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

Civil Society Catalytic Fund 2019

**FULL APPLICATION FORM**

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

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| **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: |  |

|  |  |  |  |  |
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| **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:** | | | | |
|  | | | | |
| **Lead applicant capacity** | | | | |
| **Describe your organization’s experience of project management** | | | | |
|  | | | | |
| **Describe your organization’s technical expertise relevant to the proposed project:** | | | | |
|  | | | | |
| **Describe your organization’s management capacity, including staff, equipment and ability to handle the budget for the project:** | | | | |
|  | | | | |
| **Describe your organization’s current sources of income:** | | | | |
|  | | | | |
| **Staff to be Engaged in the Project** | | | | |
| Name | | Position/ Job Title | Role within the project | Percentage engagement in the project |
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| **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:** | | | | |
|  | | | | |
| **Co-applicant capacity** | | | | |
| **Describe your organization’s experience of project management (max 200 words):** | | | | |
|  | | | | |
| **Describe your organization’s technical expertise relevant to the proposed project (max 200 words):** | | | | |
|  | | | | |
| **Describe your organization’s management capacity, including staff, equipment and ability to handle the budget for the project (max 200 words):** | | | | |
|  | | | | |
| **Describe your organization’s current sources of income (max 200 words):** | | | | |
|  | | | | |
| **Staff to be Engaged in the Project** | | | | |
| Name | | Position/ Job Title | Role within the project | Percentage engagement in the project |
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| **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, including targets and indicators as possible: (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 1000 words)** | |
|  | |
| **4.3. Relevance of the project** | |
| **How does the project contribute to achievement of the CSCF objective? (max 200 words)** |  |
| **Which Municipality/Municipalities of Mitrovica Region 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)** |  |
| **Are the expected results of the project sustainable, including financial, institutional, policy and environmental sustainability? (max 200 words)** |  |
| **Risk and mitigation measures (max 500 words)** |  |

On behalf of the Applicant

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

Full name

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

Signature

[Stamp]

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