## APPLICATION FOR FINANCIAL CONTRIBUTION

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| **Year:** | 2023 | **Project Number:**(filled by SAIDC) |  |
| **Project title** (brief but descriptive, max. 10 words)**:** |
| Estimated project duration **from** DAY/MONTH/YEAR – **to** DAY/MONTH/YEAR (from 6 to 12 months): |  |
| Place of implementation: |  |
| **Applicant organization** **-** name and legal entity (in English): |  |
| Legal form, year of establishment: |  |
| Main contact details and address (street, number, post code, city, office/cell phone, email, website): |  |
| Registration number / Office of Registered Organizations: |  |
| Bank details:Bank name:Bank address:Bank account name:IBAN code:SWIFT code: |  |
| Main field of focus of applicant organization: |  |
| Statutory representative (full name, position, email and phone): |  |
| Project manager (if different than statutory representative, full name, position, email and phone): |  |
| Total project budget (in EUR): |  |
| Cost-sharing (in EUR): |  |  % |  |
| Amount requested from SAIDC (in EUR): |  |
| Other organizations you applied to with the same project and status of your application: |  |

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| **Background on applicant organization** (Please briefly state the nature and history of the organization’s activities. The applicant organization is required to attach the copy of registration documents. If organization is not registered, please indicate current legal status)**:** |
| **Description of relevant skills and expertise of the key representative** (Please briefly summarize the skills and expertise relevant to the implementation of the project and the role to be undertaken in the project.  The applicant organization is required to attach the curriculum vitae of statutory representative and project manager)**:** |
| **List, in reverse chronological order (most recent first), of any funding received from the Slovak Government in the past five years** |
| **Project summary** (brief narrative, max. 4 - 5 sentences) |
| **Project description** (Please specify 1) the general context of the project and problem the project will address, 2) the target group and project beneficiaries, number of persons that will benefit from the project, 3) goal and objectives/outcomes of the project, development impact in the recipient country 4) project implementation, detailed description and timeline of planned activities, 6) expected results of each objective 7) coordination and synergies with other projects and actors)  |
| **Mainstreaming of cross-cutting themes:** (Please describe how both cross-cutting themes are integrated into the project)**a) gender equality****b) environment and climate** |
| **Sustainability and long-term impact** (Please describe how the sustainability of the project after the end of implementation, identify risks and opportunities, describe expected long-term impacts of the project) |

**Detailed budget** (The applicant organization is required to submit the budget form with items, as stated below)**:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit name** | **Unit description (incl. technical specification)** | **Number of units** | **Price per unit** | **Slovak ODA budget (EUR)** | **Cost-sharing by beneficiary (EUR)** | **Other support (EUR)** | **Total amount (EUR)** |
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| **Total amount (EUR)** | **-------** | **-------** |  | **-------** |  |  |  |

On behalf of the applicant organization, I hereby confirm the assumption of obligations connected with the realization of the project and I declare that the information contained in this application is true, correct and complete.

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**City and date Signature (and official stamp) of applicant**

**ANNEXES**

**1. Annex 1.** Curriculum Vitae of Statutory representative of the organization and project manager included GDPR form (in English)

 **2. Annex 2**. Certificate of the organization’s registration

(copy)

**SLOVAK EMBASSY RECORDS ONLY:**

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| --- | --- |
| Application number: |  |
| Application received: |  |
| Amount requested (EUR): |  |
| Amount recommended by Embassy (EUR): |  |
| Slovak Embassy recommendation: |  |
| Date, full name and signature of the head of mission: |  |
| Stamp: |  |

**SAIDC RECORDS ONLY:**

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| --- | --- |
| Application received: |  |
| Amount awarded by SAIDC (EUR): |  |
| SAIDC statement:(indicate as applicable) | Approved Rejected |
| Full name and signature of the Director of SAIDC: |  |