|  |  |
| --- | --- |
| Application No: |  |
| To be completed by the Fund Operator | |

**ACTIVE CITIZENS FUND**

**The first call for small, medium and large projects**

**for Outcomes 1-4:**

**Outcome 1.** Increasing citizens paticipation in civic activities

**Outcome 2.** Strenghtening civil society watchdog/advocacy role

**Outcome 3.** Increasing support for human rights

**Outcome 4.** Empowering vulnerable groups

**PROJECT CONCEPT APPLICATION FORM (1st phase)**

Instructions for filling in the APPLICATION FORM

1. Please read the Guidelines for Applicants carefully before filling in the Application form.
2. Please fill in all necessary fields in this form. Make sure that you do not exceed the maximum allowed number of pages, i. e. 7-8 pages (font: Times New Roman or Calibri, font size: 11, spacing: single line).
3. The Application form must be completed in Lithuanian. Lithuanian, as well as English summary must be provided.
4. Please provide requested information in a brief and concise manner. Provide specific answers and explanations to the questions and instructions.
5. Completed Application form in .doc/.docx format, as well as signed, stamped (if applicable) and scaned Aplication form in .pdf format together with all necessary annexes must be sent to e-mail address [projektai@apf.lt](mailto:projektai@apf.lt). E-mail subject line must be: **Projekto koncepcija.**

2019

## 1. INFORMATION ABOUT THE APPLICANT

|  |  |  |
| --- | --- | --- |
| **Full organization name and its abbrevation** | |  |
| **Full organization name in English** | |  |
| **Code** | |  |
| **Legal form** | |  |
| **Registration address** | |  |
| **Address for correspondence** *(if it is different from registration address)* | |  |
| **Head of organization** | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

## INFORMATION ABOUT THE PARTNER(S)

|  |  |  |
| --- | --- | --- |
| **Full organization name and its abbrevation** | |  |
| **Full organization name in English** | |  |
| **Code** | |  |
| **Legal form** | |  |
| **Registration address** | |  |
| **Address for correspondence** *(if it is different from registration address)* | |  |
| **Head of organization** | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

Each partner must be described in a separate table. Please copy a table for each partner, if needed.

## INFORMATION ABOUT THE PROJECT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project title** | |  | | | |
| **Project title in English** | |  | | | |
| **Please select one outcome of ACF program:**  *(mark with X)* | | Outcome 1. Increased citizen participation in civic activities | | |  |
| Outcome 2. Strenghtened civil society watchdog/advocacy role in monitoring public authorities | | |  |
| Outcome 3. Increased support for human rights | | |  |
| Outcome 4. Empowered vulnerable groups. | | |  |
| **Project scope:**  *(mark with X)* | | Small-scale project  Grant size: €5 000–€15 000 | | |  |
| Medium-scale project  Grant size: €15 001–€80 000 | | |  |
| Large-scale project  Grant size: €80 001–€150 000 | | |  |
| **Project duration** *(in months)* **and expected start date** | |  | | | |
|  | | | | | |
| **ESTIMATED BUDGET** |  | | **Amount EUR** | **Amount %** | |
| **Total project cost** | |  |  | |
| **Requested grant (up to 90% of total project costs)** | |  |  | |
| **In-kind contribution (min 10%):** | |  |  | |
| * **Cash** | |  |  | |
| * **Voluntary work (max 50 % of in-kind contribution)** | |  |  | |

## PROJECT CONCEPT JUSTIFICATION

|  |
| --- |
| Please clearly and precisely indicate a problem to be addressed by the project. Answer the following questions: what is the problem? Why is it important? Which audiences are affected? Please indicate your target group(s) and their needs which will be addressed in the project. How did you identify these needs? |
| *Problem description*  *Target group(s) description* |
| Please describe briefly, what problem solution you propose. Why it is the best solution? Please specify explicitly the expected change to be brought by the project. Please consider the expected general objectives of the ACF program, the expected outcomes of the ACF program and requirements of this Call. |
|  |

## PROJECT IMPLEMENTATION

|  |
| --- |
| Please specify your project aim(s) and expected results. |
| *Aim(s)*  *Expected results* |
| What activities will you be carrying out? Which target groups will these activities be aimed at? Specify the number of participants. |
|  |
| If project is implemented with partners, please describe roles of partner and applicant organizations in project implementation. |
|  |

## PROJECT IMPLEMENTATION CAPACITIES

|  |
| --- |
| Describe your organization experience, capacities and capabilities to solve the problem. Which knowledge, experience, individual and community / group strenghts, will be useful for project implementation. If project is implemented with partners, please provide information about their experience and capacities (according to their role in the project). |
|  |

## ORGANIZATION‘S (APPLICANT AND PARTNER) CAPACITY BUILDING

|  |
| --- |
| Please describe briefly the needs of your organization (and partners) in the areas of self-empowerment and capacity building, taking into account that 10-15% of the project grant must be allocated to the organizational developmet or capacity building. What capacity building activities will you be carrying out? |
|  |

## CALL PRIORITIES

|  |
| --- |
| Please describe how your project will contribute to the strenghtening of at least one of the following thematic priorities of the ACF program (see p.3.8 of *the Guidelines for Applicants*):   * outreach to under-served geographic areas * outreach to under-served target groups, in particular victims of GBV * inter-cultural dialogue with particular emphasis on national minorities * youth inclusion |
|  |
| Please describe how your project will contribute to the strenghtening of at least one of the following partnership priorities of the ACF program (see p.3.8 of *the Guidelines for Applicants*):   * Partnerships including NGOs registered and operating in areas other than Vilnius city; * Bilateral partnerships with partner entities from Donor states. |
|  |

Please fill the section if it is relevant for your project.

## PROJECT CONCEPT SUMMARY IN LITHUANIA

|  |
| --- |
| Specify project title,the problem addressed by the project, project‘s target group, proposed solution and links with the ACF general objectives and outcomes (max. 300 words). |
|  |

## PROJECT CONCEPT SUMMARY IN ENGLISH

|  |
| --- |
| Specify project title,the problem addressed by the project, project‘s target group, proposed solution and links with the ACF general objectives and outcomes (max. 300 words). |
|  |

## APPLICATION ANNEXES

A completed application must be accompanied (mark with X):

|  |  |  |
| --- | --- | --- |
| 1. | Applicant declaration, in .pdf format |  |
| 2. | Partner(s) declaration(s) (*if relevant*), in .pdf format |  |
| 3. | Authorization to sign the application (*if application is signed not by the head of organization*), in .pdf format |  |

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Position, name, signature of the head of organization or person authorised, date, stamp (if applicable)