|  |  |
| --- | --- |
| Ref. Number |  |
| (For CBM use only) | |

Civil Society Catalytic Fund 2019

**CONCEPT NOTE FORM**

*Please, type your responses in English****.*** *Please expand the boxes as needed.*

|  |  |
| --- | --- |
| **1. PROJECT INFORMATION:** | |
| Project title: |  |
| Total proposed project budget: | |  |  |  | | --- | --- | --- | | **Total proposed budget:** | **Amount requested from CSCF:** | **Amount Contribution from the applicant (cash or in-kind):** | |  |  |  | |
| Project start – end date: |  |

|  |  |
| --- | --- |
| **2. LEAD APPLICANT INFORMATION** | |
| Legal name of the lead organization |  |
| Contact information of the lead organisation | Address: |
| Telephone: |
| Email address: |
| WEB page: |
| Name of legal representative of the lead organization (the person authorized to sign the contract) | Name: |
| Title: |
| Address: |
| Office phone number: |
| Mobile phone number: |
| Email address: |
| Business Bank Name of the Lead Organisation: |  |
| Bank account number of the Lead Organisation |  |
| PIB |  |
| Founded on (date) |  |
| Registration Number |  |
|  |  |
| **Organization's mission:** | |
| **Main areas that the Lead Organisation has been working in in the last 2 years:** | |
|  | |

|  |  |
| --- | --- |
| **3. CO- APPLICANT INFORMATION** \*copy the table and complete for each co-applicant | |
| Legal name of the co-applicant organization |  |
| Contact information of the co-applicant organisation | Address: |
| Telephone: |
| Email address: |
| WEB page: |
| Name of legal representative of the co-applicant organization (the person authorized to sign the contract) | Name: |
| Title: |
| Address: |
| Office phone number: |
| Mobile phone number: |
| Email address: |
| Founded on (date) |  |
| Registration Number |  |
|  |  |
| **Organization's mission:** | |
| **Main areas that the co-applicant organisation has been working in the last 2 years:** | |
|  | |

|  |  |
| --- | --- |
| **4. DESCRIPTION OF THE PROJECT** | |
| **4.1 Objectives and Results** | |
| **Project Objective(s):** |  |
| **Project target group(s): (max 200 words)** |  |
| **Project final beneficiaries: (max 200 words)** |  |
| **Intended project results: (max 200 words)** |  |
| **4.2. Project Description** | |
| **Describe the main activities and methodology for project implementation (please note that all project activities must contribute to achievement of one or more of the 5 priority actions for the CSCF, and meet one or more of the additional criteria for the CSCF): (max 800 words)** | |
|  | |
| **4.3. Relevance of the project** | |
| **How does the project contribute to achievement of the CSCF objective? (max 200 words)** |  |
| **Which municipalities will the project take place in?** |  |
| **How does the project demonstrate catalytic effect, in that it promotes broader or longer-term effects advancing the objective of the CSCF? (max. 200 words)** |  |

On behalf of the Lead Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

[Stamp]

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_