**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 LEAD ORGANIZATION** (organization from right bank of Nistru River) | |
| * 1. Full name of the applicant entity |  |
| * 1. 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 (max. 700 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** | |
| * 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 (max. 700 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. **PROJECT INFORMATION** | |
| * 1. Project Name |  |
| * 1. Area of intervention (social service provided) |  |
| * 1. Implementation period (months) |  |
| * 1. Total Project Budget (USD) |  |
| * 1. Co-financing amount (if any) |  |

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| 1. **PROJECT DESCRIPTION** | |
| Please answer using max. 3000 characters for each question below | |
| * 1. What is/are the targeted vulnerable group/s? |  |
| * 1. Locality/ies where the project will be implemented? |  |
| * 1. What are the Goal and Objectives of the project? |  |
| * 1. Who are the Project Beneficiaries? |  |
| * 1. Justify the need of the project (describe the problem/s and how will be solved). |  |
| * 1. Project sustainability |  |
| * 1. Project visibility |  |