

**The Active Citizens Fund 2014-2021**

**Grant Application Form**

**Bilateral Cooperation Initiatives**

**CALL 3**

|  |  |
| --- | --- |
| **Initiative Title:**  *[max 10 words]* |  |

|  |  |
| --- | --- |
| **Name of Applicant**  **Organisation:** |  |
| **Name of Donor State Partner:** |  |

|  |  |
| --- | --- |
| **Date:** |  |
| **Signature Applicant:** |  |

Fund operated by:



**Contents**

[**Section 1 – Applicant Information** 3](#_Toc126245199)

[1.1 Applicant Organisation’s Details 3](#_Toc126245200)

[1.1.1 Information about the Applicant 3](#_Toc126245201)

[1.1.2 The Contact Person 4](#_Toc126245202)

[1.1.3 VAT status of Applicant 4](#_Toc126245203)

[1.2 Details of Donor State Partner 4](#_Toc126245204)

[**Section 2 – Details of Initiative** 7](#_Toc126245205)

[2.1 Title of Initiative 7](#_Toc126245206)

[2.2 Description of the Initiative 7](#_Toc126245207)

[2.3 Outcomes 8](#_Toc126245209)

[2.4 Target Group/s 8](#_Toc126245210)

[**Section 3 – Financial Details** 9](#_Toc126245211)

[3.1 Estimated Budget Breakdown 9](#_Toc126245212)

[3.2 Is the initiative expected to generate revenue? 9](#_Toc126245213)

[3.3 Is this initiative complementary to any initiative already financed? 9](#_Toc126245214)

[**Section 4 – Communication Plan** 10](#_Toc126245215)

[**Section 5 – Sustainability of the Initiative** 10](#_Toc126245216)

[**Section 6 – Data Protection** 10](#_Toc126245217)

[**Section 7 – Additional Information** 11](#_Toc126245218)

# **Section 1 – Applicant Information**

## Applicant Organisation’s Details

|  |  |
| --- | --- |
| **Name of organisation**  *[Full legal name]* |  |
|  |  |
| Registered postal address  *[Including the postcode]* |  |
|  |  |
| Website  *[if any]* |  |
|  | |
| Registration number if applicable |  |

### 1.1.1 Information about the Applicant

|  |  |
| --- | --- |
| **Legal representative**    *[Title, name and surname]* |  |
|  |  |
| Position within organisation |  |
|  |  |
| Phone number |  |
|  |  |
| Mobile number |  |
|  |  |
| Email address |  |

### 1.1.2 The Contact Person[[1]](#footnote-2)

|  |  |
| --- | --- |
| **Contact person** / **Coordinator of the initiative**  *[Title, name and surname]* |  |
| Position within organisation |  |
|  |  |
| Phone number |  |
|  |  |
| Mobile number |  |
|  |  |
| Email address |  |

## 

### 1.1.3 VAT status of Applicant

|  |  |
| --- | --- |
| *Choose from the list below [please tick ✓ the relevant box]:* | |
| Is VAT recovered from Government? | YES  NO |
| If NO, please attach declaration from VAT Department stating un-recoverability of VAT | |
| **If YES, please attach a copy of VAT Certificate. VAT Registration No.:** | |

## 1.2 Details of Donor State Partner[[2]](#footnote-3)

|  |  |
| --- | --- |
| **Name of donor state partner** |  |
|  |  |
| Registered postal address  *[including the postcode]* |  |
|  |  |
| Website  *[if any]* |  |
|  |  |
| Contact person |  |
|  |  |
| Position within organisation/entity |  |
|  |  |
| Phone number |  |
| Email address |  |
|  | |
| Legal status |  |

|  |  |
| --- | --- |
| VO number in case of voluntary organisations |  |

Legal form of activity of the Donor State Partner (Mark with a ✓)

|  |  |
| --- | --- |
| A non-governmental organisation registered in the Donor States  Norway Iceland Liechtenstein |  |
| A public entity registered in the Donor States  Norway Iceland Liechtenstein |  |
| A private entity registered in the Donor States  Norway Iceland Liechtenstein |  |
| A non-commercial entity registered in the Donor States  Norway Iceland Liechtenstein |  |
| A commercial entity registered in the Donor States  Norway Iceland Liechtenstein |  |

How were the donor state partners identified and what is their role and relevance to the initiative?

|  |
| --- |
|  |

**Kindly attach the letter of intent to participate in this initiative by the donor state partner.**

Letter of intent attached.

