**Application number \_\_\_\_\_\_\_\_\_ Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(to be filled out by Black Sea Trust) (to be filled out by Black Sea Trust)*

**APPLICATION FORM**

|  |
| --- |
| **Organization (in English):** |
| **Project Name:** |
| **Overall budget of the project (USD):** |
| **Project Location(s):** |
| **Funding Requested from Black Sea Trust (USD):** |
| **Duration of the project:** |

**Organization: Organization Contact Person:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Postal Address:  Phone:  Fax:  Website: | | Name:  Title:  Phone:  Mobile  Fax:  Email: | |
| **Other members of the team** (names and positions): | | **Project Manager**  Name:  Title:  Phone:  Mobile:  Fax:  Email: | |
| **Project Summary** (no more than 6 lines) | | | |
| **Have you *applied* to the German Marshall Fund before?** | YES, date\_\_\_\_\_\_\_ | | NO |
| **Have you *received a grant* from the German Marshall Fund before?** | YES, date\_\_\_\_\_\_\_ amount\_\_\_\_\_\_\_ | |  |

Please fill in the table below.

|  |  |
| --- | --- |
| Country where registered |  |
| Registration number |  |
| Date of registration |  |
| Registered as: (e.g., foundation, association, governmental organization, public administration institution etc) |  |

# **1. Project Description**

**Problem Analysis** What is the context in which the problem occurred? What is the problem/part of the problem your project will address? What are the causes of the problem, and what are its effects? Why is it important to solve this problem? Please briefly explain only the situation that is **directly related** to your project.

**Goal/Objectives** Describe specifically what you want to achieve with this project to address the problems described above. Please list your objectives (1. 2., 3…). The presented objectives need to be specific, clear, measurable and realistically achievable within your project time frame.

**Target group(s):** Which are the target groups of this project?

**Beneficiaries:** Who are the direct and indirect beneficiaries of your project?

**Activities** What activities will your project include to achieve your objectives? Please be coherent and clear regarding how these proposed activities will contribute to achievement of project objectives.

## Timeframe of Activities Please give the timeframe for the activities above by marking an x under the month these activities will take place. Month 1 signifies the first month of the project.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Activities** | **Month** | | | | | | | | | | | |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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**Partnerships** If you are implementing this project in partnership with another organization/institution, please describe their role in the project.

**Community Involvement** In what ways will stakeholders participate in the implementation of the project?

**Local Resource Mobilization** What are the existing local resources/community assets that can be used for this project? Also, please tell us about use of volunteers or local fundraising efforts associated with this project.

Please tell us how this project will **link and bring citizens closer to their governments.**

If this is a regional project, please tell us how this project will **enhance regional cooperation and collaboration.**

Please describe any **potential risks** involved in implementing your project and what is being done to minimize these risks.

**2. Expected Results**

**Outputs** What will be the outputs of your activities?

**Outcomes** What will be the outcomes of your project?

**Impact** What change will this project bring to the **community**, **target group**, and/or **problem** you are addressing, both at the end of the project and on the long term?

## 3. Monitoring and Evaluation

## Monitoring Please describe how you will monitor the activities in the project

**Evaluation** What are your indicators of success? How will you evaluate the project?

**4. Sustainability**

How will the achieved project results be preserved, reproduced, and further developed after the Black Sea Trust support ends? How will the experience those involved in the project gathered be used further? In what ways could the project attract other donors or generate other income for the future financing of current activities?

**5. Project Budget**

**Detailed budget** Please provide a detailed budget, using the BST budget form in Excel.

**Budget spending rationale** Include a short narrative summarizing budget justifications from the spreadsheet.

**Other funding**:

* Have you applied for other funding for the project?
* Have you received (or received official confirmation of) other funding (financial or in-kind) for the project?
* Please list your current donors with amounts.
* If your organization has its own resources for the project – both cash and in-kind (technical equipment, space, volunteers), please explain what these resources are in one paragraph.

**6.** Please let us know what makes your project **innovative**. Your answer should include references to projects that address the same issues as the type of project you propose.

# **7. Organization Description**

What is the mission of your organization? For example, if you were asked to describe why your organization exists in one sentence, what would you say?

What programs does your organization implement?

What have been the results of your programs?

What is the structure of your organization? Your answer should include the following information:

* + Who makes the decisions (Managing Board, Director/Coordinator...)?
  + How many people work in your organization?
  + Are they employed, paid by project, or volunteers?

**8.** Please explain your **experience** implementing the type of project you propose.

9. **References** Please provide contact information for at least two organizations you worked with most recently, preferably a donor and a partner organization.

|  |  |
| --- | --- |
| Name of Organization:  Full Postal Address:  Phone:  Fax:  Website: | Full Name of Your Point of Contact:  Title:  Phone:  Mobile  Fax:  Email: |

**10. Funding:**

|  |
| --- |
| **What was the total income and expenditure of the organization/group in the previous financial year?** |
| **a. Total income in the previous financial year:** |
| **b. Total expenditure in previous financial year:** |
| **Please list your sources of income for the previous two years including names of all donors and amounts for fiscal year.** |