Application Form

STRENGTHENING CROATIAN-SWISS PARTNERSHIPS FOR LOCAL SOCIAL AND ECONOMIC GROWTH AND DEVELOPMENT

Swiss-Croatian Cooperation Programme

Publication Date: June 29, 2018.

Application Deadline: October 1, 2018

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

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

**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 in Croatian |  | |
| 1.a | Title of the Project – *in English* |  | |
| 2. | Beginning and end of project (NOTE: duration of the project from 12 up to 20 months) |  | |
| 3. | Total amount needed for the project (KN) |  | |
| 4. | Amount requested from the Government Office for Cooperation with NGOs through the Swiss-Croatian Cooperation Programme (KN)  *(Note: it is possible to request up to 90% of the total amount of the project cost)* |  | |
| 5. | The project is applied within (mark the box that applies) | Group 1 Activities for supporting local social and economic development |  |
| Group 2 Activities supporting improving road safety |  |
| 6. | Geographic area of 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 | | | | | |
| 5 | Official/registered address of organisation (country / postcode / city / address) | | |  | | | | | |
| 6 | Name and position of the person responsible for the representation of the organisation *(for example, president, director…)* | | |  | | | | | |
| 7 | End date of the mandate of the person for the representation of the organisation | | |  | | | | | |
| 8 | Name of the contact person of the organization – project manager | | |  | | | | | |
| 9 | Phone | | |  | | | | | |
| 10 | Fax *(if applicable)* | | |  | | | | | |
| 11 | E-mail address | | |  | | | | | |
| 12 | Web site *(if applicable)* | | |  | | | | | |
| 13 | Account number - IBAN | | |  | | | | | |
| 14 | Name of the bank | | |  | | | | | |
| 15 | Number of employees in the organisation *(fill the box with the number)* | | | Contract of indefinite duration | |  | Fixed term contract | |  |
| 16 | Number of part time associates in 2017 *(fill in number)* | | |  | | | | | |
| 17 | Portion of voluntary work in the organisation | | | | | | | | |
| 1. Number of volunteers in 2017 *(fill in number)* | | |  | | | | | |
| 1. Number of volunteers’ hours in 2017 *(fill in number)* | | |  | | | | | |
| 18 | Total income of the organisation in 2017 *(fill in number)* | | |  | | | | | |
| 19 | Of the total income, from *(fill in amount)* | | | | | | | | |
| 1. state budget (including state lottery fund, taxes for environment protection, public TV taxes and other budget sources) | | |  | | | | | |
| 1. budget of local (self) government | | |  | | | | | |
| 1. EU budget and international sources | | |  | | | | | |
| 1. own sources from regular and economic activities | | |  | | | | | |
| 1. membership fees | | |  | | | | | |
| 1. Croatian business sector donations | | |  | | | | | |
| 1. Croatian citizens donations | | |  | | | | | |
| 20 | Description of previous experience and acknowledgement of the applicant in the area relevant to the Call through projects financed in 2015, 2016, 2017. State a maximum of 5 projects. | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the applicant: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the applicant: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the applicant: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the applicant: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the applicant: | | | | | | | | |

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| **III. BASIC INFORMATION ABOUT THE PARTNER** | | | | | | | | | |
| 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 | Tax identification number – *for Swiss partners* | | |  | | | | | |
| 5 | Type of legal subject   * *Association* * *Foundation* * *Trade Union* * *Employers’ Association* * *Institution* * *Local or regional self-government unit* * *Swiss administration division (canton, municipality)* * *company established by a non-profit organisation* * *Social cooperative* | | |  | | | | | |
| 5 | Official/registered address of organisation (country / postcode / city / address) | | |  | | | | | |
| 6 | Name and position of the person responsible for the representation of the organisation *(for example, president, director…)* | | |  | | | | | |
| 7 | End date of the mandate of the person for the representation of the organisation | | |  | | | | | |
| 8 | Name of the contact person of the organization – project manager | | |  | | | | | |
| 9 | Phone | | |  | | | | | |
| 10 | Fax *(if applicable)* | | |  | | | | | |
| 11 | E-mail address | | |  | | | | | |
| 12 | Web site *(if applicable)* | | |  | | | | | |
| 13 | Number of employees in the organisation *(fill the box with the number)* | | | Contract of indefinite duration | |  | Fixed term contract | |  |
| 14 | Number of part time associates in 2017 *(fill in number)* | | |  | | | | | |
| 15 | Portion of voluntary work in the organisation | | | | | | | | |
| 1. Number of volunteers in 2017 *(fill in number)* | | |  | | | | | |
| 1. Number of volunteers’ hours in 2017 *(fill in number)* | | |  | | | | | |
| 16 | Total income of the organisation in 2017 *(fill in number in Kunas or Swiss Francs)* | | |  | | | | | |
| 17 | Description of previous experience and acknowledgement of the applicant in the area relevant to the Call through projects financed in 2015, 2016, 2017. State a maximum of 5 projects. | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN/Swiss Francs) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the partner: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the partner: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the partner: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the partner: | | | | | | | | |
| Title of the Project: | | | | | | | | |
| Location | Amount of grant (KN) | Applicant or partner | | Source of financing | | | Implementation period | |
|  |  |  | |  | | |  | |
| Short project description and the role of the partner: | | | | | | | | |

