

|  |
| --- |
| **GRANT AWARD PROCEDURE** |
| **APPLICATION FORM****(APPENDIX I)** |

Call for proposals: Grant for ROMACTED “Support Organisations” in Bosnia and Herzegovina

 Joint EU/CoE Project ROMACTED

SRSG Roma/SPU/2017/34

**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.

Documents to be attached to the Application Form are indicated in red.

|  |
| --- |
| **1. Applicant**Please make sure you attach your **registration document/s** |
| 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 5 (five) years ▼Please make sure you list **Contact details** of organisations or institutions you have worked with on such projects. |
|  |
| Indicate below grants obtained from States or international institutions during the last 2 (two) years (if any) ▼ |
|  |

|  |
| --- |
| **5. Description of the Action** |
| Describe below the action, its expected impact (overall objective) and outcomes (specific objectives). Please indicate which municipalities your action would target ▼ |
|  |

|  |
| --- |
| **6. Proposed activities** |
| In accordance with ROMACTED methodology, please describe the activities proposed. For each activity, indicate the title, duration, expected result(s), detailed description, implementation means, evaluation means (if any) and target group(s). Please attach a **work plan** that indicates how you would sequence proposed activities. Please also explain how you would overcome any potential obstacles which might occur in the organisation and execution of your proposed activities. The plan must, at a minimum, include activities listed in the ROMACT and ROMED2 methodologies (see Call for Proposals), but it may also include additional activities.▼ |
|  |

|  |
| --- |
| **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 ▼Please attach **CVs** of staff members who will be involved in project implementation. |
|  |

|  |
| --- |
| **9. Proposed Focal Point** |
| Indicate below the name of the proposed Focal Point, and a brief description of how this person meets the criteria and competencies of the FP role as set out in the call for proposals, with a particular focus on his/her experience working with Roma communities and local authorities, and experience working with similar methodologies in other projects ▼Please attach the **CV** of the proposed Focal Point. |
|  |

|  |
| --- |
| **10. 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) ▼ |
|  |

|  |
| --- |
| **11. 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) ▼Please attach **bank /financial statements** authorised by a financial officer of the NGO. |
|  |

|  |
| --- |
| **12. 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 ▼ |
|  |

|  |
| --- |
| **13. 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. |

|  |
| --- |
| **14. 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 ► |  |