**Application form for Fund for Local Cooperation**

**Identification**

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| --- | --- |
| Date | Click or tap here to enter text. |
| Submitted by | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |
| Full mailing address | Click or tap here to enter text. |

**A – Summary**

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| 1 Organization |
| Name of the organizationClick or tap here to enter text. |
| AddressClick or tap here to enter text. |
| TelephoneClick or tap here to enter text. |
| E-mailClick or tap here to enter text. |
| Director (person in charge)Click or tap here to enter text. |
| Telephone (Office)Click or tap here to enter text. |
| Telephone (Mobile)Click or tap here to enter text. |
| Description of the organizationClick or tap here to enter text. |
| Official status of the organizationClick or tap here to enter text. |
| LocationClick or tap here to enter text. |
| Number of membersClick or tap here to enter text. |
| Number of full-time employeesClick or tap here to enter text. |
| Financing sources of the organizationClick or tap here to enter text. |

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| 1 Organization |
| Description of the key activities of the organizationClick or tap here to enter text. |

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| 2 Project / Program title |
| Click or tap here to enter text. |

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| 3 Total budget in EUR |
| Requested from Office of Roving Ambassador of Finland Click or tap here to enter text. |
| Organization´s contribution to project budgetClick or tap here to enter text. |

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| 4 Duration |
| Months Click or tap here to enter text. |
| Start date (dd/mm/yyyy) Click or tap here to enter text. |
| End date (dd/mm/yyyy) Click or tap here to enter text. |

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| 5 Project |
| The reason for launching the projectClick or tap here to enter text. |
| The previous experience of the organization in the same sector and the same themeClick or tap here to enter text. |
| The objective of the projectClick or tap here to enter text. |
| The description of the approach: how the project intends to create changes, what methods would be used, how different social groups and interests would be taken into considerationClick or tap here to enter text. |

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| 6 Partners |
| Click or tap here to enter text. |

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| 7 Target groups |
| Click or tap here to enter text. |

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| 8 Main activities related to each result |
| Description of the activitiesClick or tap here to enter text. |
| Expected results (as concrete as possible)Click or tap here to enter text. |
| RisksClick or tap here to enter text. |

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| 9 Schedule for the programme and each task |
| Click or tap here to enter text. |

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| 10 Budget in detail |
| Unit costs included; salary costs detailed; payment schedule unless included in the contractClick or tap here to enter text. |

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| 11 Monitoring arrangements |
| Click or tap here to enter text. |

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| 12 Reporting schedule |
| Click or tap here to enter text. |

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| 13 Other donors |
| If you have submitted this proposal to another donor agency, please specify the name of the donor organization and date of submission. Please inform Office of Roving Ambassador immediately in case you receive a positive funding decision from another donor.Click or tap here to enter text. |

**B Certification**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if our organization is granted funds from the FLC fund of the Office of Roving Ambassador of Finland, we shall register the project and the funds and implement the project according to the laws of Tajikistan.

I am aware that any false statements or claims may disqualify my organization from receiving this and future grants.

Place and date Click or tap here to enter text.

Signature