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

Instructions for filling in the APPLICATION FORM

# Please read the Guidelines for Bilateral Cooperation Initiatives 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 5 pages (cover page not included, font: Times New Roman or Calibri, font size: 11, spacing: single line).

# The Application form must be completed in Lithuanian or English. Lithuanian and English summary must be provided.

1. Please provide requested information in a brief and concise manner. Provide specific answers and explanations to the questions and instructions.
2. Completed Application form in .doc/.docx format, as well as signed, stamped (if applicable) and scanned or e-signed 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: **Bilateral initiative.**

2021

**ACTIVE CITIZENS FUND**

**BILATERAL COOPERATION INITIATIVES**

**APPLICATION FORM**

## INFORMATION ABOUT THE APPLICANT

|  |  |
| --- | --- |
| **Full organization name and its abbreviation** |  |
| **Full organization name in English** |  |
| **Reg. No.** |  |
| **Legal form** |  |
| **Country** |  |
| **Registration address** |  |
| **Address for correspondence** *(if different from registration address)* |  |
| **Head of organization***(legal representative)* | **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** |  |
| **Reg. No.** |  |
| **Legal form** |  |
| **Country** |  |
| **Address** |  |
| **Head of organization***(legal representative)* | **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)* |  |

Please specify which organization(s) and which country(-ies) you seek to attract for the partnership.

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

## DESCRIPTION OF BILATERAL COOPERATION INITIATIVE

|  |
| --- |
| Initiative title: |
|  |
| Initiative title in English: |
|  |
| Duration of the initiative *(in months)* and indicative start date (DD-MM-YYYY): |
|  |
| Briefly describe the initiative, its aim(s), expected results. List the activities planned (*see Guidelines for Bilateral Cooperation Initiatives, p. 3.2*.) and indicate the number of participants. Please describe the preliminary sequence of the activities. Justify the choice of your partner(s) and describe their responsibilities in the initiative. List communication actions that will be taken to publicize the initiative. |
| *Brief description of the initiative (context, challenges/problem area, target group, etc.)* |
| *Aim(s) of the initiative* |
| *Expected results* |
| *Activities planned and indicative number of participants. Preliminary sequence of activities in the period foreseen.*  |
| *Justification of the choice of partner(s) and division of responsibilities* |
| *Please list the communication actions that you plan for publicity of the bilateral cooperation initiative (e.g., post in FB, publishing photos and video, articles, interview, initiation of radio reportages, sharing information in the FB group „NVO džiunglės“, etc.)*  |

## AIMS AND RESULTS OF BILTERAL COOPERATION INITIATIVE AND ACTIVE CITIZENS FUND (ACF) PROGRAM

|  |
| --- |
| Please select one outcome of the ACF program (*mark with X*): |
| **Outcome 1**. Increased citizen participation in civic activities |  |
| **Outcome 2**. Strengthened civil society watchdog/advocacy role in monitoring public authorities |  |
| **Outcome 3.** Increased support for human rights |  |
| **Outcome 4**. Empowered vulnerable groups. |  |
| Please describe how your initiative is linked with the chosen outcome of the ACF program: |
|  |

|  |
| --- |
| Please describe how your initiative will contribute to at least one of the following aims of ACF bilateral cooperation:1. to encourage partnerships of mutual benefit;
2. to strengthen the qualitative collaboration between the entities of Lithuania and donor countries.
 |
|  |

|  |
| --- |
| Please describe how this initiative will contribute to the continuation of bilateral cooperation and/or to what extent the results of this initiative may be beneficial to your organization and/or future (if you are planning a project)/current project: |
|  |

|  |
| --- |
| How do you plan to apply the knowledge, attitudes and approaches acquired at the initiative in the activities of your organization(s)? |
|  |

## SUMMARY OF BILATERAL COOPERATION INITIATIVE

|  |
| --- |
| Summary of the initiative in Lithuanian (*max. 1000 characters including spaces*): |
|  |
| Summary of the initiative in English (*max. 1000 characters including spaces*): |
|  |

## BUDGET OF BILATERAL COOPERATION INITIATIVE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EXSPENSES(you can insert new specification lines, if needed) | UNIT (day, hour, month, etc.) | NUMBER OF UNITS | UNIT PRICE, EUR | TOTAL COST, EUR |
| 1. Experts related costs (expert fee and (or) their travel, accommodation, catering expenses)
 |  |  |  |  |
| *Specify:* |  |  |  |  |
| 1. Participants related costs (transport, accommodation costs, daily / food allowance, participation fee, if any):
 |  |  |  |  |
| *Specify:* |  |  |  |  |
| 1. Other costs (e.g., organization of event, publicity, translation/interpretation etc.)
 |  |  |  |  |
| *Specify:* |  |  |  |  |
| 1. Personnel costs
 |  |  |  |  |
| *Specify:* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  TOTAL: |  |

Plan your initiative budget realistically and economically, based on reasonable market prices. All expenditure must have clear and direct link to the implementation of activities planned. Requested grant size should be adequate to the expected results.

## APPLICATION ANNEXES

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

|  |  |  |
| --- | --- | --- |
| 1. | Completed application form signed, stamped (if applicable) and scanned or e-signed copy in .pdf format |  |
| 2. | Applicant declaration, signed, stamped (if applicable) and scanned or e-signed copy in .pdf format |  |
| 3. | Letter of intent providing the objectives of bilateral cooperation initiative, signed by a representative of the partner organization, stamped (where applicable) and scanned or e-signed in .pdf format  |  |
| 4. | Authorization to sign the application (*if application signed not by the Head of organization*), signed, stamped (if applicable) and scanned or e-signed copy in .pdf format  |  |

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

*Position, name, surname of the Head of organization or Authorised person, signature, date, stamp (if applicable)*