**APPLICATION FORM FOR LOW-VALUE GRANT PROJECT**

**APPLICATION TITLE: (name of the low-value grant project)**

**APLLICANT’ NAME:**

**IMPLEMENTING PARTNERS:**

**IMPLEMENTATION OF THE LOW-VALUE GRANT PROJECT IN THE FOLLOWING AREA:**

**LOCATION**

**BUDGET**

**CONTACTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. DESCRIPTION OF THE ORGANIZATION / NONGOVERNMENTAL ORGANIZATION**  **Mission (Goal and Objec- tives)**  **Date of establishment**  **Funding sources of the core budget and please describe implementation of existing projects**  **Management (Board) of the non-governmental organization / Key persons in the organization**  **Full name Profession Functions Work experience in years**  **The experts you want to involve in the implementation of the application for low-value grant project (please attach a CV and copies of diplomas)**  **Full name Profession Functions Work experience in years**  **Previous experience in implementing the projects in the proposed field of activity (attach descriptive reports)** | | | | | |
|  | **Theme/ Sphere** | **Project Name** | **Donor** | **Budget** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2. EXECUTIVE SUMMARY**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In this section, you shall give a brief overview of the problem that your organization is trying to solve as part of this low- value grant project. Please describe a problem that you propose to solve as part of your application; if possible, provide clear statistical data and indicators of the problem. Why is your project necessary, timely? Who needs this?

## This section should be no more than 2 pages.

**3. APPLICATIONS DESCRIPTION**

In this section, you shall provide a clear and detailed description of activities that are required to be performed to achieve your purposes. Please provide detailed information on any additional qualities of your application, such as a relevance, the expected number of people that would gain direct and/indirect benefits given the gender equality, sustainability of the low value grant project, risks analysis, monitoring.

If the application envisages partnerships with other organizations, please describe the role of partners and the scope of cooperation.

## This section should be no more than 3 pages.

1. **OVERALL AND SPECIFIC GOALS**

Please explain what the specific goal of your application is, with particular attention to the long-term and sustainability of the benefits for the target groups that it will provide. The application may have one or more specific goals that the community would reach upon solving the problem. .

In this section, please indicate the specific goals that will be achieved if your application is implemented.

## This section should be no more than 2 pages.

1. **TARGERT GROUP**

Clearly identify the target group and its needs. Please also list all stakeholders, such as project intermediaries and beneficiaries (direct and/or indirect).

Describe the target group and indicate the benefits that it will receive from the implementation of your application. Please ensure that the target group is gender sensitive, indicate the number of men and women who will directly and/or indirectly benefit from this application.

1. **EXPECTED RESULTS**

Please list and describe all expected results of the application. This will form the basis for evaluating your application. Results must reflect the concrete change which might happen as a result of low value grant project implementation, be specific, measurable and sustainable. Please make sure they are connected to the logical framework shown below.

**7. ACTIVITIES**

This section should provide an overview and description of the activities that will help to achieve the expected results. The activities should be clear and should also be indicated in the work plan, which is an appendix to your application.

**8. RISKS**

Please provide an overview of possible risks (political, economic, social) that may jeopardize the implementation of the application and its success, as well as your action plan on risks mitigation. Please make sure that there is a link to the logical framework.

**9. LOW-VALUE GRANT PROJECT LIFE CYCLE**

Please indicate the low-value grant project implementation timeframe.

**10. MONITORING AND EVALUATION**

Describe how the application will be monitored and evaluated. How will the quality of completed tasks, accountability and transparency of the allocated budget be ensured?

# APPENDIX 2: WORK PLAN

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nos.** | **Plan** | **Month** | | | | | | | | | | | |
| **1** | **Expected result 1** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **1.1** | **Activity 1.1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.4** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Expected result 2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.4** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Expected result 3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.4** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**APPENDIX 3: BUDGET BREAKDOWN**

***(To be filled in Excel format)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nos.** | **Category** | **Unit** | **Number of units** | **Unit cost USD** | **Total USD** | **Requested amount in USD** | **Applicant’s contribu- tion** |
| **Result 1** | |  |  |  |  |  |  |
| **1.1** |  |  |  |  |  |  |  |
| **1.2** |  |  |  |  |  |  |  |
| **1.3** |  |  |  |  |  |  |  |
|  | **Result 2** |  |  |  |  |  |  |
| **2.1** |  |  |  |  |  |  |  |
| **2.2** |  |  |  |  |  |  |  |
| **2.3** |  |  |  |  |  |  |  |
| **2.4** |  |  |  |  |  |  |  |
| **2.5** |  |  |  |  |  |  |  |
|  | **Result 3** |  |  |  |  |  |  |
| **3.1** |  |  |  |  |  |  |  |
| **3.2** |  |  |  |  |  |  |  |
| **3.3** |  |  |  |  |  |  |  |
| **3.4** |  |  |  |  |  |  |  |
| **3.5** |  |  |  |  |  |  |  |
| **5** | **Own contribution** |  |  |  |  |  |  |
| **Total USD** | | | | |  |  |  |

# APPENDIX 4: LOGICAL FRAMEWORK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Intervention logic** | **Objectively confirmed achievement indicators** | **Sources and means of confirmation** | **Assumptions** |
| **Overall goal** |  |  |  |  |
| **Specific goals** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expected results** | **Results** |  |  |  |
| **Activities** |  |  |  |  |

**Appendix 5: Qualification Statement**

# I, the undersigned, hereby confirm that the information provided in this form is true and complete. I understand that false or misleading information in this statement will lead to its rejection.

**Signature:**

# Date:

**Appendix 6: Anti-Corruption Obligation**

# I, the undersigned, declare the intention of (the name of organization) to fight corruption and, in particular, declare that any offer, gift, payment, remuneration or benefit of any kind that is considered an illegal act or corrupt practice was not and should not be directly or indirectly associated with any person related to the execution of this Contract. Any action of this kind is a sufficient reason to justify the termination of this Contract and gives UNDP the right to demand full compensation for its effective contribution.

**Signature:**

# Date:

**Appendix 7: Anti-Discrimination Obligation**

# I, the undersigned, hereby confirm that (the name of organization) as a whole refrains from the incitement of violence or hatred and from discrimination based on race, age, ethnic origin, gender, sexual orientation, gender identity, disability or religion. Such an obligation covers all the activities carried out by the organization, including those beyond the scope of this Contract. Any violation of the above obligation justifies the immediate termination of this Contract and gives UNDP the right to demand full compensation for its effective contribution.

**Signature:**

# Date: