**ANNEX B- Full Application form**

**Sub - Granting Programme Coordinator:**

Macedonian Occupational Safety and Health Association

Budget line:6.1

|  |  |
| --- | --- |
| Number of the proposal |  |
| Name of the applicant organization |  |
| Title of the project |  |
| Location of the project |  |
| Total duration of the project (months)  |  |
| Amount of requested |  |

This project is funded by the European Union.

**A. DESCRIPTION OF THE PROJECT**

|  |  |
| --- | --- |
| **1.Background of the project.** Provide a detailed analysis of the problems to be addressed by the action. Relevance of project to the country, local community, relevant sector. *Maximum 1000 words.* |  |
| **2.Project target group.** Description of target groups and final beneficiaries – how will the project improve their situation; how will the project reach them. *Maximum 500 words.* |  |
| **3. Overall and specific objective(s) of the project.** *Maximum 250 words.* |  |
| **4.** **Description of expected results.** *Maximum 500 words* |  |
| **5. Description of outputs.** *Maximum 250 words.*  |  |
| **6.** **Description of activities**. Full description of proposed project activities. Underline key project activities and explain their importance for the target group. Include methodology for each activity. *Maximum 1500 words.*  |  |
| **7. Methodology:** Which methods will be used in the activities of the project and why? |  |
| **8. How will you measure the achievement**. Procedures for follow up and internal evaluation. *Maximum 250 words.*  |  |

|  |  |
| --- | --- |
| **9. Project team.** Present proposed project team structure and names, main skills and experience of key persons (project manager, key experts, etc.). *Maximum 250 words.*  |  |
| **10. Communication and Visibility (**Describe your plan for visibility of the action**)** *Maximum 500 words.* |  |
| **11. Describe the expected impact of the action with quantified data where possible, at technical, economic, social, and policy levels.** |  |
| **12. Describe how will you ensure sustainability of the impact of project** (policy and institutional levels, environmental sustainability). *Maximum 250 words.*  |  |
| **13. Inclusion.** Explain the inclusion for project proposal -gender equality, position of the vulnerable groups, members of different layers, especially of marginalized groups.  |  |

|  |
| --- |
| **TIME FRAME** |
| **ACTIVITY 1:** |
|  Months of project implementation | Please put “X” in the column in which you plan the implementation of the sub-activity |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  |
| Sub-activity 1.1. | X |  |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.2.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.3.  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ACTIVITY 2:**  |
| Sub-activity 1.2.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.2.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sub-activity 1.2.  |  |  |  |  |  |  |  |  |  |  |  |  |

Please add additional rows if necessary.

**B. Applicant's experience of similar actions**

Maximum 1 page per action. Please provide a detailed description of actions managed by your organisation over the past three years.

This information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which a grant is being requested.

|  |  |
| --- | --- |
| **Project title:**  |  |
| **Location of the action** | **Cost of the action (EUR)** | **lead manager or partner** | **Donors to the action (name)**[[1]](#footnote-1) | **Amount contributed (by donor)** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |  |
| **Objectives and results of the action** |  |

|  |  |
| --- | --- |
| **Project title:**  |  |
| **Location of the action** | **Cost of the action (EUR)** | **lead manager or partner** | **Donors to the action (name)**[[2]](#footnote-2) | **Amount contributed (by donor)** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |  |
| **Objectives and results of the action** |  |

**C. CONTACT INFORMATION OF APPLICANT**

|  |
| --- |
| Lead applicant’s contact details for the purpose of this action |
| **Postal address:** |  |
| **Telephone number:** (fixed and mobile) Country code + city code + number |  |
| **Fax number:** Country code + city code + number |  |
| **Contact person for this action:** |  |
| **Contact person’s email:** |  |
| **Address:** |  |
| **Website of the applicant:** |  |

**D. CONTACT INFORMATION OF PARTNER ORGANISATION**

(*fill in separate table for each partner organization*) **(if any)**

|  |  |
| --- | --- |
| **Name of partner organization**  |   |
| **Legal status**  |   |
| **Country and date of registration**  |   |
| **Official Registration ID number**  |   |
| **Postal address of organization**  |   |
| **Organization email address**  |   |
| **Telephone (fixed and mobile)** **Country code + city code + number**  |   |
| **Website and social networks account**  |   |

**E. DESCRIPTION OF ASSOCIATES**

*(fill in separate table for each Associate*) (if any)

|  |  |
| --- | --- |
| **Name of the Associate**  |   |
| **Legal status**  |   |
| **Country of Registration** |  |
| **Postal address**  |   |
| **Email address**  |   |
| **Telephone (fixed and mobile)** **Country code + city code + number**  |   |
| **Website**  |   |
| **Experience of similar actions – in relation to role in implementing the proposed project**  |   |
| **History of cooperation with applicants**  |   |
| **Role and involvement in implementing the proposed project** |   |
| **Role and involvement in the implementing the proposed action** |  |

**E.** *This page should be signed and stamped by each partner, scanned and sent to applicant, to be included in the full application to be submitted to MOSHA, respective of the deadline.*

**MANDATE partner(s)**

The partner(s) authorise the applicant <indicate the name of the applicant> to submit on their behalf the present application form and to sign on their behalf the grant agreement with Macedonian Occupational Safety and Health Association, as well as to be represented by the applicant in all matters concerning this grant agreement.

I have read and approved the contents of the proposal submitted to Macedonian Occupational Safety and Health Association. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date and place:** |  |

**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** |  |
| **Position** |  |
| **Date** |  |

1. If the Donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State. [↑](#footnote-ref-1)
2. If the Donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State. [↑](#footnote-ref-2)