Application Form

STRENGTHENING FRANCO-CROATIAN PARTNERSHIPS AMONG CIVIL SOCIETY ORGANIZATIONS

Publication Date: 14th February 2020

Application Deadline: 23rd March 2020

**Please read the Call for Proposals carefully before filling in the Form.**

Try to fill in the Form as clearly as possible. Be precise and list as many details as possible in order to allow project evaluation of high quality.

**Fill in the Form using a computer and in English.**

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| **I. BASIC INFORMATION ABOUT THE PROJECT** | | |
| 1. | Title of the project |  |
| 2. | Beginning and end of project  *Note: duration of the project is max 12 months* |  |
| 3. | Total amount of the project (EUR) |  |
| 4. | Amount requested from the French embassy (EUR)  *Note: it is possible to request up to 70% of the total amount of the project cost* |  |
| 5. | Geographic area of the project implementation |  |

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| **II. BASIC INFORMATION ABOUT THE APPLICANT** | | | | | | | | | |
| 1 | Name of the organisation | | |  | | | | | |
| 2 | OIB *(Personal identification number)* | | |  | | | | | |
| 3 | RNO *(Number from the Registry of Non-profit Organisations)* | | |  | | | | | |
| 4 | Type of legal subject:   * *Association* * *Foundation* * *Trade Union* * *Employers’ Association* * *Company established by a non-profit organisation* * *Social cooperative* | | |  | | | | | |
| 5 | Postal address of the organisation (country / postcode / city / address) | | |  | | | | | |
| 6 | Name and position of the person responsible for the representation of the organisation *(for example, president, director…)* | | |  | | | | | |
| 8 | Name of the Contact person of the organization – Project manager | | |  | | | | | |
| 9 | Phone | | |  | | | | | |
| 10 | E-mail address | | |  | | | | | |
| 11 | Web site *(if applicable)* | | |  | | | | | |
| 12 | Account number - IBAN | | |  | | | | | |
| 13 | Name and address of the bank | | |  | | | | | |
| 14 | Number of employees in the organisation *(fill the box with the number)* | | | Under contract | |  | Volunteers | |  |
| 15 | Total budget of the organisation in 2019 *(fill in the number)* | | |  | | | | | |
| 17 | Have you already benefitted from a grant from the French embassy? | | | | | | | | |
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| 18 | Description of one significant previous experience and acknowledgement of the applicant in the area relevant to the Call through projects financed in 2017, 2018, 2019. | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (EUR) | Applicant or partner | | Source of financing | | | Implementation period | |
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| Short project description and the role of the applicant: | | | | | | | | |
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| **III. BASIC INFORMATION ABOUT THE FRENCH PARTNER AND OTHER PARTNER(S) (*If any*)** | | |
| 1 | Name of the organisation |  |
| 2 | OIB *(Personal identification number) – for Croatian partners* |  |
| 3 | RNO *(Number from the Registry of non-profit organisations) – for Croatian partners* |  |
| 4 | Type of legal subject   * Association * Public institution * Trade Union * Employers’ Association * Company established by a non-profit organisation * Foundation * Social cooperative |  |
| 5 | Postal address of the organisation  (country / postcode / city / address) |  |
| 6 | Name and position of the person responsible for the representation of the organisation *(for example, president, director…)* |  |
| 8 | Name of the Contact person of the organization – Project manager |  |
| 9 | Phone |  |
| 10 | E-mail address |  |
| 11 | Web site *(if applicable)* |  |

***NOTE 1: In case of additional partners, add rows/copy-paste the table.   
NOTE 2: If you have not succeeded in identifying a French partner, please indicate it in the application form.*** ***If the project is selected, the French embassy will support you in your partner search.***

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| **IV.**  **INFORMATION ABOUT THE PROJECT** | |
| 1 | Project summary |
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| 2 | Context and justification of the project: describe the problem that needs to be solved by the project and the project’s relevance with regards to the objective and priorities of the Call |
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| 3 | General objective of the project |
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| 4 | Specific objective/s of the project |
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| 5 | Target groups and end beneficiaries of the project |
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| 6 | Expected results of the project |
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| 7 | Impact of the project on beneficiaries: long term influence of the project on the target groups and end beneficiaries |
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| 8 | Added value of the French Partner / French expertise in the project: describe the involvement of the French partner in the activities of the project and the expertise mobilized in the framework of the project. |
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| 9 | Detailed description of the activities to be implemented, description of the project implementation methods, the outputs of each activity, the implementing entity (applicant, partner) and the implementation time frame. |
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| 10 | Will the Franco-Croatian partnership continue after the completion of the project? |
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| **Name and surname of the project manager (*in the applicant organization*)** |  | **Name and surname of the authorized person *(in the applicant organization)*** |

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| **Signature** |  | **Signature** |

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| **In** |  | **,** |  | **2020.** |