#

# COMMUNITY MOBILIZATION innovative INITIATIVES

CALL FOR APPLICATIONS

FOR INNOVATIVE INITIATIVE GRANTS

Deadline: 30 September 2022, 16:00

APPLICATION FORM

|  |  |
| --- | --- |
| Applicant: |  |
| Title of the innovative initiative: |  |

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# NOTICE

This Application Form pertains to the Call for Applications for community mobilization activities / Innovative Initiatives, part of the project *Support to Electoral Reforms in North Macedonia* (hereafter: the Project).

All parts of the Application Form, as well as all annexes, have to be completed accurately and in the requested format.

The Application Form must be typed (no handwriting is allowed) and submitted in the Macedonian language.

Applicants may submit an additional version in a language of their preference, which is one of the languages that are official in North Macedonia at national or local level in accordance with the Law on the Use of Languages and based on the applicant’s place of registration.

This call will only accept applications that are submitted by electronic mail to the following address: **applications2ig@mcms.mk**. The Project will not accept applications submitted by regular (postal) mail or hand delivery.

The completed Application Form must be submitted before the deadline stated on the cover page. The date and time of the received email will be considered as relevant proof of application within the given deadline. In response to the application submission email, applicants will receive a notification confirming receipt.

Please use the Arial font, size 11 regular type (not **bold**, *italic*, or underlined type) and single spacing.

**Please carefully read the Guidelines for Applicants for this Call.**

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# PART A. APPLICANT

## Applicant

|  |
| --- |
| **Identity** |
| Full name of the applicant | (as stated in the Central Registry) |
| Name that applicant uses |  |
| Name of the applicant in English |  |
| Abbreviation (MKD/ENG) |  |  |
| Legal status (type of organization) | [ ] Association | [ ] Foundation |
| **Registration** |
| Date of registration  | [date when the applicant is registered in the Central Registry] |
| Place of registration  | [municipality] |
| Region of registration | Choose an item. |
| Address (from registration) |  |
| Unique registration number |  |
| Tax number |  |
| Legal representative(s) | 1 | (name) | (last name) | (position) |
| 2 |  |  |  |
| 3 |  |  |  |
| **Contact** |
| Address (for mailing) |  |
| Address (for visiting) |  |
| City (for visiting) |  |
| Region (for visiting) | Choose an item. |
| Phone number(s) | # | # |
| E-mail address(es) | @ | @ |
| Web page |  |
| Facebook page |  |
| Twitter |  |
| **Contact person (for this Application)** |
| Contact person | (name) | (last name) | (position) |
| Contact person phone / mobile  | # |
| Contact person e-mail(s) | @ |

# PART B. INNOVATIVE INITIATIVE ACTIVITIES

## SUMMARY OF THE INNOVATIVE INITIATIVE ACTIVITIES

|  |
| --- |
| **Basic info** |
| Title of the Initiative |  |
| Title of the Initiative in English |  |
| Total duration of the Initiative | (in months) |
| proposed dates for implementation of the innovative initiative | start: | end: |
| region where the innovative initiative will be implemented | Choose an item. |
| Municipality where the innovative initiative will be implemented: |  |
| Grant request (in MKD) |  |
| Focus area of the innovative initiative |
| \*the focus area should be a topic that was promised during local elections 2021 from the local government  |
| Focus area of the innovative initiative\* | Choose an item. | (fill in if you chose “other”) |
| Short description of the proposed focus area: | (please provide a short description of the focus area (topic) that you aim to address with your innovative initiative. What was promised during the local elections of 2021 by the local government? Is this topic in the work plan/budget of LSGU for 2022?)*(max 100 words)* |
| Implementing staff (from provided CVs) |
| Name and Last name |  |
| mobile phone and email | # | @ |
| Name and Last name |  |
| mobile phone and email | # | @ |
| Two community mobilizers (from provided CVs) |
| 1, Name and Last name |  |
| mobile phone and email | # | @ |
| 2. Name and Last name |  |
| mobile phone and email | # | @ |
| **INNOVATIVE INITIATIVE** |
| **Overall objective** |  |
| **Result(s)** | R.1R.2R.3… |
| A**ctivities** | А.1А.1.1А.1.2А.2А.2.1.А.3… |
| **Targets groups** |  |
| **Geographical focus** |  |
| Summary of the Initiative in English |
| **Short description of the proposed focus area (ENG)** | *(max 100 words)* |
| **Overall Objective (ENG)** |  |
| **Result(s) (ENG)** | R.1R.2R.3… |
| A**ctivities (ENG)** | А.1А.1.1А.1.2А.2А.2.1.А.3… |
| **Targets groups (ENG)** |  |
| **Geographical Focus (ENG)** |  |

##

## RELEVANCE OF THE INITIATIVE

[This narrative part should not exceed **three** (3) pages.]

### Situation Analysis

Please describe clearly the problem or solution that was proposed to be addressed by the political parties in the local elections 2021. Was this promise included in the work plan/budget of LSGU for 2022? Please provide relevant data and information where possible and provide the sources of these data.

…

### Relevance of the Initiative to this Call for Applications

Please describe the relevance (connection) of your innovative initiative to the Support to Electoral Reforms in North Macedonia project’s objective and outcomes, as well as to the particular objectives and priorities of this Call for Applications stated in the Guidelines for Applicants.

…

### Target Groups and Geographical Focus

Please describe your chosen target groups and geographical focus. Please provide a justification for these choices.

