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| **GRANT AWARD PROCEDURE** |
| **APPLICATION FORM**  **For consortium of municipal enterprises**  **(APPENDIX I C)** |

Call for proposals for

Local Initiatives on Inter-Municipal Cooperation in Georgia

European Union/Council of Europe Programmatic Co-operation Framework

STRENGTHENING INSTITUTIONAL FRAMEWORKS FOR LOCAL GOVERNANCE

**HOW TO COMPLETE THE APPLICATION FORM?**

Applications may be submitted using this form by consortium of municipal enterprises, which shall elect a “lead municipal enterprise” to act on behalf of the consortium in its dealings with the Council of Europe for the duration of the grant agreement.

Only one application per consortium may be submitted. Multiple applications from the consortium or members of the consortium shall invalidate all applications.

The lead municipal enterprise should complete each box of this form 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.

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| **1. Applicant (in name of a consortium of municipal enterprises)** | |
| Official name of the lead municipal enterprise (applicant) ► |  |
| Legal form ► |  |
| 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 and the partner municipal enterprises (indicate names and positions) ► |  |
| Name of the partner municipal enterprises (co-applicants)[[1]](#footnote-1) ► |  |

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| **2. Contact details** | |
| Contact person ► |  |
| Position of the contact person ► |  |
| Email address ► |  |
| Phone number ► |  |

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| **3. Bank details[[2]](#footnote-2)** | |
| Name of the Bank ► |  |
| Address of the Bank ► |  |
| Account holder name ► |  |
| Full account number  (including bank codes) ► |  |
| IBAN (or BIC Code) ► |  |

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| **4. Situation analysis (maximum 1 and ½ page)** |
| a) Provide a synopsis of the lead applicant and the other members of the consortium: territory, population, development trends and economy. ▼ |
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| b) Describe the significance of the proposed project to all the municipalities covered by the consortium and how it will contribute to fostering inter-municipal partnerships to realize initiatives of mutual benefit to all proposing partners. ▼ |
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| c) Describe previous inter-municipal cooperation initiatives implemented by any of the participating municipalities or their municipal enterprises, the existence of cooperation agreements, etc. ▼ |
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| **5. Recent activities (maximum ½ page)** |
| Describe below the main projects completed or being carried out by any of the members of the consortium of municipal enterprises during the last 5 (five) years ▼ |
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| **6. Overall duration of the project (maximum ¼ page)** |
| Please indicate the length of the proposed project and/or specific phases planned. Note that the implementation period of the projects to be financed by the Council of Europe should not extend beyond 31 October 2017; reporting requirements should be completed by 30 November 2017. ▼ |
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| **7. Proposed activities (maximum 2 pages)** |
| Please describe below the general objective of the proposed activities and (if any) the specific objectives.  For each activity, indicate the title, duration, detailed description, implementation means, evaluation means, and expected results. When preparing the proposal, please consider the following questions:  How will the activities undertaken lead to the achievement of the expected results?  What is the sequence of the activities?  Who will be responsible for carrying out each activity and what is their role in the project?  How will the community be involved in the project implementation?  How will gender mainstreaming be included in the implementation of the project?  How will sustainability of the project be ensured following its completion▼ |
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| **8. Applicant’s professional capacity (maximum ½ page)** |
| Indicate below the number of permanent and temporary staff. Indicate any specific experience in implementing projects ▼ |
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| **9. Applicant’s operational capacity (maximum ½ page)** |
| Indicate below how the applicant intends to implement the proposed activities (where applicable, indicate the involvement of third parties including providers) ▼ |
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| **10. Applicant’s financial capacity (maximum ½ page)** |
| Indicate below any information reflecting the applicant’s financial capacity, such as turnover or equivalent (annual budget) for the last year, net earnings (if any), total balance sheet or budget, or medium and long-term debt (if any) ▼ |
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| **11. Co-funding (maximum ¼ page)** |
| 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 ▼ |
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| **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/consortium, including any of its members, 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/consortium, including any of its members, 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. |

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| **13. Signature of the lead applicant** | |
| Complete the table below and sign in the last box | |
| Name of the Signatory ► |  |
| Title or position of the Signatory in the applicant organisation ► |  |
| Place and date of signature ► | **Done in:** |
| **On :** |
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| Signature and official stamp of the applicant organisation ► |  |

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| **14. Mandate (for co-applicant(s))** |

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| The co-applicant(s) authorise the lead applicant <indicate the name of the municipal enterprise> to submit on their behalf the present application form and to sign on their behalf the grant agreement with the Council of Europe, as well as, to be represented by the lead applicant in all matters concerning this potential grant contract.  I have read and approved the contents of the proposal submitted. I undertake to comply with the principles of good partnership practice. | |
| **Name of co-applicant organisation ►** |  |
| **Title or position of the Signatory in the co-applicant organisation ►** |  |
| **Place and date of signature ►** | **Done in:** |
| **On :** |
| **Signature and official stamp of the organisation►** |  |
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| **Name of co-applicant organisation ►** |  |
| **Title or position of the Signatory in the co-applicant organisation ►** |  |
| **Place and date of signature ►** | **Done in:** |
| **On :** |
| **Signature and official stamp of the organisation►** |  |

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

1. Please enter the name of each municipal enterprise from a new line. [↑](#footnote-ref-1)
2. Details provided should be those of the account authorised to receive grant awards for all proposing partners. If, due to legal constraints, it is not possible to provide the details of the bank account, please indicate it clearly in section 8: applicant’s financial capacity, providing supporting documents where relevant; the owner of the account; the funding structure of the grant proposal. [↑](#footnote-ref-2)