**LAG Small Grants Programme**

**Implemented under the EU4MOLDOVA: Focal Regions Programme**

**APPLICATION FORM**

1. **APPLICANT’S DATA**

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| **Name of the applicant LAG:** |  |
| Villages, communities covered by the LAG territory: population number, % of Cahul/Ungheni district |  |
| Name of the President of the LAG: |  |
| Contact details:   * Contact number * E-mail |  |
| **Name of LAG’s Accountable Body (AB):** |  |
| Official address of the AB: |  |
| Name and position of the legal representative of the AB: |  |
| Contac details:   * Contact number; * E-mail |  |
| Registration number of the AB (IDNO): |  |
| Name of the Project Coordinator   * (Full name) and position; * Contact number; * E-mail |  |
| Project timeline (maximum 12 months)  Project Title;  Total amount of the project proposal (in EUR);  Amount requested from EU4Moldova. |  |

1. **SHORT DESCRIPTION OF THE LAG**

*Please provide a brief description of the LAG – year of creation, cultural and territorial specific, previous experience, number of inhabitants*

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| *Up to 1 page* |

1. **PROJECT PROPOSAL. SHORT SUMMARY**

*Please provide a brief description of your project proposal, outlining the project’s objectives, implementing organisations, key project activities, expected results and final beneficiaries.*

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| *Up to 1 page* |

1. **CONTEXT AND NEEDS FOR THE PROJECT**

*Please provide a detailed analysis of the problems to be addressed by the project and how arethey interrelated at all levels.*

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| *Up to 1page* |

1. **SELECTED PRIORITIES**

*Please specify selected financing priorities and describe what is the specific need and how they will contribute to the implementation of the LAG's Local Development Strategy (Strategic Action Plan).*

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1. **PROPOSED ACTIVITIES**

*Please describe the proposed activities and main goals and objectives, as well as explain how the proposed activities will enable meeting LAG’s Strategic goals.Also, please refer to the activities design to support economic development and creation of new jobs of the rural areas of Ungheni or Cahul, and/or are responding to the COVID-19 impact.*

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| *Up to 2 pages* |

1. **PROJECTS RISKS**

*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. (Risk-Risk rating (high/medium/low-measures to mitigate the risk)*

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1. **PROJECT ACTIVITIESPLAN**

*(below is presented a draft actions plan, please feel free to adjust the plan according thelocal context, but keep the main activities related to implementation of local call of proposal by GAL)*

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| ***N/O*** | ***Activity*** | ***Implementation Period*** | | | | | | | | | | | | | ***Key results/deliverables*** |
| ***I*** | ***I*** | ***II*** | ***III*** | ***IV*** | ***V*** | ***VI*** | ***VII*** | ***VIII*** | ***IX*** | ***X*** | ***XI*** | ***XII*** |
|  | *Elaboration of Guidelines and other supporting documents* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Organize the informative campaign* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Consultations for potential applicants* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Selection of the proposed micro-projects* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Evaluation Committee meetings* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *LAG meeting to inform about the evaluation results and to approve the micro-projects to receive financing* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Development of the Communication Plan* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Development of implementing grant operation procedures* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Development of monitoring and evaluation procedures* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Procurement and contracting* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Monitoring and evaluation* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Communication and visibility actions* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Final reception/ acceptance of the works/ services/goods* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Assignment of project goods/works to the final beneficiaries* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *LAG’s ordinary meetings* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Financial Reporting* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Narrative Reporting* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **DESCRIPTION OF THE EXPECTED RESULTS**

*Please clearly describe the expected results of the proposed activities and their impact, referring to the replicability potential.*

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1. **MONITORING AND EVALUATION PLAN**

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*Describe monitoring and project results’ evaluation plan*

1. **DATA ABOUT THE FINAL BENEFICIARIES**

*Please indicate the estimatednumber of the beneficiaries by gender, type of localities, categoriesof beneficiaries.*

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| **Number of beneficiaries**: TOTAL -  Men/boys­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Women/girls\_\_\_\_\_\_\_\_\_\_;  Rural \_\_\_\_\_\_\_\_\_\_\_\_\_\_;Urban\_\_\_\_\_\_\_\_\_\_\_\_;  **Categories:**  Youth/kids\_\_\_\_\_\_\_\_\_ ;Elderly \_\_\_\_\_\_\_\_\_ ;Persons with disabilities \_\_\_\_\_\_\_\_\_ ;  Others \_\_\_\_\_\_\_\_\_ . |

1. **MAIN STAKEHOLDERS**

*Please specify the key stakeholders and describe how they will be involved intotheproject implementation*

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1. **SUSTAINABILITY**

*Please explain how you plan to manage the project results, taking into consideration the beneficiaries' ability to maintain results after completion of donor support.*

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1. **FEASIBILITY**

Please explain how do you plan to ensuretechnical, financial, social and environmental feasibility of the selectedmeasures/priorities?

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1. **CROSS-CUTTING THEMES (GENDER EQUALITY AND SOCIAL INCLUSSION)**

*Please explain how GESI will be fostered by the project*

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1. **COMMUNICATION AND VISIBILITY**

*Please describe how you would communicate the goals, activities and results of the project*

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1. **AB EXPERIENCE IN IMPLEMENTATION**

*Please describe the AB relevant experience in the implementation of the LAG’s activities for the last 2 years*

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| *Maximum 100 words* |

1. **CONTACT PERSON DETAILES**

*Please fill in the below table with contact details of the nominated person in charge with the application*

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| --- | --- |
| Name, Surname |  |
| Position |  |
| Phone No. |  |
| E-mail: |  |

**SUBMITED DOCUMENTS (CHECKLIST)**

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| --- | --- | --- |
| **Name of the document** | **+/-** | *Remarks* |
| Filled, signed (and scanned) Application Form (Annex 1) |  |  |
| Estimated budget (Annex 2) |  |  |
| LAG Partnership Agreement, signed by all LAG members (scanned) |  |  |
| LAG Council Board (General Assembly)decision on approval of the accountable body of the LAG |  |  |
| LAG Local Development Strategy (Strategic Action Plan) (scanned) approved by the LAG Council Board (General Assembly) |  |  |
| LAG Annual Report for 2019 (scanned) and a copy of the Minutes of the Meeting, which confirms its approval |  |  |
| LAG Council Board Decision (General Assembly) (Minutes of the Meeting) confirming the approval of participation in the LAG's Small Grant Programme and selected funding priorities, with estimated budget per priority taking in consideration the call limits. |  |  |
| Letter of Guarantee confirming LAG’s commitment to ensure financial contribution of at least 20% from the total budget in case the application will be selected for financing. |  |  |