

**Grant Application Form**

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| **1. a** | **Name and address of applicant organisation** |  |
| **1. b** | **Legal status** | [ ]  Ministry or other national organisation [ ]  Regional or local public administration[[1]](#footnote-1)[ ]  Public university or research institute[ ]  International organisation1 [ ]  Non Governmental Organisation or Private Law Body[[2]](#footnote-2)[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. a** | **Name and address of co-applicant organisation[[3]](#footnote-3)** |  |
| **2. b** | **Legal status** | [ ]  Ministry or other national organisation [ ]  Regional or local public administration1[ ]  Public university or research institute[ ]  International organisation[ ]  Non Governmental Organisation or Private Law Body[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **3** | **MPF Strand****If you are proposing an Action supporting MP/CAMM, please select the applicable Fund** | A. Action supporting MP/CAMM or other migration dialogue[ ]  | D. Pilot Project on Legal Migration[ ]  |
| AMIF[ ]  | ISF-Borders[ ]  | ISF-Borders[ ]  |

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| **4. a** | **Title of the action** |  |
| **4. b** | **Duration of the action (months)** |  |
| **4. c** | **Location of activities**Country(ies) or decentralised levels (regions, municipalities)  |  |
| **5. a** | **Total estimated costs (€)** |  |
| **5. b** | **Requested total contribution (up to a maximum of 95% of the total estimated costs)** |  |
| **6. a** | **Rationale for the action (max. 0.5 page)**Please describe here the background and reasons for the development of this Action. Why is the current situation not satisfactory and how will the proposed intervention bring (positive) change?  |
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| **6. b** | **Contribution of the action to the EU MP/CAMM (Strand A) or the EU Agenda on Migration (Strand D) (max. 1 page)**Please describe here how the intervention will support and contribute to the objectives of relevant EU policy context and frameworks.  |
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| **6. c** | **Contribution of the action to national policy plans and priorities in the participating countries (max. 1 page)**Please describe here how the action will support and contribute to the objectives of relevant national policy contexts and frameworks. |
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| **7.** | **General and specific objectives**For an example of formulated general and specific objectives, please see the logframe template in Annex II.  |
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| **8.**  | **Description of activities** Please describe in details the main activities required to ensure timely, relevant and result-oriented implementation of the proposed action and the actors involved in the implementation. Please relate each activity to the respected budget line(s) contributing to its realisation and add more lines/fields as appropriate for your proposed plans.  |
|  | **Activity #** | **Activity Title** | **Reference to Budget Line(s)** |
|  |  |  |
| **Activity coordinator** |  |
| **Involved partners** |  |
| **Activity Description** |  |
| **Target groups** Who will use the main outputs delivered in this work package?  |  |
|  |
|  | **Activity #** | **Activity Title** | **Reference to Budget Line(s)** |
|  |  |  |
| **Activity coordinator** |  |
| **Involved partners** |  |
| **Activity Description** |  |
| **Target groups** Who will use the main outputs delivered in this work package?  |  |
|  |
|  | **Activity #** | **Activity Title** | **Reference to Budget Line(s)** |
|  |  |  |
| **Activity coordinator** |  |  |
| **Involved partners** |  |  |
| **Activity Description** |  |  |
| **Target groups** Who will use the main outputs delivered in this work package?  |  |  |
|  |
|  | **Activity #** | **Activity Title** | **Reference to Budget Line(s)** |
|  |  |  |
| **Activity coordinator** |  |
| **Involved partners** |  |
| **Activity Description** |  |
| **Target groups** Who will use the main outputs delivered in this work package?  |  |
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| **9.**  | **Expected results and their sustainability (max. 1 page)**Please explain how the expected results will contribute to achieving the action’s general and specific objectives and the expected impacts as result of the intervention. Please elaborate on the sustainability, replicability and dissemination of results. |
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| **10.**  | **Implementation Methodology**  |
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| **10. a** | **Organisations involved and internal cooperation (max. 1 page)**List and describe all bodies that will be involved in the action. Please provide detailed information on their roles within the implementation. Kindly include information on cooperation modalities foreseen during the implementation among all involved actors, including rights and obligations of individual bodies, coordination and control mechanisms, archiving and transfer of original documents to the Applicant, reporting obligations and use of EC-official exchange rate to report foreign currency. |
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| **10. b** | **Action staff (max. 1 page)**List here all staff profiles that will be involved in the action, such as action manager, action assistant, experts, etc. For each profile describe his/her tasks. If a profile is involved only in certain activities, specify them here. Include also information to which body the given profile belongs (or if it is an external actor and how he/she will be chosen). Specify also the share of working time devoted to the implementation of the action. If this share (or its part) represents in-kind contribution, please specify it here. |
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| **10. c** | **External cooperation (max. 0.5 page)**Please provide information on foreseen cooperation with and participation in other coordination mechanisms, managed by both the partner country bodies and EU-Delegation, covering EU-funded actions in the same thematic area (such as participation in donor-coordination meetings organized by national authorities of the partner country, meetings of Local Cooperation Platforms of MPs) as well as planned coordination with the implementing bodies of other relevant actions/projects.  |
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| **10. d** | **Subcontracting (max. 0.5 page)**List here all planned subcontracts for key action activities, justifying the necessity for each activity to be subcontracted. For each planned subcontract include a full list of services to be subcontracted, the procedure to be followed for the choice of the subcontractor and the body (Applicant/Co-Applicant) that will carry out the procedure. |
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| **10.e** | **Risk Matrix** |
|  | **Risks** | **Risks before mitigation** | **Mitigation measures** | **Risk evaluation after mitigation**1-9 |
| **Probability/Impact**low 1 – medium 2 – high 3 | **Evaluation**Probability x Impact |
| Example Risk 1 | Low/High | 1x3 | Example Measure 1  | 2 |
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| Please add as many rows as needed |

