**SMALL GRANTS PROGRAMME –**

**MONITORING THE NATIONAL INTEGRITY AND ANTICORRUPTION STRATEGY (NIAS) BY DEVELOPING ALTERNATIVE REPORTS OF MONITORING SECTORIAL AND LOCAL ANTICORRUPTION ACTION PLANS**

**APPLICATION FORM**

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| 1. **Project information**
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| * 1. **Full name of applying entity**
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| * 1. **Project title**
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| * 1. **Project duration**
 | **Start date:** |  | **End date:** |  |
| * 1. **Project location (all communities and locations covered by Project’s impact, if applicable)**
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| * 1. **Target group (s) of the Project**
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| * 1. **Total amount of the Project proposal in USD**
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| 1. **Applying entity’s information**
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| * 1. **Postal address**
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| **2.2. Telephone** |  |
| **2.3. E-mail** |  |
| **2.4. Web-site (if applicable)** |  |
| 1. **Project coordinator information**
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| **3.1. Full name of the Project coordinator, position** |  |
| **3.2. Contact number (tel/mob)**  |  |
| **3.3. E-mail** |  |
| **Applicant entity bank details** |
| **4.1. Organization’s fiscal code** |  |
| **4.2. Bank account number in MDL** |  |
| **4.3. Bank code** |  |
| **4.4. Bank name** |  |
| **4.5. Bank address** |  |
| **4.6. Full name and titles of authorized signatory person(s):** |  |
| **Applicant entity description** |
| **5.1. Organization registration date as indicated in the Certificate of Registration.**  |
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| **5.2. What is the total number of full time and part time employees (men and women)? Please include a list of names, positions, email addresses and phone numbers of the Project staff who will be directly responsible for this grant’s implementation.** |
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| **5.3. Describe the main areas of work of the applying entity in max. 200 words (2 paragraphs)** |
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| **5.4. Indicate the projects your entity has implemented over the past two years, specifying the budgets and donors. Give brief description of projects’ goal and key results (max. 1 paragraph per Project)**  |
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| **Project description** |
|  **In no more than 5 - 6 paragraphs describe the background** |
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| * 1. **In no more than 1-2 short paragraphs or bullet points describe the Project Objectives**
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| * 1. **In no more than 3 paragraphs describe the identified target group (s) highlighting the size, location, if applicable, and any other identification parameter of the target group the Project will address. (projects beneficiary)**
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| **6.4. In no more than 3 paragraphs describe the identified problem that the Project will address and the Project’s goal. What difference will your Project make for the identified target group in the area of anticorruption action plans monitoring (project’s added value)?** |
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| 6.5. In no more than 3 paragraphs describe the general monitoring methodology (steps and estimated deadlines) |
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| **6.6. In no more than 2 paragraphs describe the originality, innovative character of the Project** |
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| **6.7. In no more than 2 paragraphs explain what will be the impact of your Project in the middle and long term, how will the Project support a future oriented partnership with the NAC and the NIAS’ Secretariat of the monitoring groups (Project’s sustainability).** |
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| **6.8. What are the expected results (quantitative and qualitative), indicators to measure these and activities to achieve each result? You can add rows for results, if necessary.** |
|  | Indicator(what you will measure) | BaselineCurrent situation | Sources and means of verification  |
| Result 1: |  |  |  |
| Activity 1.1 |  |  |  |
| Activity 1.2. |  |  |  |
| Activity 1.3. |  |  |  |
| Activity … |  |  |  |
| Result 2: |  |  |  |
| Activity 2.1 (use same numbering format as for activities under Result 1) |  |  |  |
| Result 3:  |  |  |  |
| Activity |  |  |  |
| **6.9. Provide a short narrative description of each activity listed above - no more than 4 sentences per activity:** |
|  |
| **6.10. List Project beneficiaries, both direct and indirect, as well as involved stakeholders, if applicable. Include a feasible number of beneficiaries next to each category (direct, indirect). If the number of indirect beneficiaries is expected to grow in the long-term, please indicate the estimated number and timeline (ex. within x months after the Project, additional x people/community members will benefit from its effect)** |
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| **6.11. Include a paragraph on Project results’ evaluation and sustainability.**  |
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| **6.12. Indicate all relevant risks (operational, financial, political, delivery, human) associated with your project implementation. In no more than 2 sentences, describe how you will manage each listed risk.**  |
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1. **Calendar of Project activities**

**June 2020 – February 2021**

**You may add rows to cover all planned activities, if necessary.**

**Indicate Activities and Results using the same numbering as indicated in point 6.8**

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| **Activities** |  **Month I** | **Month II**  | **Month III** | **Month IV**  | **Month V**  | **Month VI**  | **Month VII**  | **Month VIII**  | **Month IX**  |
|  | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
| RESULT 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 1 (title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Describe all tasks within each activity* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| RESULT 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 2 (title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Result** 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 3 (title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Result 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 4 (title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Project budget**

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| Total amount of the Project, in USD: \_\_\_\_\_\_\_\_\_\_\_Amount requested from the UNDP Moldova, in USD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- |
| **Expenses** | **Unit** | **# of units** | **Unit rate** **(price in USD)** | **Costs in USD** |
| **1. Salaries of the Project implementing team** *(Please include the gross salaries to be paid to the NGO staff working for this project, including the taxes to be paid out of these costs and the percentage of involvement in this project)* |
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| ***Subtotal salaries*** |  |  |  |  |
| **2. Fees for consultants, experts, involved in the Project’s implementation up to 100 USD net per day** *(Please include the fees with taxes and mandatory payments to be paid out of these costs.)*  |
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| ***Subtotal Fees*** |  |  |  |  |
| **3. Direct Project expenses** *(Please include the projected costs for the activities, such as editing/printing costs, halls rent, meals, etc.)* |
|  |   |   |   |   |
|  |  |  |  |  |
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| ***Subtotal Direct Project Expenses*** |  |  |  |  |
| **4. Travel** *(Please include in separate lines, if applicable, costs for trips, outsourced vehicle rent, etc.)* *IMPORTANT: for local transportation costs, please indicate approximate number of km to be covered during the project’s implementation period. Note that 1km is to be priced at the average market price, including* **car maintenance***)* |
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| ***Subtotal Travel*** |   |  |  |  |
| **5. Administrative Expenses** *(costs for communication, postage, office rent, banking fees, office supplies etc.)*  |
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|   |  |  |  |  |
| ***Subtotal Administrative Expenses*** |  |  |  |  |
| **6. Equipment** *(Please refer to point 5 in the Application Guidelines about eligible and ineligible equipment under this grant)* |
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|  |  |  |  |  |
| ***Subtotal Equipment and Supplies*** |  |  |  |  |
| **TOTAL PROJECT COSTS**  |  |  |  |  |
| NOTA BENE: Delete or add rows according to the specifics of your project. The beneficiary alone is responsible for the correctness of the financial information provided in these tables.  |
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1. Applicant STATEMENT

I, the undersigned, as a responsible person on behalf of the organization applying for financing for this Project, hereby certify the following:

(a) The information provided in this application form is accurate; and

(b) The applicant and their partner organization/experts (if any) meet the criteria described in the Applicant’s Guide.

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| --- |
| Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature and stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |