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

Instructions for filling in the APPLICATION FORM

# Please read the Guidelines for Applicants for Ad-hoc projects carefully before filling in the Application form.

# 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, not including cover page (font: Times New Roman or Calibri, font size: 11, spacing: single line)

# The Application form must be completed in Lithuanian. Lithuanian, as well as English summary must be provided.

# Please provide requested information in a brief and concise manner. Provide specific answers and explanations to the questions and instructions.

# Completed Application form in .doc/.docx format, as well as signed, stamped (if applicable) and scaned Application form in .pdf format together with all necessary annexes must be sent to e-mail address projektai@apf.lt. E-mail subject line must be: **AD HOC projektas.**

**ACTIVE CITIZENS FUND**

***AD-HOC PROJECT***

**APPLICATION FORM**

**Submission of the applications is on-going, but no later than 1st June 2023, 23:59 (Lithuanian time)**

## INFORMATION ABOUT THE APPLICANT

|  |  |
| --- | --- |
| **Full organization name and its abbreviation** |  |
| **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 abbreviation** |  |
| **Full organization name in English** |  |
| **Code** |  |
| **Legal form** |  |
| **Registration address** |  |
| **Address for correspondence** (if it is different from registration address) |  |
| **Full organization name and its abbreviation** |  |
| **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 AD-HOC PROJECT

|  |
| --- |
| **Project title** |
|  |
| **Project title in English** |
|  |
| **Project duration** *(in months)* **and expected start date** |
|  |

## 3.1. PROBLEM ADDRESSED AND TARGET GROUPS

|  |
| --- |
| Please clearly and precisely indicate a problem/challenge to be addressed by the ad-hoc project. Answer the following questions: what is the extent of this problem, what threat it poses? Why specifically ad-hoc project is needed, i.e. what conditions / circumstances cause the need for an urgent response? Which audiences are affected? Please indicate target group(s) and their needs which will be addressed in the project (max 1000 characters)  |
| *Problem description**Target group(s) description* |

## 3.2 PROBLEM SOLUTION

|  |
| --- |
| Please describe briefly, what problem solution/response to the challenge you propose. Why it is the best solution? Please specify explicitly the expected change to be brought by the project.  |
|  |

## 3.2. *COHERENCE OF AD-HOC PROJECT WITH OUTCOME 2 OF THE ACF PROGRAM*

|  |
| --- |
| **Please provide an explanation for the coherence of the project with the Outcome 2 of the ACF program** „Strengthened civil society watchdog and advocacy role“ |
|  |

| Please select at least one ACF outcome indicator, at least one output of the project and at least one pre-described indicator for the chosen output (you can always select more than one). Please indicate the target value of each chosen indicator.  |
| --- |
| APF program outcomes | Indicators | Target value |
| *Outcome* |  |  |
| 2. Strengthened civil society watchdog/advocacy role | 2a. Number of national policies and laws influenced by CSOs |  |
| 2b. Number of CSOs using evidence-based research to support their advocacy and policy work |  |
| *Outputs* |  |  |
| 2.1 Policy input submitted by CSOs | 2.1a. Number of CSO policy submissions aimed at influencing polices, legal regulations and public decisions |  |
| 2.2 Transparency and accountability of public institutions promoted | 2.2a. Number of monitoring initiatives by supported CSOs promoting transparency and accountability of public institutions |  |
| 2.2b. Number of campaigns by supported CSOs promoting transparency and accountability of public institutions |  |
| 2.2c. Number of CSOs actively using the media to further their advocacy work |  |
| 2.2d. Number of digital tools developed to promote public participation in civic activities/involvement in public policy decision making |  |

## . PROJECT IMPLEMENTATION

|  |
| --- |
| Please specify your project aim(s) and expected results. |
| *Problem description**Target group(s) description* |
| What activities will you be carrying out? Please specify the sequence of planned activities for the entire project period and planned scope of the target group(s).  |
|  |
| What long-term impact you have expect?  |
|  |
| If project is implemented with partners, please describe roles of partner and applicant organizations in project implementation. |
|  |
| Please list the communication actions (in case your project is not built on the communication activities only) that you plan to carry out in your project (e.g., post in FB, publication of photos, video, articles, interview, podcasts, sharing information in the FB group „NVO džiunglės“ etc.) and specify their intensity.  |
|  |

## PROJECT IMPLEMENTATION CAPACITIES

|  |
| --- |
| Describe your organization experience, capacities and capabilities to solve the problem. Which knowledge, experience, individual and community / group strengths, 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). |
|  |

## AD-HOC PROJECT SUMMARY

|  |
| --- |
| Please provide project summary in Lithuanian *(max 1000 characters, including spaces)* |
|  |
| Please provide project summary in English *(max 1000 characters, including spaces)* |
|  |

## AD-HOC PROJECT BUDGET

Plan your ad-hoc project budget realistic and reasonable. All costs must have a clear and direct link to the implementation of the planned activities. Budget size must be adequate for the intended project results.

|  |  |  |
| --- | --- | --- |
| **Ad-hoc project budget** | **Amount, €** | **Amount, %** |
| **Total project costs**  |  | 100 |
| **Requested grant (up to 90% of total project costs)** |  |  |
| **In-kind contribution (min 10%):** |  |  |
| * Cash
 |  |  |
| * Voluntary work (max 50 % of in-kind contribution)
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of costs(add new rows if needed)  | Unit | Unit cost, € | Amount, € |
| 1. Direct costs
 |  |
| 1.1 Project personnel costs, voluntary work included |  |
| *1.1.1* |  |  |  |
| *1.1.2* |  |  |  |
| *1.1.3* |  |  |  |
| 1.2 Travel costs of project personnel ad volunteers  |  |
| *1.2.1* |  |  |  |
| *1.2.2* |  |  |  |
| *1.2.3* |  |  |  |
| 1.3 Costs of equipment  |  |
|  |  |  |  |
|  |  |  |  |
| 1.4 Costs of consumables and supplies |  |
|  |  |  |  |
|  |  |  |  |
| 1.5 Costs entailed by other contracts awarded by a project promoter for the purposes of carrying out the project |  |
|  |  |  |  |
|  |  |  |  |
| 1.6 Costs arising directly from requirements imposed by the project contract: information, publicity, translation, evaluation, audit or costs certification  |  |
|  |  |  |  |
|  |  |  |  |
| 1. Indirect costs (up to 15% of personnel costs)
 |  |
|  |  | TOTAL: |  |

## 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 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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