*NOTE: In case of additional partners, add rows/copy-paste the table.*

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| **IV.**  **INFORMATION ABOUT THE PROJECT** | | | | | | | | | | |
| 1 | Project summary in Croatian (maximum of 1000 characters) | | | | | | | | | |
|  | | | | | | | | | |
| 1.a | Project summary in English (maximum of 1000 characters) | | | | | | | | | |
|  | | | | | | | | | |
| 2 | State and describe the aim of the project. | | | | | | | | | |
|  | | | | | | | | | |
| 3 | Describe the project’s relevance with regard to the goals of the Call for Proposals and describe the problem that needs to be solved by the project. Describe the impact of the project and its activities on the local community, and the relevance of the project with regard to the needs of the targeted environment. How have you assessed the local community needs? | | | | | | | | | |
|  | | | | | | | | | |
| 4 | Describe and quantify each target group, including the problems and needs of the identified target groups that are to be solved by the project proposal. Describe the long term influence of the project on the target groups and end beneficiaries. | | | | | | | | | |
|  | | | | | | | | | |
| 5 | Refer to the Indicators of the Call that the project contributes, define baseline and target value, explain to which activity the indicator refers, and provide the evidence of accomplishment that will be checked during project implementation. (NOTE: The evidence of the achievement of the indicators is set out in the Guidelines for Applicants) | | | | | | | | | |
| **Indicator** | | **Baseline** | | **Target value** | | **Explanation and evidence of the achievement** | | | |
| Number of best practice models for achieving sustainable development goals | |  | |  | |  | | | |
| Number of participants in project activities related to the exchange of knowledge and experience between Swiss and Croatian partners | |  | |  | |  | | | |
| 6 | Detailed description of the activities to be implemented, description of the methods of the implementation of the project, the outputs of each activity, the implementing entity and the implementation time frame.  Recommendation: DO NOT add more than 10 activities.  NOTE: It is mandatory to add "Promotion and Visibility" to ensure the visibility of project activities and to allow further development of a model of good practice in achieving the goals of sustainable development. | | | | | | | | | |
| **Activity 1** | | *<name>* | | | | | | | |
| **Logical background** | | *Describe briefly the activity and how the implementation of the activity contributes to the achievement of the objectives and indicators of the project.* | | | | | | | |
| **Implementation** | | *Describe the steps and methods required to implement the activity.* | | | | | | | |
| **Outputs** | | *Describe briefly the quantitative and qualitative outputs of the activity.* | | | | | | | |
| **Implementing entity/ies** | | *Describe the role and responsibilities of the organization (s) responsible for implementing the activity (applicant and / or partner).*  *If applicable, specify services that will be subcontracted within the scope of the activity (e.g. advisory, printing, design, catering services, etc.)* | | | | | | | |
| **Time line**  **(harmonize with the question 7)** | | *Specify the time of activity implementation.* | | | | | | | |
| **Activity 2** | | *<name>* | | | | | | | |
| **Logical background** | | *Describe briefly the activity and how the implementation of the activity contributes to the achievement of the objectives and indicators of the project.* | | | | | | | |
| **Implementation** | | *Describe the steps and methods required to implement the activity.* | | | | | | | |
| **Outputs** | | *Describe briefly the quantitative and qualitative outputs of the activity.* | | | | | | | |
| **Implementing entity/ies** | | *Describe the role and responsibilities of the organization (s) responsible for implementing the activity (applicant and / or partner).*  *If applicable, specify services that will be subcontracted within the scope of the activity (e.g. advisory, printing, design, catering services, etc.)* | | | | | | | |
| **Time line**  **(harmonize with the question 7)** | | *Specify the time of activity implementation.* | | | | | | | |
