# **Annex 1 Application form**

Note: The applicant(s) are required to fill this form in full. The information shall be stated clearly and briefly. The statistical data to be referred shall be taken from the official sources of information. Costs estimates to be done in USD.

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| --- | --- | --- | --- | --- |
| 1. **Project information** | | | | |
| * 1. project title |  | | | |
| * 1. project duration | start date: |  | end date: |  |
| * 1. project location (all communities and locations covered by project’s impact) |  | | | |
| * 1. total amount of the project proposal **in USD** |  | | | |
| * 1. amount requested from EU-CBM Programme**, in USD** |  | | | |
| 1. **Main applicant details** | | | | |
| * 1. full name of applying entity |  | | | |
| * 1. telephone, incl. cell phone |  | | | |
| * 1. e-mail |  | | | |
| * 1. web-site (if applicable) |  | | | |
| * 1. organization’s fiscal code |  | | | |
| * 1. full name of the project coordinator, position |  | | | |
| * 1. coordinator’s contact number (tel./cell) |  | | | |
| * 1. coordinator’s e-mail |  | | | |
| * 1. bank account number in MDL |  | | | |
| * 1. bank code |  | | | |
| * 1. bank name |  | | | |
| * 1. bank address |  | | | |
| * 1. full name and titles of authorized signatory person(s) |  | | | |
| * 1. organization registration date as indicated in the certificate of registration. For public institutions start of activity date |  | | | |
| * 1. total number of employees (full time and part time)? Please include a list of names, positions, email addresses and phone numbers of the project staff who will be directly responsible for grant implementation |  | | | |
| * 1. describe the main areas of work of the applying entity in max. 800 characters |  | | | |
| * 1. indicate the projects your entity has implemented over the past two years, specifying the project budget and donor organization (brief description of project goal and key results (max. 700 characters *per project*) |  | | | |
| 1. **Partner entity’ information** | | | | |
| full name of partner entity |  | | | |
| full name of project coordinator of the partner entity (position in the organisation) |  | | | |
| coordinator’s contact number (tel./cell) |  | | | |
| coordinator’s contact number e-mail |  | | | |
| total number of employees (full time and part time)? Please include a list of names, positions, email addresses and phone numbers of the project staff who will be directly responsible for grant implementation |  | | | |
| describe the main areas of work of the applying entity in max. 800 characters |  | | | |
| indicate the projects your entity has implemented over the past two years, specifying the project budget and donor organization (brief description of project’s goal and key results (max. 700 characters *per project*) |  | | | |