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**GRANT APPLICATION FORM**

*The completed application form should not exceed six pages*

*This funding**aims at strengthening the organisational, institutional and technical capacities of feminist organisations CSOs from* ***Bosnia and Herzegovina, Croatia, Cyprus, France, Greece and Italy****. It concerns the funding of a project on preventing and tackling gender-based violence.*

*It provides grants ranging from 10,000 to 60,000 euros over 2 years, with a minimum project duration of 20 months and a maximum of 24 months.*

***Information about the applicant organiSation:***

**Name of organisation:**

**Country/Region:**

**1- Is your organisation legally registered in your country?** *(Check the corresponding box)* **Yes** **No**

Year of registration:

**2- What are the objectives of your organisation (max 300 characters)**

**3- Is your organisation is led by women**

**totally mostly  No**

**4- Please specify names, age and gender of the of leaders (at least three):**

**5- How is decision-making carried out in your organisation** (Board of Directors, Governing bodies, etc.)?

**6-** **Specify the role women play in your organisation in terms of:**

\*Number of male and female employees (if any) and volunteers

\* Number of women involved in decision-making processes

**7-** **Number of employees in the organisation**

**8-** **Is your organisation**

Local Regional National International

**9-** **Have you already received an EU grant?**  *No* yes (please indicated the year)

**10**- **Have you already received a grant from the MedWF?**

Noyes (please indicated the year)

**11**- **Total income in the** last year (2023**) in EUR**

**12-** **Specify your three most significant donors (max 5 donors) in the last three years (public or/and private):**

**13- Which category(ies) of population is your organisation working with?**

Young rural migrant Non binaries, lesbians, trans Others

**14- Is your organisation part of any network?**  *No* yes

**If yes, which one(s)?**

**15- Contact information**

*Name of contact person:*

*Position in organisation:*

*E-mail and phone:*

*Name of secondary contact person:*

*Position in organisation:*

*Email and phone number:*

*Website/FB of the organisation*

1. **Information on the project**
2. **Title of the project: Click or press here to enter text.**
3. **Please describe your project**: context, aims and beneficiaries (e.g specify if you are working with rural women, migrant women, LGBTIQ+ community, young women, racialised, or women with disabilities…) *and show how it is linked to gender-based violence issues (maximum 1page)*. Click or press here to enter text.
4. **How will you evaluate the results of this project**? (maximum 30 lines)? Click or press here to enter text.
5. **If there are risks and/or challenges that could threaten the course and outcome of the project**, describe them and how you plan to address them.

1. **Would you like to add any additional information relevant to the proposed project?**
2. **Please explain the ethical measures, mechanisms and/or protocols that your organisation implements during activities or interventions to ensure that the perspectives and well-being of survivors are at the centre, as well as to guarantee the safety of the professionals involved**. If not applicable, please add “N/A”. (maximum 10 lines)
3. **Please provide contact information for two other women’s groups in your community or country who know your work well that we might *eventually* contact. If you have collaborated with these groups, please describe how briefly. Click or press here to enter.**

**8.** **Period of project implementation (start and end dates):**

**C. Information about your budget (in euros)**

***Please fill in all the lines in the BUDGET tableS below***

**1. General budget**

|  |  |
| --- | --- |
| Total amount of the association's budget  Previous year (2023)  Current year (2024)  Upcoming year (2025) |  |
| Total cost of the project |  |
| Amount of the sum requested from the Mediterranean Women’s Fund (€30,000 per year maximum, for two years) |  |

**2. Project budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of expense | Year 1 | Year2 | Total amount | Description/comments |
| Staff salary |  |  |  |  |
| External professionals |  |  |  |  |
| Materials |  |  |  |  |
| Food, local transportation and travel |  |  |  |  |
| Care/self-care |  |  |  |  |
| Basic expenses (rent, electricity, telephone, internet, etc.) |  |  |  |  |
| Other (specify) |  |  |  |  |

**Use of personal data**

Information provided in the applicant's documents will be used for the purposes of project evaluation, in which will participate the MedWF staff, associates and external evaluators. The applicant is obliged to inform all persons whose names or personal data are mentioned in the application. Primary information about the project and about the grantee organisation will be published on the MedWF website, as well as on the website of the consortium.

**CHECK THE FOLLOWING DOCUMENTS ARE ATTACHED TO YOUR APPLICATION:**

* **Copy of registration document**
* **A copy of your bylaws**
* **Financial budget (2023)**
* **Any additional information you feel relevant: brochures, documents, press articles about your association.**
* **Documents/protocols used in your organization to ensure the well-being of women who have survived violence, as well as the safety of professionals involved in the process, if available.**

*As this funding stream is co-financed by the European Union you need to keep in mind that the granting authority, European Anti-Fraud Office OLAF, European Court of Auditors (ECA), European Public Prosecutor Office (EPPO) and any persons mandated by them can also exercise their rights towards the recipients of this regranting (e.g., checks, reviews, on-the-spot visits, audits, investigations).*

I attest that my organisation is committed to respecting the EU values **(Human dignity, Freedom, Democracy, Equality, Rule of Law and Human rights)** enshrined in Article 2 of the Treaty on European Union (TEU) and the EU Charter of Fundamental Rights.

*Place and date …………………………………*

*Signature……………………………………….*