**ANNEX A – Concept Note**

**Deadline for submission of Concept Note:**

**10 January 2018 at 16:00 (CET)**

**Donor:** European Union, DG NEAR

**Sub- Granting Programme Coordinator:**

Macedonian Occupational Safety and Health Association

Budget line: 6.1

|  |  |
| --- | --- |
| **Project title** |  |
| **Name of the applicant organisation** |  |
| **Location of the project***Specify country(ies), region(s), areas(s) or town(s) that will benefit from the project* |  |
| **Total duration of the project (months)** |  |
| **Total project budget (EUR)** |  |
| **Amount of requested** |  |
| **Dossier No** |  |

This project is funded by the European Union.

**PART 1.**

**INFORMATION ABOUT THE PROJECT PROPOSAL (CONCEPT NOTE)**

|  |
| --- |
| **Background of the project** (problem description - provide a detailed analysis of the problems to be addressed by the action, the situation in the country /local community). *Maximum 500 words.* |
| **Objective of the project.** (Please explain the overall purpose of the project. What is your broad purpose? What are the specific objectives that you aim to achieve? Specifically, how will the problem be solved or the situation be improved as a result of the project?) *Maximum 250 words.* |
| **Target groups** (List the target groups that will benefit from this project, and how each of these groups will benefit from the project?) *Maximum 250 words.* |
| **Main activities** (Please briefly describe the activities you plan to carry out to execute your project.) *Maximum 1000 words.* |
| **Expected results.** *Maximum 500 words.* |
| **Relevance to the objectives/thematic areas/priorities of the Programme.** *Maximum 250 words.* |
| **Relevance of the project to the country, region(s) and/or relevant sectors.** *Maximum 250 words.* |

**PART 2.**

**ORGANIZATION CAPACITY (APLICANT ORGANIZATION)**

|  |
| --- |
| Contact Information / Applicant organization |
| Name of the applicant |  |
| Legal status and type of organization |  |
| Country and date of registration (day/month/year) |  |
| Official Registration ID number |  |
| Postal address of the organization |  |
| Organization email address, website |  |
| Telephone (country code +city code +number) |  |
| Contact person for this project |  |
| Contact person’s e-mail address |  |

|  |
| --- |
| **Partner organization** |
| Legal status |  |
| Country and date of registration |  |
| Organization postal address, telephone, website |  |
| Contact person name, position, email address  |  |

|  |
| --- |
| **Organizational Background of CSOs** |
| Please provide information on the organization’s mission and main programs. *(maximum 500 words).*  |  |
| Geographic area where organization is active |  |
| File of implemented projects. List the last 5 projects, implemented by your organization, for improving the health and safety at work.*( maximum 150 words)* |  |
| Influence. Describe the influence of your organization in society and achieved changes as result of your work. (maximum 150 words) |  |
| Managing and leading structure of organization; number of employees; |  |
| Does your organization has technical resources for functioning (equipment, computers etc.)? |  |
| Is organization member of any national association, networks and similar structures? |  |
| Organization budget (please provide information about organization annual budget in EUR) for 2016 and 2017  |  |
| Additional information. In this part share information important for you, but not given in the application. (maximum 100 worlds) |  |

**2. DECLARATION BY THE APPLICANT**

The applicant, represented by the undersigned, being the authorized signatory of the lead applicant, and in the context of the present application, representing any partner organization(s) and affiliated entity(ies) in the proposed action, hereby declares that:

1. the applicant has the capacity to manage and implement the proposed action;
2. the applicant undertakes to comity with the principles of good partnership practice;
3. the applicant is directly responsible for the preparation, management and implementation of the project (with partner organization) and is not acting as an intermediary;
4. the applicant (and each partner organization) are eligible in accordance with the criteria set out in the Guidelines for Applicants;
5. the applicant guarantees the accuracy of data and will provide with additional documentation if requested by the Grant Manager. If not provided, the data provided could be rejected by the Grant Manager.

Signed on behalf of the applicant

Name

Signature and Stamp

Position

Date

 **CHEK LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of the Proposal:** |  |  |  |
| **Before sending your Concept Note****check that each of the criteria below have been met in full:** | **Yes** | **No** | **N/A** |
| 1. The Instructions for the concept note have been followed.  |  |  |  |
| 2. The Declaration by the applicant has been filled in and has been signed |  |  |  |
| 3. Scanned Declaration and Mandate are included in electronic version |  |  |  |
| 4. The proposal is typed and is written in English |  |  |  |
| 5. An electronic version of the proposal is prepared for sending by e-mail |  |  |  |
| 6. The action will be implemented in an eligible country |  |  |  |
| 7. The duration of the project is maximum 8 montsh. |  |  |  |
| 8. The requested amount is between 8.000 EUR and 30.000 EUR (the minimum and maximum allowed) for CSOs |  |  |  |
| 9. Applicant’s supportive documents have been submittes in acordance with the Guidelines ( registration sertificate and financial statements) |  |  |  |