| **Activity 3** | | *<name>* | | | | | | | |
| **Logical background** | | *Describe briefly the activity and how the implementation of the activity contributes to the achievement of the objectives and indicators of the project.* | | | | | | | |
| **Implementation** | | *Describe the steps and methods required to implement the activity.* | | | | | | | |
| **Outputs** | | *Describe briefly the quantitative and qualitative outputs of the activity.* | | | | | | | |
| **Implementing entity/ies** | | *Describe the role and responsibilities of the organization (s) responsible for implementing the activity (applicant and / or partner).*  *If applicable, specify services that will be subcontracted within the scope of the activity (e.g. advisory, printing, design, catering services, etc.)* | | | | | | | |
| **Time line**  **(harmonize with the question 7)** | | *Specify the time of activity implementation.* | | | | | | | |
| **Activity 4** | | *<name>* | | | | | | | |
| **Logical background** | | *Describe briefly the activity and how the implementation of the activity contributes to the achievement of the objectives and indicators of the project.* | | | | | | | |
| **Implementation** | | *Describe the steps and methods required to implement the activity.* | | | | | | | |
| **Outputs** | | *Describe briefly the quantitative and qualitative outputs of the activity.* | | | | | | | |
| **Implementing entity/ies** | | *Describe the role and responsibilities of the organization (s) responsible for implementing the activity (applicant and / or partner).*  *If applicable, specify services that will be subcontracted within the scope of the activity (e.g. advisory, printing, design, catering services, etc.)* | | | | | | | |
| **Time line**  **(harmonize with the question 7)** | | *Specify the time of activity implementation.* | | | | | | | |
| **Activity 5** | | *<name>* | | | | | | | |
| **Logical background** | | *Describe briefly the activity and how the implementation of the activity contributes to the achievement of the objectives and indicators of the project.* | | | | | | | |
| **Implementation** | | *Describe the steps and methods required to implement the activity.* | | | | | | | |
| **Outputs** | | *Describe briefly the quantitative and qualitative outputs of the activity.* | | | | | | | |
| **Implementing entity/ies** | | *Describe the role and responsibilities of the organization (s) responsible for implementing the activity (applicant and / or partner).*  *If applicable, specify services that will be subcontracted within the scope of the activity (e.g. advisory, printing, design, catering services, etc.)* | | | | | | | |
| **Time line**  **(harmonize with the question 7)** | | *Specify the time of activity implementation.* | | | | | | | |
| *NOTE: In case of additional activity, please copy the table.* | | | | | | | | | |
| 7 | Action plan – specify the name of the activity and shade the implementation time by quarter. If applicable, complete the action plan for the second year of the project.  ***NOTE: Activities in the action plan should be harmonized with the names of the activities in question 6.*** | | | | | | | | | |
| **Activity** | **First year of the implementation** | | | | **Second year of the implementation** | | | | |
|  | **1-3** | **4-6** | **7-9** | **10-12** | **1-3** | | **4-6** | **7-9** | **10-12** |
| Activity XY |  |  |  |  |  | |  |  |  |
| … |  |  |  |  |  | |  |  |  |
| … |  |  |  |  |  | |  |  |  |
| … |  |  |  |  |  | |  |  |  |
| … |  |  |  |  |  | |  |  |  |
| 8 | Specify the measures for transferring project results to the other civil society organizations and institutions in Croatia. Explain the impact of the project on a broader thematic area in Croatia. | | | | | | | | | |
|  | | | | | | | | | |
| 9 | Explain how and to what extent project results and proposed good practice models will be sustainable after project completion (financial, institutional, public policy promotion, environmental). | | | | | | | | | |
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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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In** |  | **,** |  | **2018.** |