**APPLICATION FORM**

**Call for Proposals for Grants Scheme**

**‘*Advancing Gender Equality and Diversity through Elimination of Gender-Based Discrimination at Workplace’, 2023/542-340***

**Project supported by European Union Office in Kosovo**

Deadline for submission of applications:

May 20st, 2024, at 17:00

**SECTION I**

**Information about the Organization**

|  |  |
| --- | --- |
| **Full Legal Name of Organization**  *(As per registration certificate)* |  |
| **Address**  *(Physical address of your organization’s headquarters)* |  |
| **Office Telephone/Fax Number(s)** |  |
| **E-mail Address of the organization** |  |
| **Web Address**  *(Provide the link to your organization’s website, if applicable)* |  |
| **Contact Person and Title**  *(Name and position of a person who will be responsible for all the communication regarding the project)* |  |
| **Contact person’s e-mail address** |  |
| **Contact person’s phone number** |  |
| **Organization’s year of registration**  *(Year when the organization was registered at the Ministry of Public Administration)* |  |
| **Registration number of the organization**  *(Organization’s registration number as given in the registration certificate)* |  |
| **Organization’s operational bank account**  *(Provide the bank account number of the organization, name of the Bank, place)* |  |
| **Organization’s annual budget**  *(Please state the annual budget for the last three years: 2023, 2022, 2021)* |  |

**SECTION II**

**Project Information**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Thematic area:**  *(Specify in which of these areas will the project be implemented: Employment, Healthcare, Infrastructure, Education, Environment, Economy and business, Culture and Tradition, Other)* |  |
| **Project Innovation:**  *(Please describe the innovation of this project and whether you have already implemented a similar project in the past or are currently implementing one)* |  |
| **Project Duration:**  *(Write the number of weeks or months during which the project will take place, also provide the dates of beginning and ending of the project implementation)* |  |
| **Geographical Area:**  *(Explain in which localities/ municipalities/ regions will the activities of the project take place)* |  |
| **Estimated Budget:**  *(Provide the amount of money needed for implementation of the project)* |  |

1. **Summary of the Action**

Please provide basic information about the applicant (and co-applicants if applicable) and a brief description of their experience with similar projects; the overall goal of the project; the target groups; and estimated budget required.

1. **Problem to be addressed**

Please provide background/situation analysis of the problem to be addressed by the project; how will your project help in solving this problem; what is the expected situation after the implementation of this project.

1. **Project objectives**

Please provide a description of the objectives that when achieved will ensure the realization of the overall goal of the project.

1. **Project activities description**

Please provide a detailed description of the activities that will be implemented, methods used for their implementation and these activities expected results.

1. **Project beneficiaries**

Please explain who the direct and indirect beneficiaries of the project are and in what way do they benefit from it?

1. **Work plan**

In the table below, provide a tentative work plan for the duration of the project. Under the “Activity” field write the name of the activity of the project. Mark with “X” the month(s) during which that activity takes

place. Note that month “I” represents the first month of the project implementation and not the first month of the year. Use “+” to add more fields.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Activity** | **Months** | | | | | |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

1. **Project sustainability**

Explain how the project focuses on long-term continuation of project activities. Describe what outcomes you are trying to sustain for the project, even after its implementation.

1. **Final checklist for the applicant**

This checklist enables you to verify if all fields are completed per the guidelines and criteria set for self-assessment of prospective applicants.

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| --- | --- | --- |
| **BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING POINTS ARE COMPLETE AND RESPECT THE FOLLOWING CRITERIA:** | **To be filled in by the applicant** | |
| **Title of the Proposal: <***indicate the title>* | **Yes** | **No** |
| I have used the correct Application Form, as outlined in the Project’s Call for Proposals |  |  |
| I have carefully read the guidelines and filled out the application form as per the requirements and criteria listed |  |  |
| I have attached a copy of the lead applicant’s ID or registration act |  |  |
| I have attached the Project’s Application Form |  |  |
| I have attached the Project’s Budget Form |  |  |
| I have attached the required registration documents, as outlined in the Application Guidelines |  |  |