**CALL FOR PROJECTS: Grant awards for independent Syrian media outlets and civil society organisations working in the media sector in Syria**

**APPENDIX III - APPLICATION FORM**

**Introductory note for Applicants**

The purpose of this form is to provide CFI with administrative and financial information about your organisation.

Fields in [blue] must be completed by the Applicant.

This document must be signed by the legal representative of your organisation or any person authorised to enter into legally binding commitments on behalf of the organisation.

**TABLE OF CONTENTS:**

[1. APPLICANT'S IDENTITY SHEET 1](#_Toc142570594)

[2. PRESENTATION OF THE APPLICANT 2](#_Toc142570595)

[3. FINANCIAL CAPACITY 2](#_Toc142570596)

[4. TECHNICAL AND FINANCIAL EXPERIENCE 3](#_Toc142570597)

[4.1. Previous experience 3](#_Toc142570598)

[4.2. Previous CFI financing 3](#_Toc142570599)

[5. REFERENCES 3](#_Toc142570600)

[6. DOCUMENTS TO BE SUPPLIED 4](#_Toc142570601)

# APPLICANT'S IDENTITY SHEET

|  |  |
| --- | --- |
| **IDENTITY SHEET** | |
| Proposed project name \* | [Specify here the name of the project submitted under this Call for Projects] |
| Applicant's full legal name \* | [Specify here the full name of the applicant as indicated in the official registration documents] |
| Applicant's usual name (where applicable) | [Specify here the applicant's usual name or N/A (not applicable)] |
| Acronym or abbreviation (where applicable) | [Specify the applicant's acronym here or specify N/A (not applicable)] |
| Surname, first name, job title of the legal representative\* | [Specify here the surname, first name and job title of the Applicant's legal representative] |
| Type of organisation\* | [Profit or non-profit organisation. Specify here the nature of the status (company, NGO, association, etc.)] |
| Registration number\* | [Specify here the Applicant's legal registration number] |
| Date of registration\* | [XX/XX/XXXX] |
| Country\* | [Specify country of registration here] |
| Website (URL) | [Specify here the complete address of the Applicant's website or N/A] |
| Surname, first name, job title of contact person\* | [Specify here the surname, first name and job title of the contact person for the project] |
| Telephone number\* | [Specify the contact person's telephone number, indicating the country prefix] |
| E-mail address\* | [Specify here the e-mail address of the contact person] |
| Full address\* | [Specify the Applicant's postal address here] |

\* required fields

# PRESENTATION OF THE APPLICANT

[Describe the Applicant's organisation (max. 1 page), particularly including your organisation's mission What is your organisation’s reason for being? How is your organisation structured? How are decisions are made (Board of Directors, Director/Coordinator, etc.)? How many people work in your organisation? Are they permanent employees, paid per project, or volunteers?

# FINANCIAL CAPACITY

* Total income during the previous financial year (in EUR): €[amount]
* Total expenditure in the previous financial year (in EUR): €[amount]
* Reference year: [DD/MM/YYYY]

Please list your sources of income for **the previous two years**, giving the names of all backers and the amounts.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Source of income** | **Type of income (subsidy, service, other)** | **Amount** |
| [YYYY] | [Name of customer or backer] | [Subsidy, service, other: please specify] | €[Amount] |
| [YYYY] | [Name of customer or backer] | [Subsidy, service, other: please specify] | €Amount] |
| [YYYY] | [Name of customer or backer] | [Subsidy, service, other: please specify] | €Amount] |

# TECHNICAL AND FINANCIAL EXPERIENCE

## Previous experience

[Describe the Applicant's experience in similar projects over the past 3 years. The information below will be used to assess whether the Applicant has sufficient experience in managing projects in the same sector and on a scale comparable to that of the project for which a grant is requested. For each experience described, give the name of the backer and the amounts received if the project was subject to an external assessment and/or an external financial audit.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project name** | **Implementation period** | **Backer** | **Amount** | **External evaluation (Y/N)** | **External financial audit (Y/N)** |
| [Project name] | DD/MM/YY to DD/MM/YY | [Name of principal backer] | [Amount received in euros] | [yes/no] | [yes/no] |
| [Project name] | DD/MM/YY to DD/MM/YY | [Name of principal backer] | [Amount received in euros] | [yes/no] | [yes/no] |
| [Project name] | DD/MM/YY to DD/MM/YY | [Name of principal backer] | [Amount received in euros] | [yes/no] | [yes/no] |

## Previous CFI financing

[If you have received CFI funding in the past, please specify the name of the project that received the funding and briefly describe the impact of this support. If the name of the organisation has changed, please indicate the previous name under which CFI funding was received. If your organisation has not received funding from CFI, please specify "not applicable"].

# REFERENCES

Please provide details of a backer and partner organisation you have worked with in the last two years.

Name of backer: [Legal name of the backer]

Name of contact person: [first name and surname of a contact person]

Job title: [Job title of contact person]

Telephone: [Telephone number of contact person]

E-mail: [Contact person's e-mail address]

Name of partner: [Legal name of partner]

Name of contact person: [first name and surname of a contact person]

Job title: [Job title of contact person]

Telephone: [Telephone number of contact person]

E-mail: [Contact person's e-mail address]

# DOCUMENTS TO BE SUPPLIED

For an application to be complete, all of the following documents must be duly completed and sent to CFI:

Appendix 1 - Project presentation note;

Appendix 2 - Provisional project budget;

Appendix 3 - Application form, which must be accompanied by the following documents:

* Bank details (IBAN) in the Applicant's name;
* Applicant's registration certificate.

Date: [DD/MM/YYYY]

Signature of the Applicant's legal representative or any person authorised to enter the legal entity into a binding commitment:

[Surname, first name, job title]

[Signature]