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| **10. e** | **Visibility (max. 1 page)**Describe here how the visibility of EU and ICMPD will be ensured and include information on all communication and visibility activities foreseen during the action. The corresponding rules are included in the [General Conditions for ICMPD-granted actions](https://www.icmpd.org/fileadmin/ICMPD-Website/MPF/Newest/Grant_Template_Annex_II_general_conditions.pdf) and [Communication and Visibility Requirements for EU External Actions](https://ec.europa.eu/europeaid/node/17974).  |
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| **11.**  | **Complementarity and synergies with other initiatives (max. 0.5 page)** Please specify here how your action will complement other initiatives in the same location and area of intervention (if applicable). Please include both national initiatives and the policy context of the partner country(ies) and initiatives implemented by external actors, with special focus on EU funded ones. Please include also information if this grant would be linked to implementation of another action/programme and if so, please explain. |
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| **12.**  | **Contact information (main applicant)** |
|  |
| **13. a** | **Person responsible for managing the action**  |
|  | Title |  |
| Name |  |
| Function |  |
| Telephone |  |
| E-mail address |  |
| **13. b** | **Contact person for the action (if different from previous)** |
|  | Title |  |
| Name |  |
| Function |  |
| Telephone |  |
| E-mail address |  |

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| **13. c** | **Legal representative** |
|  | Title |  |
| Name |  |
| Function |  |
| Telephone |  |
| E-mail address |  |
| **14.**  | **Financial information (main applicant)** |
| **14. a** | Accounting standards used (IAS, IFRS, others, etc.) |  |
| **14. b** | Is the organisation subject to a tax exemption? If so please detail.  |  |
| **14. c** | Is the organisation auditable? If no please explain.  |  |
| **14. d** | Does the organisation have any past experience(s) with managing EU funds? If so, please explain. |  |
| **14. e** | Indicate any relevant financial management information impacting on the implementation (e.g. bank accounts in currencies other than EUR, exchange rate policies diverging from the foreseen contractual provisions).  |  |
| **14. f** | Holder of the bank account on which the grant will be transferred (person and organisation).  |  |
| **15.**  | **Implementing body and contact person (if different from main applicant)** |
|  | Body |  |
|  | Legal status  |  |
|  | Name of contact person |  |
|  | Function |  |
|  | Telephone |  |
|  | E-mail address |  |

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| **16.**  | **Contact information co-applicant (if applicable)**  |
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| **16. a** | **Contact person for the action**  |
|  | Title |  |
|  | Name |  |
|  | Function |  |
|  | Telephone |  |
|  | E-mail address |  |
| **17.**  | **Implementing body and contact person (if different from co-applicant)** |
|  | Body |  |
|  | Legal status |  |
|  | Name of contact person |  |
|  | Function |  |
|  | Telephone |  |
|  | E-mail address |  |
| **18.**  | **Checklist on cooperation with co-applicants** |
| **18. a** | Does your organisation (main applicant) have any past experience(s) with one or several co-applicant(s)? | YES[ ]  | NO[ ]  |
| **18. b** | If so, please elaborate.  |  |
| **18. c** | What kind of agreement is foreseen for cooperation with one or several co-applicants? Please elaborate.  |  |
| **18. d** | Please specify the status of such agreement with co-applicant 1: | YES[ ]  | NO[ ]  |
| **18. e** | Please specify the status of such agreement with the co-applicant 2: | YES[ ]  | NO[ ]  |
| **18. f** | (please add if necessary) | YES[ ]  | NO[ ]  |
|  | Are the following aspects foreseen by the abovementioned agreements? |
| **18. g** | Clear repartition of activities | YES[ ]  | NO[ ]  |
| **18. h** | Clear reporting calendar and modalities | YES[ ]  | NO[ ]  |
| **18. i** | Clear definition of obligations and rights of the partners | YES[ ]  | NO[ ]  |
| **18. j** | Use of EC official exchange rate to report foreign currency | YES[ ]  | NO[ ]  |
| **18. k** | Archiving policy and transfer of the original documents to the main applicant | YES[ ]  | NO[ ]  |
| **18. l** | Audit liability and verification of the co-applicants by main applicant | YES[ ]  | NO[ ]  |
| **19.**  | **Commitment of the partner country (if not listed as co-applicant(s))**Please list all organisations of the given partner country/ies which will be involved in the proposed action and include the contact details of your point of contact.  |
|  | Organisation |  |
| Name |  |
| Function |  |
| Telephone |  |
| E-Mail |  |
| Organisation |  |
| Name |  |
| Function |  |
| Telephone |  |
| E-Mail |  |
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| **Date, name and signature of the legal representative of the main applicant** |
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1. If you apply for Strand D, please provide a letter of support from a central government body of and EU MS, an EU MS organisation or an EU Service (Directorate General, Delegation, Agency, etc). [↑](#footnote-ref-1)
2. May only lead for Strand D, please provide a letter of support from a central government body of and EU MS, an EU MS organisation or an EU Service (Directorate General, Delegation, Agency, etc). [↑](#footnote-ref-2)
3. Please add as many sections for Co-Applicants as necessary. Please fill in a separate Financial Information Form (Annex III) for each (co-) applicant. [↑](#footnote-ref-3)