**ANNEX 1 - APPLICATION FORM**

Note: The applicant must complete this form in full. The information must be stated clearly and succinctly. Cost estimates must be converted in USD.

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| 1. **INFORMATION ABOUT THE APPLICANT/ LEAD APPLICANT IN CASE OF CONSORTIUM** | |
| * 1. Full name of the applicant entity |  |
| * 1. 1.2. Telephone number, including mobile |  |
| * 1. E-mail |  |
| * 1. Web site (if any) |  |
| * 1. Tax number of the organization |  |
| * 1. Full name of the Project Coordinator |  |
| * 1. Phone number of the project Coordinator |  |
| * 1. Email address of the Project Coordinator |  |
| * 1. IBAN Code in MDL dedicated to project |  |
| * 1. Beneficiary bank name |  |
| * 1. Bank name |  |
| * 1. Bank Address |  |
| * 1. Full name and Position of the signing person. |  |
| * 1. Registration date as indicated in the registration certificate. |  |
| * 1. Total number of employees. |  |
| * 1. Describe the main fields of activity of the applicant in max. 800 characters. |  |
| * 1. Indicate the projects that your entity has implemented in the last three years, specifying project budget and donor organization (brief description of project objective and key results (max. 700 characters per project). |  |

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| 1. **INFORMATION ABOUT THE CO-PARTNER ORGANIZATION IN THE CASE OF CONSORTIUM** | |
| * 1. Full name of the entity |  |
| * 1. Full name of the Project Coordinator in the entity (position in the organization). |  |
| * 1. Phone number of the project Coordinator (tel./mobile). |  |
| * 1. Email address of the project Coordinator. |  |
| * 1. Total number of employees. |  |
| * 1. Describe the main fields of activity of the applicant in max. 800 characters. |  |
| * 1. Indicate the projects that your entity has implemented in the last three years, specifying project budget and donor organization (brief description of project objective and key results (max. 700 characters per project). |  |

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| 1. **THE GOAL AND OBJECTIVES OF THE PROJECT** | | | |
| * 1. How will the project contribute to increasing the access of the population on the left bank to public services on the right bank of the Nistru River?   How many people do you estimate that will benefit from the services provided by the parachutists?   * 1. How does the project contribute to the objectives of building sustainable and inclusive peace and strengthening trust and social cohesion on both banks of the Dniester River? | | (please answer in maximum 3000 words to each of the questions below) | |
| * 1. How will the proposed activities improve the capacity of paraprofessionals to deliver services? Are the project interventions fully in line with the competences of the applicant according to its status? | |  | |
| * 1. How many women will benefit from the project activities? | |  | |
| * 1. What kind of actions do you envision for piloting the network of paraprofessionals and what impact will be generated after project implementation? | |  | |
| * 1. How will you ensure the sustainability of the network of parachutists after the end of the project? | |  | |
| * 1. RISK ANALYSIS | | | |
| Indicate the relevant risks to the achievement of the grant objectives and the mitigating measures that will be taken. Risks include security, financial, operational, social and other risks. | | | |
| **Risk** | **Risk rating\* (high/medium/low)** | | **Mitigation measures** |
|  | Fill in | | Fill in |
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| *\** *The risk classification is based on reflecting the likelihood of the risk materializing and the consequences it will create, if it occurs.* | | | |

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| 1. **ACTION PLAN**   Describe the project activities according to a well-defined and clear logic and sequence in time, estimate the efforts in USD and specify the roles of each implementing partner in the case of a consortium. | | | | |
| **Nr.** | **\*** **Field of intervention and specific activity** | **Implementation period (l/a)** | **Estimated cost of activity, (USD)** | **\*\*** **Responsible (lead/partner organization)** |
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| *1.1.* |  |  |  |  |
| *1.2* |  |  |  |  |
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| *\** *Each activity includes a brief description, number of beneficiaries, partners involved, dates, location, expected results*  *\*\* To be completed in the case of consortium* | | | | |

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| 1. **PERFORMANCE TARGETS**   List the indicators for measuring the results to be achieved using the grant. At least one indicator is required. Several indicators may be used if it is useful to measure more fully the results that are expected to be achieved: | | | | | | |
| **Indicator(s)** | **Data source** | **Baseline** | **Objectives** | | | **Final target** |
| Q3, 2024 | Q4, 2024 | Q1, 2025 |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
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