## **Section 2 – Details of Initiative**

In this section, applicants should describe the concrete outcomes they seek to achieve through the initiative and how they will achieve them.

## 2.1 Title of Initiative

*[max. 10 words)*

|  |
| --- |
|  |

## 2.2 Description of the Initiative

## In the box below, please provide a description of the initiative. Include key information regarding:

(1) the overall objective and aims of the initiative;

(2) the specific tasks that will be undertaken to reach the objective and aims of the initiative

(3) the role/ activities to be carried out by the applicant and the donor state partner; and

(3) the expected results of the initiative.

|  |
| --- |
|  |

## 2.3 Outcomes

Please specify the ACF Malta Programme outcome/s the initiative will be addressing:

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1** | **Increased support for human rights and social inclusion** | |  | | --- | |  | |
| **Outcome 2** | **Increased citizen participation in civic activities** | |  | | --- | |  | |
| **Outcome 3** | **Enhanced capacity and sustainability of civil society** | |  | | --- | |  | |

## 2.4 Target Group/s

List the expected target group/s for your initiative (e.g. youths, migrants). Please include both direct beneficiaries[[3]](#footnote-4) and intermediaries.[[4]](#footnote-5)

|  |  |
| --- | --- |
| Target group/s | Type (*direct or intermediaries*) |
|  |  |
|  |  |
| 3. |  |

## 

Briefly describe the challenges and needs of the target groups that the initiative will address.

|  |
| --- |
|  |

## 

# **Section 3 – Financial Details**

## 3.1 Estimated Budget Breakdown

**Please fill in Annex II Budget** and the budget summary below:

|  |  |
| --- | --- |
| Total Initiative costs: | €\_\_\_\_ |
| Initiative grant rate: | 100 % |
| Initiative duration: |  |

**Overall maximum amount to be requested should not exceed 100% of the total initiative eligible costs**

## 3.2 Is the initiative expected to generate revenue?

[Please tick ✓ the relevant box]

|  |  |
| --- | --- |
| * YES |  |
| * NO |  |

If **YES**, (a) please specify how revenue will be generated

|  |
| --- |
|  |

## 3.3 Is this initiative complementary to any initiative already financed?

[please tick ✓ the relevant box]:

|  |  |
| --- | --- |
| * + YES |  |
| * + NO |  |

If **YES**, give details*:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Initiative Name** | **Source of Funding** | **Initiative Timeframe** | **Total Initiative Cost** | **Total Grant Funded** |
|  |  |  |  |  |
|  |  |  |  |  |

Please provide details as to how the above listed initiative(s) relate to the current proposal.

|  |
| --- |
|  |

# **Section 4 – Communication Plan**

Please provide a brief description of how the initiative will be publicised.

|  |
| --- |
|  |

# **Section 5 – Sustainability of the Initiative**

Please describe any ongoing benefits of the initiative

|  |
| --- |
|  |

# 

# **Section 6 – Data Protection**

Personal data transmitted to SOS Malta as the Fund Operator within the scope of implementation of initiatives being co-financed by the ACF Malta are processed by the Fund Operator and by the Selection Committee - mandated to implement, monitor, and execute payments, control and audit the initiative - in accordance with the Data Protection Act, 2018 and the General Data Protection Regulation (2016/679) (GDPR). For any data protection queries please send an email to acfmalta@sosmalta.org.

# **Section 7 – Additional Information**

Please use this section to supply any additional information relating to the previous sections which you feel is relevant *[Please head your information using the numbers and heading within this form]*.

|  |
| --- |
|  |

1. The secondary contact person for this initiative, distinct from legal representative. [↑](#footnote-ref-2)
2. Please refer to section on donor state partners in the *Guidelines for Applicants*. [↑](#footnote-ref-3)
3. Individuals, groups or entities expected to reap tangible benefits of an intervention. [↑](#footnote-ref-4)
4. Groups the initiative seeks to influence to achieve the results for the end beneficiaries (not applicable to all initiatives). [↑](#footnote-ref-5)