**Annex A: Application Form for Sub-Grants**

**Project Reference: IPA/2022/440-922**

Please complete all required fields with the information relevant to your project. This application form should be submitted electronically along with the other required documents (as listed in the Guidelines for Applicants). Incomplete documentation will not be considered. Applications submitted beyond the application date will be rejected.

**Address:**Kosova Democratic Institute-KDI
Bajram Kelmendi No/239
Prishtina, 10000, Kosova

Phone (office): +383 (0) 38 248 038
Email: info@kdi-kosova.org
Website: www.kdi-kosova.org

**Please submit the subgrant application form to:** **info@kdi-kosova.org**

Only electronic applications will be accepted.

**1. General Information**

Provide general details about your organization.

|  |  |  |
| --- | --- | --- |
| **1** | **Organization Name** |  |
| **2** | **Registration Number and Year or Registration** |  |
| **3** | **Address** |  |
| **4** | **Office phone number(s)** |  |
| **5** | **Email** |  |
| **6** | **Website** |  |
| **7** | **Bank account number/details** |  |
| **8** | **Contact person and Position** |  |
| **9** | **Email address and phone number of the contact person** |  |

**2. Description of Organization’s Experience relevant to the call** (max. 150 words)

|  |
| --- |
|  |

**3.** **Financial Capacity of the Organization** (list income and expenditures in the last 3 years)

|  |
| --- |
|  |

**4.** **Personnel Capacity of the Organization** (no of employees, volunteers in the last 3 years)

|  |
| --- |
|  |

**5. Project Basic Information**

Provide key information about your project.

|  |  |  |
| --- | --- | --- |
| 1 | **Project Title** |  |
| 2 | **Starting and Ending date** |  |
| 3 | **Total Budget Requested (in EUR)** |  |
| 4 | **Co-financing Amount (if applicable)** |  |

**6. Project Description**

|  |  |
| --- | --- |
| **Executive summary**In one or two paragraphs please provide a concise summary of the project (max. 150 words) |  |
| **What is the problem you are trying to address?** Contextual circumstances affecting or influencing the problem – problem analysis (max. 250 words) |  |
| **Project Objectives:** Clearly define the objectives your project aims to achieve using SMART methodology (use bullet points, max. 150 words)  |  |
| **Expected Results:** Describe the concrete results that you expect to achieve during the project implementation (use bullet points, max. 200 words) |  |
| **Project Approach and Activities:** Describe how your approach and selected activities will contribute to achieving the project results (max. 500 words) |  |
| **Target Groups:** Describe the primary and secondary groups who will directly or indirectly benefit from the project activities (max. 200 words). |  |
| **Risk Factors:** Describe the potential risks that might prevent or influence the achievement of results (max. 200 words). |  |
| **Sustainability:** Describe how the project’s results will be sustained after the funding period ends. Include information on any follow-up plans or continuation strategies. (max.200 word) |  |
| **Monitoring and Evaluation:** Explain how you will monitor and evaluate the progress and success of the project. Specify indicators and tools that will be used for evaluation. (max.200 word) |  |

**7. Budget**

Provide a detailed budget breakdown using the *Annex B. budget template.* Ensure the budget aligns with the activities and objectives described in the proposal.

**8. Indicative** **Project Action-plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Description**  | **Month** **1**  | **Month****2** | **Month****3** | **Month****4** | **Month****5** | **Month****6** | **Responsible Person**  |
| Activity 1: |  |  |  |  |  |  |  |
| Activity 2:  |  |  |  |  |  |  |  |
| Activity 3: |  |  |  |  |  |  |  |
| Activity 4: |  |  |  |  |  |  |  |

**9**. **Declaration by the Applicant**

By signing the declaration below, we confirm that all the information provided in this application form is accurate, complete, and does not lead to any incorrect conclusions.

In the event that this grant is approved:

* We commit to providing any additional information and documentation, if required, should Kosova Democratic Institute – Transparency International Kosova determine that further details are necessary.
* We understand that the funds allocated through this grant will be used exclusively for the purposes specified in the Grant Contract.
* By signing this application, we confirm that there are no conflicts of interest.
* We fully understand that the approval of this grant will be revoked if the information provided is found to be incorrect or incomplete.
* The applicant has sufficient financial capacity to carry out the proposed action or work programme.
* The applicant is directly responsible for the preparation, management and implementation of the action, and is not acting as an intermediary.

Signed on behalf of the applicant.

|  |  |
| --- | --- |
| **Name and Surname** |  |
| **Signature**  |  |
| **Position**  |  |
| **Date**  |  |