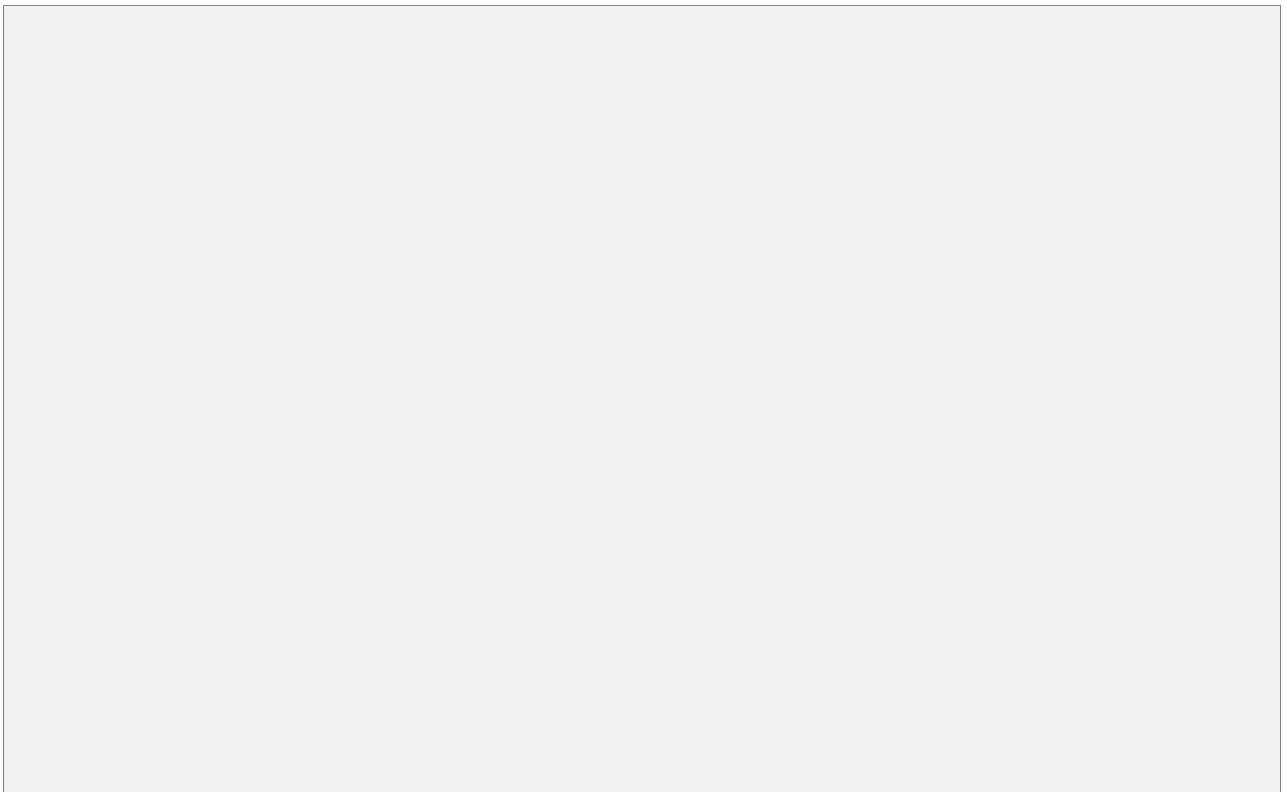
Name of the Bank ▶	
Address of the Bank ▶	
Account holder name ▶	
Full account number (including bank codes) ▶	
IBAN (or BIC Code) ▶	

4. Recent activities

Describe below the main projects completed or being carried out in the field concerned during the last 2 (two) years ▼



Indicate below grants obtained from States or international institutions during the last 2 (two) years (if any) ▼



5. Description of the Project

Indicate below the background information of the project, impact (overall objective) and outcomes (specific objectives) of the Project ▼

6. Proposed activities

For each activity, indicate the title, duration, specific objectives, detailed description, implementation means, evaluation means (if any) and target group(s) ▼

7. Expected results and sustainability of the project

Indicate below the estimated results and sustainability of results after the completion of the project ▼

8. Applicant's professional capacity

Indicate below the number of permanent and temporary staff ▼

9. Applicant's operational capacity

Indicate below how the applicant intends to implement the proposed activities (where applicable, indicate the involvement of third parties including providers) ▼

10. Applicant's financial capacity

Indicate below any information reflecting the applicant's financial capacity, such as turnover or equivalent (annual budget) for the last 2 (two) years, net earnings (if any), total balance sheet or budget, or medium and long-term debt (if any) ▼

11. Co-funding

Indicate below how the applicant intends to contribute to the project (either by way of its own resources or by contribution from third parties). Co-financing may take the form of financial or human resources, in-kind contributions or income generated by the action or project ▼

12. Declaration

By signing this form I, the undersigned, authorized to represent the applicant, hereby certify that the information contained in this application is correct and that the applicant organisation has not received or applied for any other Council of Europe funding to carry out the action which is the subject of this grant application.

I also certify on my honour that the applicant organisation is not in one of the situations which would exclude it from taking part in a Council of Europe grant award procedure, and accordingly declare that the applicant:

- a. has not been sentenced by final judgment on one or more of the following charges: participation in a criminal organisation, corruption, fraud, money laundering;
- b. is not in a situation of bankruptcy, liquidation, termination of activity, insolvency or arrangement with creditors or any like situation arising from a procedure of the same kind, or is not subject to a procedure of the same kind;
- c. has not received a judgment with res judicata force, finding an offence that affects its professional integrity or constitutes a serious professional misconduct;
- d. does comply with its obligations as regards payment of social security contributions, taxes and dues, according to the statutory provisions of the country where it is established;
- e. is not and neither likely to be in a situation of conflict of interests.

13. Signature

Complete the table below and sign in the last box

First Name and Name of the Signatory ►	
Title or position of the Signatory in the applicant organisation ►	
Place and date of signature ►	Done in: On :
Signature and official stamp of the applicant organisation ►	