…

### Overall Objective

Please describe the desired change (overall objective) that you would like to achieve, what the impact of the planned activities will be on the overall objective, as well as how you will measure this impact.

…

### Result(s)

Please explain the result(s) that you plan to achieve with your innovative initiative. The foreseen result(s) should be relevant to the overall objective and be realistic and concrete.

…

### Activities

Please explain the main activities that you plan to conduct for your innovative initiative. Describe each activity to be undertaken, using both numeric and narrative terms. Beside the narrative description please use the table below as well. How do your activities contribute to your results? And how do these help you to fulfill your overall objective?

…

|  |
| --- |
| Indicative action plan for implementing the innovative initiative |
| Month | 1 | 2 | 3 | 4 | 5 | 6 |
| Result 1. |
| 1.1. Activity |  |  |  |  |  |  |
| 1.2. Activity |  |  |  |  |  |  |
| … |  |  |  |  |  |  |
| Result 2.  |
| 2.1. Activity |  |  |  |  |  |  |
| 2.2. Activity |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |
| Result 3.  |
| 3.1. Activity |  |  |  |  |  |  |
| 3.2. Activity |  |  |  |  |  |  |
| ….. |  |  |  |  |  |  |

### Budget

Please provide information from the detailed budget.

Human Resources costs (for gross-salaries (partial) for involved staff in implementing the initiative) should be around 30% of the Grant. Operational costs (partial) for the CSO regular work (office rents, electricity/heating, phone bills, office supplies etc.) that are relevant to the proposed initiative should be around 20% of the Grant; Indirect costs maximum 10% of the total costs for I+II+III (Indirect costs include the following: supervisory costs, general services, incalculable expenses and travel costs, general administrative costs, occupancy costs, equipment (petty inventory), capital expenditure, maintenance, amortization, acquisitions, representation, networking, Web site, advertising materials, training new employees, fees, taxes, interest, insurance etc. *Unlike labor costs, indirect costs are not directly linked to the organization’s employees.*) These are only indicative percentages. The final contracted amount, and thus the final percentages, may vary depending on the Grantee justification for certain costs vs. outcomes, which could be a subject of the negotiation process prior to contracting.

|  |  |
| --- | --- |
| Grant request  |  (in MKD) |
| Grant request of the action (allocation) |
|  | Grant Request (in MKD) |
| I Human resources (app. 30%) |  | % |
| II Operative costs (app. 20%) |  | % |
| III Direct costs |  | % |
| IV Indirect costs (max. 10% of I+II+III) |  | % |
| **TOTAL** |  | % |

# PART C. DECLARATION by the applicant

The Applicant, represented by the undersigned authorized signatory of the Applicant, in the context of the present Call for Applications, hereby declares that

* The Application Form has been completed fully as required;
* All data are correct and information provided about the Applicant fairly represents the organization’s current state of affairs;
* The Applicant has sufficient capacity to carry out the proposed activities as described in Part B of this Application Form;
* The Applicant is directly responsible for the preparation, management and implementation of the activities and is not acting as an intermediary;
* The Applicant is eligible in accordance with the criteria set out under Section 3 of the Guidelines for Applicants;
* The Applicant is in a position to deliver immediately, upon request, the supporting documents stipulated under Section 6 of the Guidelines for Applicants.

Signed on behalf of the Applicant

|  |  |
| --- | --- |
| Name of the legal representative(s) |  |
| Position(s) |  |
| Signature and Stamp |  |
| Place and Date |  |

# PART D. ANNEXES

Please provide following documents as annexes to the Application form:

Annex 1. Budget and Justification (1a. Budget of the 2II; 1b. Justification;)

Annex 2. CVs (europass format) of the implementing staff

Annex 3. CVs (europass format) of the two proposed community mobilizers

Annex 4. Proof of the Applicant’s legal status by provision of a Certificate of Current Status issued by the Central Registry of North Macedonia, not older than 6 months at the point of the opening date of the Call (5 September 2022).

# PART E. CHECKLIST

After completing the Application Form and securing the necessary additional documentation (Annexes), please fill in the below Checklist as a confirmation that the application is complete and in accordance with the criteria and requirements. Please tick each of the criteria and requirements that has been met.

|  |  |  |
| --- | --- | --- |
| .**STEP 1 - ADMINISTRATIVE COMPLIANCE** |  | (Remarks, if any) |
| The correct Application Form has been used |[ ]   |
| The application is typed and is in the Macedonian language |[ ]   |
| The application has been submitted in the requested format (MS Word) |[ ]   |
| **Annexes -** all of the requested annexes have been submitted in the requested format (MS Word/Excel) |
| The Budget of the 2I (sheet 1) and Justification (sheet 2) is completed fully and in the requested format (MS Excel), stated in MKD, and enclosed |[ ]   |
| Enclosed CVs (europass format) of the implementation staff |[ ]   |
| Enclosed CVs (europass format) of the two proposed community mobilizers |[ ]   |
| Enclosed Proof of Registration, not older than 6 months at the point of the opening date of the Call |[ ]   |
| **Scanned documents** |  |
| The Declaration by the Applicant has been filled in and signed by its legal representative (part C. Declaration by the Applicant) |[ ]   |
| **STEP 2 - ELIGIBILITY COMPLIANCE** |  |
| The Applicant is a registered association or foundation according the Law on Associations and Foundations |[ ]   |
| The duration of the initiative is between 4 (four) and six (6) months |[ ]   |
| The Grant Request is maximum 300,000 MKD |[ ]   |
| The Applicant has submitted only one application |[ ]   |